

**HONORABLE BOARD OF LEGISLATORS
THE COUNTY OF WESTCHESTER, NEW YORK**

Your Committee is in receipt of a communication from the County Executive requesting that your Honorable Board authorize the County, through its Department of Correction, to enter into an agreement with the Westchester County Health Care Corporation (“WCHCC”) whereby WCHCC will provide, through its Occupational Health Center, medical consulting services necessary for satisfactory implementation of the Uniform Attendance Standards of the Department of Correction, including, without limitation, reviewing the medical status of employees to determine fitness for duty. The term of the agreement will be from January 1, 2021 through December 31, 2024. The County will pay WCHCC a not to exceed amount of Thirty Thousand (\$30,000.00) Dollars per year at the rates set forth in Schedules "A" and "B" attached to the Act submitted herewith, for a total aggregate amount not to exceed One Hundred Twenty Thousand (\$120,000.00) Dollars. The rates to be paid by the County will be capped at a 4% increase over what the County paid for the same services in the previous year. Both parties will have the right to terminate the Agreement on thirty (30) days written notice to the other. It should be noted that the prior agreement between the County and WCHCC for these very services expired on December 31, 2020.

Your Committee has been advised that Section 3307(4) of the New York Public Authorities Law requires the approval of your Honorable Board and the Board of Acquisition and Contract for Agreements with WCHCC. Pursuant to that section, said approval of the Board of Legislators must be by an affirmative vote of not less than a majority of the voting strength of the Board.

The Planning Department has advised that based on their review the above contract is a "Type II" action under the State Environmental Quality Review Act, 6 NYCRR Part 617, which is an action determined not to have a significant effect on the environment and therefore does not require further environmental review. Your Committee has reviewed the attached SEQRA documentation and concurs with this conclusion.

The Commissioner of Correction has approved the material terms of this Agreement and determined that the amounts specified are fair and reasonable. Your Committee has carefully considered and recommends approval of the proposed Act.

Dated: 5/10, 2021
White Plains, New York

K. J. Scill
Benjamin Boyfman
Colin [Signature]

Benjamin Boyfman
Catherine [Signature]

COMMITTEE ON

C:\jppg 1.20.21

Public Safety

Budget & Appropriations

Dated: May 10, 2021
White Plains, New York

The following members attended the meeting remotely, as per Governor Cuomo's Executive Order 202.1 and approved this item out of Committee with an affirmative vote. Their electronic signature was authorized and is below.

Committee(s) on:

Budget & Appropriations

Vedat Galin
Margaret A. Cunzio
Nancy E. Dan
Kameron R. Maher
Catherine F. Parker
Ruth Walter
Alfreda Willis
Tye H. C.
David A. Jablonski

Public Safety

Margaret A. Cunzio
Mary Jane Skimich
Nancy E. Dan
Tye H. C.
Tye H. C.

FISCAL IMPACT STATEMENT

SUBJECT: WCHCC/OHC Medical Consulting serv. NO FISCAL IMPACT PROJECTED

OPERATING BUDGET IMPACT

To Be Completed by Submitting Department and Reviewed by Budget

SECTION A - FUND

GENERAL FUND

AIRPORT FUND

SPECIAL DISTRICTS FUND

SECTION B - EXPENSES AND REVENUES

Total Current Year Expense \$ 30,000

Total Current Year Revenue \$ -

Source of Funds (check one): Current Appropriations Transfer of Existing Appropriations

Additional Appropriations

Other (explain)

Identify Accounts: 35-1000-1000-4380

Potential Related Operating Budget Expenses: Annual Amount _____

Describe: _____

\$30,000.00 per year for 2021-2024

Potential Related Operating Budget Revenues: Annual Amount _____

Describe: _____

Anticipated Savings to County and/or Impact on Department Operations:

Current Year: N/A

Next Four Years: N/A

Prepared by: William Fallon 

Title: Director of Administrative Services

Department: Correction

Date: February 17, 2021

 Reviewed By:

Budget Director

Date: 3/5/21

TO: Joseph Spano, Commissioner
Department of Corrections

FROM: David S. Kvinge, AICP, RLA, CFM
Director of Environmental Planning



DATE: January 26, 2021

SUBJECT: **STATE ENVIRONMENTAL QUALITY REVIEW FOR AN AGREEMENT
WITH WCHCC FOR MEDICAL CONSULTING SERVICES**

PROJECT/ACTION: Contract with Westchester County Health Care Corporation (WCHCC) for the provision of medical consulting services in connection with the Uniform Attendance Standards of the Department of Correction. WCHCC has been providing these services, which include a review of the medical status of employees to determine their fitness for duty, under prior agreements since June 2000. The prior agreement for these services expired on December 31, 2020. The proposed agreement will allow for such services to continue through December 31, 2024.

