



County of Albany

Harold L. Joyce
Albany County Office
Building
112 State Street - Albany,
NY 12207

Legislation Text

File #: TMP-3296, **Version:** 1

REQUEST FOR LEGISLATIVE ACTION

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

Albany County Department of Mental Health requests permission to enter into a rate settlement agreement and amend the contract rate with CDPHP (Capital District Physicians Health Plan, Inc.)

Date:	April 27, 2022
Submitted By:	Mark Gleason
Department:	Mental Health
Title:	Operations Analyst
Phone:	518-447-3014
Department Rep.	
Attending Meeting:	Dr. Stephen Giordano, Commissioner

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 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.: A14310.01625 Acmbh Clinic/Mobile Crisis
Source of Funds: CDPHP
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) Rate Settlement with CDPHP (Capital District Physicians Health Plan, Inc.)

Contract Terms/Conditions:

Party (Name/address):

Capital District Physicians Health Plan 500 Patroon Creek Boulevard Albany NY 12206

Additional Parties (Names/addresses):

Click or tap here to enter text.

Amount/Raise Schedule/Fee: \$52,842.72
Scope of Services: Rate Settlement

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 ☒
If Mandated Cite Authority: Click or tap here to enter text.

Is there a Fiscal Impact: Yes ☒ No ☐
Anticipated in Current Budget: Yes ☐ No ☒

County Budget Accounts:

Revenue Account and Line: A14310.01625 Acmhb Clinic/Mobile Crisis
Revenue Amount: \$52,842.72

Appropriation Account and Line: Fee for Services AA4310.44046
Appropriation Amount: \$52,842.72

Source of Funding - (Percentages)

Federal: Click or tap here to enter text.
State: Click or tap here to enter text.
County: Click or tap here to enter text.
Local: 100%

Term

Term: (Start and end date) 1/1/2022-7/30/2022
Length of Contract: 7 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: N/A
Date of Adoption: N/A

Justification: (state briefly why legislative action is requested)

Albany County Department of Mental Health requests permission to enter into a rate settlement agreement and amend the contract rate with CDPHP (Capital District Physicians Health Plan, Inc.). In order to avoid incurring administrative costs and burdens, CDPHP and ACDMH (Albany County Department of Mental Health) agreed to a lump sum payment in lieu of resubmitting and reprocessing the Settled Claims for adjustment in accordance with APG (Ambulatory Patient Group) requirements and methodology. In consideration for the release and in consideration of the rights and obligations created by the Agreement, CDPHP will pay ACDMH the total sum of Fifty-Two Thousand Eight Hundred Forty-Two Dollars and 72/100 (\$52,842.72).