

**MODEL MUNICIPAL CONTRACT FOR THE EARLY INTERVENTION PROGRAM
UNDER TITLE II-A OF ARTICLE 25 OF THE PUBLIC HEALTH LAW**

**GENERAL INFORMATION AND INSTRUCTIONS
FOR AGENCIES PROVIDING EARLY INTERVENTION SERVICES**

INTRODUCTION

The Model Municipal Contract for the Early Intervention Program Under Title II-A of Article 25 of the Public Health Law was developed for use by all municipalities whenever establishing an agreement with a service provider for the provision of services to infants/toddlers and their families under the Early Intervention Program.

The Model Municipal Contract was developed to provide consistency in contracting for early intervention services, to ensure that federal and state laws and regulations related to the Early Intervention Program are uniformly implemented across New York State, and to help ensure that contractors are fully aware of their contractual responsibilities.

PROVISIONS OF THE MODEL MUNICIPAL CONTRACT

The Model Municipal Contract consists of the following components and provisions:

▪ ***Early Intervention Services Agreement***

The Early Intervention Services Agreement is the contract between the municipality and the service provider for the provision of specific early intervention services and, in conjunction with all attached exhibits, sets forth all terms and conditions of the agreement.

▪ ***Exhibit A: General Terms and Conditions***

Exhibit A covers definitions, general terms and conditions of the contract, including:

- contractor responsibilities and requirements
- conditions governing renewal and termination of the agreement
- procedures for temporary suspension of provider enrollment of children
- provider qualifications and licenses
- maintenance, retention, and confidentiality of early intervention records
- procurement and maintenance of liability insurance
- nondiscrimination in employment and provision of early intervention services
- subcontracting requirements
- publication of brochures or other informational materials to inform public about the contractor's early intervention services
- contacts and addresses for communication and notices

- ***Exhibit B: Financial Terms and Conditions***

Exhibit B lists the terms and conditions governing:

- submission of bills, payments for services, fiscal audits
- prohibition against soliciting payments for early intervention services from other than the county
- maintenance of any required license for compensation of services
- retention of fiscal records
- required participation in financial audits and programmatic and quality improvement monitoring

- ***Exhibit C: Variable Terms Specific to the County***

Exhibit C is optional and is used to describe any county-specific provisions added to the contract that are agreeable to both the provider and the county.

- ***Exhibit D: Description of Services***

Exhibit D describes all services available under the Early Intervention Program, provider requirements, and the responsibilities of both providers and municipalities, including:

- completion of NYSDOH or NYSED provider approval process
- contractual requirements for immunizations and physical exams
- provision of approved services consistent with regulations, program policies and procedures, and generally acceptable standards of professional quality, with services provided on a 12-month basis by qualified personnel
- attendance at and maintenance of documentation for completion of continuing education and training
- maintenance of appropriately equipped and supplied sites and physical plant that meet the needs of children and that are in compliance with all applicable State and local requirements
- requirements for the provision of early intervention services in conformity with the Individual Family Service Plan (IFSP), completion of screenings and initial multidisciplinary evaluations, preparation of evaluation reports and written summaries, attendance at IFSP meetings, and participation in the IFSP process and in development and implementation of transition plans for children transitioning from the Early Intervention Program
- attendance at mediations and impartial hearings
- cooperation and participation in quality assurance reviews
- adherence to Early Intervention Program record maintenance and record retention requirements with respect to confidentiality, content of records, session notes, progress reports, and disclosure, inspection, review and amendment of records
- cooperation with service coordinators in monitoring the delivery of services
- requirements for provision of documentation and information on third party insurance and Medicaid and completion of Exhibits H (provider agreement for Medicaid) and I (reassignment of Medicaid reimbursements for early intervention services to the municipality)

▪ ***Exhibit E: Agency Provider Information Form***

Exhibit E is to be completed by agency providers only, and includes:

- legal name of the agency and business address
- tax identification number
- agency's licensures
- date of approval as an Early Intervention Provider and approved early intervention services
- insurance plans
- names, titles, addresses, and telephone numbers of administrative, fiscal, program, and compliance contacts

▪ ***Exhibit G: Site Information Form***

Exhibit G is to be completed by only those contractors/providers approved by the New York State Early Intervention Program to provide early intervention services at one or more sites under the provider's control (e.g., own and/or operate). A separate Exhibit G must be completed for each site where services may be provided and is to include for each site:

- name, address, telephone/fax numbers
- address where fiscal and clinical books and records are maintained
- name, address, and telephone/fax numbers of person responsible for establishing the availability of services
- all applicable contractor licensures

▪ ***Exhibit H: Provider Agreement Between the New York State Department of Health and Service Providers in the New York State Early Intervention Program***

Exhibit H sets forth all provider requirements for participation in the New York State Medicaid Program, including maintenance of service records, information on Medicaid claims reassigned to the municipality, nondiscrimination, and compliance with all applicable laws, rules and regulations.

