WESTCHESTER COUNTY

Kenneth W. Jenkins
County Executive

Department of Community Mental Health

Michael Orth, M.S.W.
Commissioner

114053

Date: July 9, 2026

To: Honorable Members of the Board of Acquisition and Contract

From: Michael Orth, M.S.W.
Commissioner, Department of Community Mental Health

Re: Authority for the County of Westchester to enter into an agreement with United Behavioral Health of New York, I.P.A. Inc. ("UBHIPA") to provide mental/behavioral health services to UBHIPA members in exchange for payment for a term to commence upon the date set forth in the UBHIPA Acceptance Letter and continue for 12 months with the agreement renewing automatically for one year terms with either party having the right to terminate on 60 days prior written notice to the other party.

APPROVED BOARD OF ACQUISITION & CONTRACT 07/22/2026 - RAYMOND SCULKY, SECRETARY

Authority is requested from your Honorable Board for the County of Westchester (the "County"), acting by and through its Department of Community Mental Health (the "Department"), to enter into a Provider Participation Agreement (the "Agreement") with United Behavioral Health of New York, I.P.A. Inc. ("UBHIPA") to participate in the networks of the participation providers developed and designated by UBHIPA to arrange for the provision of covered services to covered persons under the Agreement in exchange for payment pursuant to the fee schedule attached to the resolution.

The term of the Agreement shall commence on the date specified in the UBHIPA Acceptance Letter and shall automatically renew for successive 1-year terms with each party having the right to terminate the Agreement without cause on 60 days prior written notice.

Under the terms of the Agreement, the County will accept as payment in full for covered services provided under the Agreement at the rates set forth in UBHIPA's fee schedule attached to the agreement.

The UBHIPA is requesting and the County is authorized to indemnify UBHIPA as follows:

> Each party shall be responsible for any and all damages, claims, liability or judgments which may arise as a result of its own negligence or intentional wrongdoing. Any costs for damages, claims, liabilities or judgments incurred at any time by one party as a result of the other party's negligence or intentional wrongdoing shall be paid for or reimbursed by the other party.

The County, acting through CMH, is in the process of reopening the mental health clinic pursuant to

Article 31 of the New York State Mental Hygiene Law (the "Clinic") to be known as the Westchester County Safety Net Clinic located at 112 East Post Road, Suite 101, White Plains, New York.

The Clinic will be a licensed outpatient facility regulated by the New York State Office of Mental Health (OMH). The Clinic will be staffed by licensed professionals, including a psychiatrist, licensed clinical social workers (LCSWs), and a peer specialist. The Clinic will offer mental health services, including individual therapy, group therapy, crisis intervention, medication management, health assessments, and peer services to adults and families.

The Clinic wants to be able to seek reimbursement from the patients' private health insurance plans. In order to be able to seek reimbursement, the Clinic needs to become a credentialed participating provider and enter into the Agreement with UBHIPA.

The goals and objectives of the Agreement are to allow for third-party reimbursement for eligible healthcare services rendered.

The goals and objectives of the Agreement are in the best interests of the County because it enables the County to recover available revenue for services rendered and reduces reliance on County tax levy support.

The goals and objectives of the Agreement will be tracked and monitored by the Department pursuant to performance reports and program records.

The Agreement is not a procurement of goods or services, but provides for reimbursement to the County for covered services rendered to UBHIPA members at the Clinic under the terms of the Agreement. Therefore, the Agreement is exempt from the Westchester County Procurement Policy and Procedures.

Accordingly, I respectfully recommend your Honorable Board's approval of the attached Resolution.

MO/ran
Attachment

APPROVED BOARD OF ACQUISITION & CONTRACT - 07/22/2026 - RAYMOND SOLKY, SECRETARY

RESOLUTION

Upon a communication from the Commissioner of the Department of Community Mental Health, be it hereby:

RESOLVED, that the County of Westchester (the "County"), acting by and through its Department of Community Mental Health (the "Department"), is hereby authorized to enter into an agreement (the "Agreement") with United Behavioral Health of New York, I.P.A. Inc. ("UBHIPA") for the County through the Westchester County Safety Net Clinic to provide covered services to UBHIPA members enrolled in the networks of the participation providers developed and designated by UBHIPA to arrange for the provision of covered services to covered persons and accept as payment in full for such covered services the rates set forth in fee schedule provided by UBHIPA attached hereto; and be it further

RESOLVED, that the County is authorized to indemnify UBHIPA as follows:

Each party shall be responsible for any and all damages, claims, liability or judgments which may arise as a result of its own negligence or intentional wrongdoing. Any costs for damages, claims, liabilities or judgments incurred at any time by one party as a result of the other party's negligence or intentional wrongdoing shall be paid for or reimbursed by the other party; and be it further

RESOLVED, that the County Executive, or his duly authorized designee, is hereby authorized and empowered to execute and deliver all instruments and to take any and all actions necessary or appropriate to effectuate the purposes hereof.

APPROVED BOARD OF ACQUISITION & CONTRACT 07/12/2021 - RAYMOND SCULLY, SECRETARY

Account to be Charged/Credited

Fund	Dept	Major Program, Program & Phase Or Unit	Object/ Sub-Object	Trust Account	Dollars
101	26	2000	9345		

Budget Funding Year(s): _____ Start Date: ___ End Date: _____
(must match resolution)

Funding Source

_____
(must match resolution)

Tax Dollars: _____
State Aid: _____
Federal Aid: _____
Other: _____