

Warren County Board of Supervisors

RESOLUTION NO. 298 OF 2012

Resolution introduced by Supervisors Sokol, Thomas, Frasier, Taylor and McDevitt

**AUTHORIZING AMENDMENT AGREEMENT WITH FIDELIS CARE NEW YORK
TO INCLUDE THE SPECIFIC PERSONAL CARE AIDE SERVICES RATES
ON SCHEDULE 5.2**

WHEREAS, the Warren County Health Services Department (“Health Services”) currently has an agreement with Fidelis Care New York wherein Health Services provides home care services to participants in the Managed Medicaid and Child Health Plus Programs and is reimbursed at the current Medicaid established rates, and the Director of Public Health/Patient Services has received an Amendment to the Ancillary Provider Agreement, specifically Schedule 5.2, to include the specific Personal Care Aide services rates, which is attached hereto as Schedule “A”, and the Health Services Committee recommends Warren County enter into said Amendment Agreement, now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute the Amendment to the Ancillary Provider Agreement with Fidelis Care New York to include specific Personal Care Aide services rate as set forth in Schedule “A” attached hereto, in a form approved by the County Attorney.

SCHEDULE "A"

SCHEDULE 5.2B

ANCILLARY SERVICES REIMBURSEMENT

Programs: Medicaid Managed Care, Child Health Plus, Family Health Plus Rates, Managed Long Term Care & Medicare Advantage

Home Health Services will be reimbursed according to the rates listed below*. For those services listed as "Prevailing Medicaid", the Prevailing Medicaid fee schedule will be that which is applicable upon execution of this agreement. Notice of updates to prevailing schedule will be responsibility of Provider. Provider will notify Plan of changes to prevailing published rates, via certified or registered mail. Only those published rates that are listed as "Final" will be updated. The effective date of the new rates will be no longer than 10 business days after receipt of notification from Provider.

HCPCS	Description	Rates
S9123	Nursing Care, in the home, per diem	Prevailing Medicaid
S9122	Home Health Aide, in the home, per hour	Prevailing Medicaid
T1001	Nursing Assessment, per diem	\$125.00 per diem
T1019	Personal Care Services, Level I, per 15 min	\$5.75 per 15 minutes
T1020	Personal Care Services, Level II, per hour	\$25.00 per hour
S9131	Physical Therapy, in the home, per diem	Prevailing Medicaid
S9128	Speech Therapy, in the home, per diem	Prevailing Medicaid
S9129	Occupational Therapy, in the home, per diem	Prevailing Medicaid
G0238	Respiratory Therapy, in the home, per 15 min	Prevailing Medicaid
S9127	Medical Social Worker, in the home, per diem	Prevailing Medicaid
S9470	Nutritionist, in the home, per diem	Prevailing Medicaid
Q3014GT	Telehealth, Installation	\$50.00
T1014GT	Telehealth, Daily Monitoring, Tier II	\$10.19 per day

*Not all services are covered under all Programs.