

County of Albany

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

Legislation Text

File #: TMP-4527, Version: 1 REQUEST FOR LEGISLATIVE ACTION Description (e.g., Contract Authorization for Information Services): Contract Authorization for Minimum Data Set (MDS) Consultation and Review				
			Date:	August 22, 2023
			Submitted By:	Shawn Thelen
Department:	Shaker Place Rehabilitation and Nursing Center			
Title:	Deputy Executive Director			
Phone:	518-447-7108			
Department Rep.				
Attending Meeting:	Mark S. Olsen			
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 AMENDMEN Increase/decrease category (choose ☐ Contractual ☐ Equipment ☐ Fringe ☐ Personnel ☐ Personnel Non-Individual				

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□ Revenue		
Increase Account/Line No.: Source of Funds: Title Change:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
CONCERNING CONTRACT AUTHOR	ZATIONS	
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 ☐ Settlement of a Claim ☐ Release of Liability ☐ Other: (state if not listed)		
Contract Terms/Conditions:		
Party (Name/address): Celtic Consulting, LLC 339 Main Street Suite 308 Torrington, CT 06790		
Additional Parties (Names/addresses): Click or tap here to enter text.		
and the MDS Director to ensure that all medica	\$190,000.00 Celtic Consulting will provide a registered nurse and therapist who wilng, therapy, social work, therapeutic activities, dietary, medical records documentation meets the regulations of the NYSDOH and CMS for the cal record documents to ensure proper reimbursement and quality of	
Bond Res. No.: Date of Adoption:	Click or tap here to enter text. Click or tap here to enter text.	

CONCERNING ALL REQUESTS

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Mandated Program/Service: If Mandated Cite Authority: and Medicare	Yes ⊠ No □ New York State Department of Health and the Centers for Medicaid
ls there a Fiscal Impact: Anticipated in Current Budget:	Yes ⊠ No □ Yes ⊠ No □
County Budget Accounts: Revenue Account and Line: Revenue Amount: Appropriation Account and Line: Appropriation Amount:	Click or tap here to enter text. Click or tap here to enter text. NH6020 44069 \$190,000.00
Source of Funding - (Percentages) Federal: State: County: Local:	0 0 100 0
Original Awarding Agency / Fund Click or tap here to enter New York State Pass-Through A Click or tap here to enter	text. agency (if applicable):
Term Term: (Start and end date) Length of Contract:	1/1/2024 through 12/31/2024 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: Resolution 481 of 2022

Date of Adoption: 12/5/2022

<u>Justification</u>: (state briefly why legislative action is requested)

Celtic Consulting has been instrumental in assuring that MDS documentation and reimbursement process is correct and captures all of the care being provided by the clinicians to ensure proper reimbursement from all third party payers, CMS and the NYSDOH audits. MDS consultation is invaluable to our clinical staff and the highest level of quality indicators for the CMS Five Star Rating. Celtic consulting was chosen through the RFP process, 2021-109 and this is the third year of a three year allowable contract.