With respect to the State Environmental Quality Review Act and its implementing regulations 6 NYCRR Part 617, the Planning Department recommends that no further environmental review is required because the project/action:

- DOES NOT MEET THE DEFINITION OF AN "ACTION" AS DEFINED UNDER SECTION 617.2(b)**
- MAY BE CLASSIFIED AS TYPE II PURSUANT TO SECTION 617.5(c)(26):**
routine or continuing agency administration and management, not including new programs or major reordering of priorities that may affect the environment.

COMMENTS: None

cc: Andrew Ferris, Chief of Staff
Paula Friedman, Assistant to the County Executive
Norma Drummond, Commissioner
Susan Gheevarghese, Assistant Director of Admin. Services, DOC
Claudia Maxwell, Associate Environmental Planner

ACT NO. _____ - 2021

An Act authorizing the County of Westchester to enter into an agreement with the Westchester County Health Care Corporation for a term commencing January 1, 2021 through December 31, 2024 whereby WCHCC, through its Occupational Health Center, shall provide medical consulting services necessary for satisfactory implementation of the Uniform Attendance Standards of the Department of Correction, including, without limitation, reviewing the medical status of employees to determine fitness for duty.

BE IT ENACTED by the Board of Legislators of the County of Westchester as follows:

Section 1. The County of Westchester, acting by and through its Department of Correction, is hereby authorized to enter into an agreement with the Westchester County Health Care Corporation ("WCHCC") whereby WCHCC shall provide, through its Occupational Health Center, medical consulting services necessary for satisfactory implementation of the Uniform Attendance Standards of the Department of Correction, including, without limitation, reviewing the medical status of employees to determine fitness for duty.

§2. The term of the agreement shall be from January 1, 2021 through December 31, 2024. The County shall pay WCHCC a not to exceed amount of Thirty Thousand (\$30,000.00) Dollars per year at the rates set forth in Schedules "A" and "B" attached hereto, for a total aggregate amount not to exceed One Hundred Twenty Thousand (\$120,000.00) Dollars. The rates to be paid by the County shall be capped at a 4% increase over what the County paid for the same services in the previous year. Both parties shall have the right to terminate the Agreement on thirty (30) days written notice to the other.

§3. The County Executive or his authorized designee is hereby authorized and empowered to execute all instruments and to take all action necessary and appropriate to effectuate the purposes hereof.

§4. This Act shall take effect immediately.

SCHEDULE "A"

**SCHEDULE A
OCCUPATIONAL HEALTH CENTER - SCHEDULE OF
SERVICES AND FEES – (REVISED June 2020)**

SERVICE	COST	CODE	Check Services
PHYSICAL EXAM & HISTORY	\$100.00	PE 1	
DOT EXAMINATION AND HISTORY	\$115.00	PE-2	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED	\$150.00	PE-3	
PRE-PLACEMENT ASSESSMENT: HISTORY, PHYSICAL, CBC, SMAC, US (DIPSTICK) LAB REVIEW AND REFERRAL AS INDICATED, ALSO, HBsAb, HBsAg, RUBELLA, VARICELLA, MUMPS, RUBEOLA TITERS, PPD, PLACEMENT/INTERPRETATION, LAB REVIEW AND REFERRAL AS INDICATED	\$310.00	PE-4	
PRE-PLACEMENT ASSESSMENT DAY 2 (HOSPITAL)		PE - H	
PRE-PLACEMENT ASSESSMENT DAY 2 (CORPORATE)		PE - C	
ANNUAL HEALTH ASSESSMENT: CBC, SMAC, UA (DIPSTICK), PPD PLACEMENT/INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$100.00	AA-1	
ANNUAL HEALTH ASSESSMENT: PPD, PLACEMENT/INTERPRETATION LAB REVIEW AND REFERRAL AS INDICATED	\$75.00	AA-2	
ANNUAL HEALTH ASSESSMENT DAY 2 (HOSPITAL)		AA - H	
ANNUAL HEALTH ASSESSMENT DAY 2 (CORPORATE)		AA - C	
EXECUTIVE PHYSICAL/HISTORY AND HEALTH RISK APPRAISAL	\$350.00	PE-5	
ASBESTOS QUESTIONNAIRE PHYSICAL EXAM & HISTORY	\$125.00	PE-6	
PPD, PLACEMENT/INTERPRETATION	\$26.00	VA-1	
CHEST X-RAY PA & LATERAL B READER	\$300.00	FV-1	
CHEST X-RAY PA & LATERAL	\$105.00	FV-2	
QUANTIFERON	85.00	VA-19	
HBV: HBsAg/HBsAb BEFORE SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$285.00	VA-2	
HBV: SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-3	
HBV: BOOSTER SERIES (3) HBsAb AFTER SERIES (1) (2) (3)	\$200.00	VA-4	
HBV: ONE INJECTION	\$ 65.00	VA-19	
SARS-CoV-2 (COVID-19) Diagnostic Test	\$75.00	LA-42	
SARS-CoV-2 (COVID-19) Antibody Test	\$75.00	LA-43	
AUDIOMETRIC HEARING TEST	\$50.00	FV-3	
AUDIOMETRIC HEARING TEST WITH PE OR AHA	\$35.00	FV-4	
VISION SCREEN	\$35.00	FV-5	

