

Legislation Text

File #: TMP-2694, Version: 1

REQUEST FOR LEGISLATIVE ACTION

Description (e.g., Contract Authorization for Information Services):

Celtic Consulting to Provide MDS Case Management Review Services

Date:	August 30, 2021
Submitted By:	Larry I. Slatky
Department:	Shaker Place Rehabilitation and Nursing Center
Title:	Executive Director
Phone:	518-213-8940
Department Rep.	
Attending Meeting:	Larry I. Slatky

Purpose of Request:

- □ Adopting of Local Law
- Amendment of Prior Legislation
- □ Approval/Adoption of Plan/Procedure
- □ Bond Approval
- □ Budget Amendment
- Contract Authorization
- □ Countywide Services
- □ Environmental Impact/SEQR
- □ Home Rule Request
- □ Property Conveyance
- □ Other: (state if not listed) Click

Click or tap here to enter text.

CONCERNING BUDGET AMENDMENTS

Increase/decrease category (choose all that apply):

- Contractual
- □ Equipment
- □ Fringe
- □ Personnel
- Personnel Non-Individual

□ Revenue

Increase Account/Line No.:Click or tap here to enter text.Source of Funds:Click or tap here to enter text.Title Change:Click or tap here to enter text.

CONCERNING CONTRACT AUTHORIZATIONS

Type of Contract:

- □ Change Order/Contract Amendment
- □ Purchase (Equipment/Supplies)
- □ Lease (Equipment/Supplies)
- □ Requirements
- ☑ Professional Services
- □ Education/Training

□ Grant

Choose an item.

Submission Date Deadline Click or tap to enter a date.

- □ Settlement of a Claim
- □ Release of Liability
- □ Other: (state if not listed)

Click or tap here to enter text.

Contract Terms/Conditions:

Party (Name/address):

Celtic Consulting, LLC 507 East Main Street Suite 308 Torrington, Conn. 06790

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee:

\$190,000.00

Scope of Services: Celtic Consulting will provide MDS clinical supervision, education, medical record oversight and review, opportunities to improve resident care through observation, clinical assessments and hands-on consulting to nursing and therapy staff. Will also validate case mix documentation prior to submission to ensure compliance with PDPM.

Bond Res. No.:	Click or tap here to enter text.
Date of Adoption:	Click or tap here to enter text.

CONCERNING ALL REQUESTS

Mandated Program/Service:

Yes 🗆 No 🛛

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If Mandated Cite Authority:	Click or tap here to enter text.
Is there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
<u>County Budget Accounts:</u> Revenue Account and Line: Revenue Amount:	Click or tap here to enter text. Click or tap here to enter text.
Appropriation Account and Line: Appropriation Amount:	44069 \$190,000.00
<u>Source of Funding - (Percentages)</u> Federal: State: County: Local:	0 0 100 0
<u>Term</u> Term: (Start and end date) Length of Contract:	1/1/2022-12/31/2022 12 months
Impact on Pending Litigation If yes, explain:	Yes □ No ⊠ Click or tap here to enter text.
Previous requests for Identical or Similar Action:Resolution/Law Number:284-2020Date of Adoption:9/14/2020	

Justification: (state briefly why legislative action is requested)

Celtic Consulting has been instrumental in assuring that MDS our documentation reimbursement process is correct and captures all of the care being provided by the clinicians to ensure proper reimbursement from all third party payor's and CMS and NYSDOH audits. MDS consultation is invaluable to our clinical staff.