SCHEDULE A (CONTINUED)

SERVICE	COST	CODE	Check Services
VISION SCREEN WITH PE OR AHA	\$30.00	FV-6	
PULMONARY FUNCTION TEST (SPIROMETRY)	\$50.00	FV-7	
*** FIT TESTING (RESPIRATORS) (including related required medical clearance services)	\$47.00	FV-8	
REVIEW OF OSHA RESPIRATOR QUESTIONNAIRE	\$25.00	FV-9	
RABIES SERIES (3 VACCINES) PRE-EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$525.00	VA-5	
RABIES VACCINE BOOSTER: POST EXPOSURE PROPHYLAXIS, QUESTIONNAIRE, COUNSELING	\$210.00	VA-5	
SERUM LEAD	\$25.00	LA-1	
ZINC PROTOPORPHYRIN (ZPP)	\$ 35.00	LA-2	
URINE MERCURY (100 cc COLLECTED) WORKDAY	\$ 60.00	LA-3	
BLOOD MERCURY (ACUTE EXPOSURE)	\$125.00	LA-4	
HEAVY METALS (24 HR URINE)	\$325.00	LA-5	
RANDOM URINE HEAVY METALS	\$120.00	LA-6	
ELECTROCARDIOGRAM	\$ 45.00	FV-9	
EKG STRESS TEST	\$210.00	FV-10	
RADIOLOGY OTHER	VARY	FV-11	
VACCINE ADMINISTRATION	\$ 10.00	VA-6	
INFLUENZA (FLU) VACCINE	\$29.00	VA-7	
IMMUNE GLOBULIN VACCINE	\$155.00	VA-8	
MENINGOCOCCAL VACCINE	\$ 90.00	VA-9	
MMR VACCINE	\$ 97.00	VA-10	
MUMPS VACCINE	\$35.00	VA-11	
PNEUMOCOCCAL VACCINE	\$35.00	VA-12	
RUBELLA VACCINE	\$ 23.00	VA-13	
RUBEOLA (PER INJECTION)	\$25.00	VA-14	
TETANUS DIPHTHERIA	\$ 25.00	VA-15	
HEPATITIS A (PER INJECTION)	\$125.00	VA-16	
VARICELLA (CHICKEN POX) (PER INJECTION)	\$152.00	VA-17	
HEPATITIS IMMUNE GLOBULIN (PER INJECTION)	\$376.00	VA-18	
BBFEXP-1 NELFANIVIR + LAMIV + ZIDOV (PER DAY)	\$37.84	BE-1	
BBFEXP-2 TENOFOVIR + LAMIV + ZIDOV (PER DAY)	\$29.56	BE-2	
BBFEXP-3 TENOFOVIR + COMBIVIER (PER DAY)	\$29.72	BE-3	
Miscellaneous Training, Education and Assessment (PER HOUR)	\$130	ED-1	

*** For any Customer Personnel being fit tested, the following shall apply:

1. OHC shall perform medical clearance services prior to fit testing.
2. Customer must provide a NIOSH-approved N-95 respirator for each Customer Personnel being fit tested. OHC will not fit test to a non-NIOSH-approved N-95 respirator. Customer Personnel will be fit tested for the specific mask (make and model) that is utilized during the fit testing encounter.

SCHEDULE A (CONTINUED)

SERVICE	COST	CODE	Check Services
WORKER COMPENSATION: IF NOT COVERED BY CARRIER EMPLOYER RESPONSIBLE	CHARGES VARY	WC	
VENIPUNCTURE/COLLECTION ONLY	\$ 20.00	LA-6	
SMAC 20	\$ 30.00	LA-7	
CBC	\$ 15.00	LA-8	
LIPID PROFILE (LDL, HDL, CHOL.)	\$ 52.00	LA-9	
SMAC with LIPID PROFILE (LDL, HDL, CHOL.)	\$ 60.00	LA-10	
HBsAb Titre	\$ 67.00	LA-11	
HBsAg Titre	\$ 67.00	LA-12	
HBeAg Titre	\$ 48.00	LA-37	
HBeAb Titre	\$ 48.00	LA-38	
HCVAb Titre	\$ 70.00	LA-13	
HEMOCCULT (each)	\$ 5.00	LA-14	
PROSTATE SPECIFIC ANTIGEN (PSA)	\$ 40.00	LA-15	
RUBELLA (GERMAN MEASLES)	\$ 35.00	LA-16	
RUBEOLA (MEASLES)	\$ 35.00	LA-17	
VARICELLA (CHICKEN POX)	\$ 40.00	LA-18	
MUMPS	\$ 45.00	LA-39	
MMRV TITER	\$ 100.00	LA-41	
HEPATITIS A	\$ 40.00	LA-40	
T3	\$ 26.00	LA-19	
T4	\$ 26.00	LA-20	
T3, T4, TSH	\$ 80.00	LA-21	
TRIGLYCERIDE	\$ 18.00	LA-22	
TSH	\$ 29.00	LA-23	
URINE DIPSTICK	\$ 10.00	LA-24	
URINALYSIS	\$ 15.00	LA-25	
URINALYSIS WITH MICROSCOPIC	\$ 18.00	LA-26	
URINE DRUG SCREEN (DOT - NON-DOT) 5 PANEL WITH MRO REVIEW	\$ 47.00	LA-27	
URINE DRUG SCREEN (DOT - NON-DOT) 10 PANEL WITH MRO REVIEW	\$ 65.00	LA-28	
URINE DRUG SCREEN (COLLECTION ONLY)	\$ 25.00	LA-29	
WHOLE BLOOD PERCHLORELHYLENE	\$ 103.00	LA-30	
VDRL	\$ 30.00	LA-32	
THROAT C & S	\$ 39.00	LA-33	
STOOL OVA & PARASITES	\$ 40.00	LA-34	
STOOL C & S	\$ 40.00	LA-35	
URINE C & S	\$ 39.00	LA-36	
OFF-DUTY EVALUATION	\$ 100.00	FV-12	
RETURN TO WORK EVALUATION	\$ 100.00	FV-13	

SCHEDULE A (CONTINUED)

SERVICE	Cost	Code	Check Services
CHART REVIEW	\$50.00	FV-14	
DUPLICATING: COST PER SHEET	\$ 0.75	FC-1	
FORM COMPLETION (FC) INSURANCE COMPANIES	\$100.00	FC-2	
FC LAWYERS	\$100.00	FC-3	
FC COURT	\$100.00	FC-4	
FC SCHOOL	\$ 30.00	FC-5	
FC WORK	\$ 30.00	FC-6	
CHART OFFSITE STORAGE RETRIEVAL (PER CHART)	\$20.00	FC-7	
CHART STORAGE ONSITE (FOR INACTIVE EMPLOYEES) (PER CHART/PER YEAR)	\$ 1.00	FC-8	
FAXED FORMS: EMERGENCIES ONLY (ADDITIONAL CHARGE)	\$ 2.00	FC-9	
Minimal (10 – 20) minutes	\$66.56	PE-5	
Focused (20 – 30) minutes	\$89.44	PE-6	
Expanded (30 – 45) minutes	\$140.40	PE-7	
Comprehensive (45- 60) minutes	\$168.48	PE-8	
Complex (1 hr – 1 hr 30) minutes	\$224.64	PE-9	
OFFSITE SERVICES: \$75.00 per hour 7:30 am to 3 pm Monday through Friday	\$ 75.00/HR	PE-10	
OFFSITE SERVICES: \$125.00 per hour 3:01 pm to 7:29 am Monday through Friday.	\$125.00/HR	PE 11	

COMMENTS:

NAME OF PROVIDER (Print) _____ (Signature) _____

SCHEDULE "B"



WESTCHESTER MEDICAL CENTER

OCCUPATIONAL HEALTH CENTER

WESTCHESTER COUNTY DEPARTMENT OF CORRECTIONS
NON WORK-RELATED INJURY/ILLNESS
SCHEDULE B

Term below indicates 4% increase each year

	1/1/2021- 12/31/2021	1/1/2022- 12/31/2022	1/1/2023- 12/31/2023	1/1/2024- 12/31/2024
Minimal (10 – 20 Minutes)	\$115.24	\$119.85	124.64	129.63
Focused (20 – 30 Minutes)	\$143.30	\$149.03	154.99	161.19
Expanded (30 – 45 Minutes)	\$224.80	\$233.79	243.14	252.87
Comprehensive (45 – 60 Minutes)	\$269.74	\$280.53	291.75	303.42
Complex (1hr. – 1hr. and 30 Minutes)	\$359.65	\$374.04	389.00	404.56

COST INCLUDES:

- OFFICE VISIT
- MEDICAL REVIEW
- ASSESSMNET
- EVALUATION
- CONSULTATION(S) WITH INDIVIDUALS PMD (if indicated)
- COMPLETION OF *Medical Certification of Employee* (NON WORK RELATED)
- COURT APPEARANCES AND RELATED MEETINGS
- FORWARDING THE *Medical Certification of Employee* (NON-WORK RELATED) TO THE COMMISSIONER OF CORRECTION