▪ ***Exhibit I: Statement of Reassignment***

Exhibit I constitutes the provider's agreement to reassign all Medicaid reimbursements for early intervention services to the municipality, to accept as payment in full the established payment levels for covered early intervention services, not to bill Medicaid for early intervention services, and to comply with all of the rules and policies described in the provider's contract with the municipality.

▪ ***Exhibit J: New York State Approval Letter and/or Amended Approval Letters***

Exhibit J is a copy of the provider's approval letter from the New York State Department of Health Early Intervention Program.

**INSTRUCTIONS FOR COMPLETION OF THE PROVIDER AGREEMENT
and
CONTRACT SUBMISSION REQUIREMENTS FOR AGENCY PROVIDERS**

EARLY INTERVENTION SERVICES AGREEMENT - page 4

- Under Witness Whereof: sign and date the Agreement
- Under Witness Whereof: record name and title of person signing the form and federal tax ID number of the agency

EXHIBIT A: DEFINITIONS, GENERAL TERMS AND CONDITIONS - pages 5 to 25

- Read all of Exhibit A
- Provide copies of certificates of insurance or, if requested, original policies
 - ◆ Commercial General Liability
 - ◆ Automobile Liability (if applicable)
 - ◆ Professional Liability
- Provide documentation required by State of New York Worker's Compensation Board of coverage or exemption from coverage

EXHIBIT B: FINANCIAL TERMS AND CONDITIONS - pages 26 to 29

- Read all of Exhibit B
- Provide copies of the following documents:
 - ◆ Certificate of Incorporation
 - ◆ Day Care permit, if applicable
 - ◆ By-Laws
 - ◆ Operating Certificate or License
 - ◆ Signature samples of document signers
 - ◆ Fidelity Bonds
 - ◆ Names, addresses, professional titles of the Board of Directors, if applicable

EXHIBIT C: VARIABLE TERMS SPECIFIC TO THE COUNTY - page 30

- If Exhibit C is used:
- ◆ read Exhibit C
 - ◆ enter agency name
 - ◆ sign and date the form

EXHIBIT D: DESCRIPTION OF SERVICES - pages 31 to 43

- Read all of Exhibit D
- Provide copies of documentation of annual physical examinations for any provider of services, if requested by the municipality

EXHIBIT E: AGENCY PROVIDER INFORMATION FORM - pages 44 to 46

- Part A:
 - ◆ enter legal/corporate name of agency
 - ◆ enter name of Early Intervention Provider Agency
 - ◆ record the name of the Executive Director
- Part B: record the principal business address, telephone and fax numbers, and e-mail address and number of service delivery sites
- Part C: enter the legal/corporate agency tax identification number information, as applicable
- Part D:
 - ◆ indicate all agency licensures
 - ◆ indicate, if applicable, state agency that approved program as an early intervention provider and date of initial and most recent amendment
 - ◆ check all state-approved early intervention services
 - ◆ list all counties/boroughs approved by state for delivery of early intervention services
- Part E: indicate if willing/able to provide services in natural environment
- Part F: record name, title, address, and telephone and fax numbers of administrative contact
- Part G: record name, title, address, and telephone and fax numbers of fiscal contact
- Part H: record name, title, address, and telephone and fax numbers of program contact
- Part I: record name, title, address, and telephone and fax numbers of compliance (quality assurance) contact
- Part J: list all managed care plans you participate in as a provider

EXHIBIT G: SITE INFORMATION FORM - page 48

Exhibit G is to be completed by only those contractors/providers approved by the New York State Early Intervention Program to provide early intervention services at one or more sites under the provider's control (e.g., own and/or operate). A separate Exhibit G must be completed for each site where services may be provided and is to include for each site:

- Part A: record the name, address, and telephone and fax numbers of the facility
- Part B: if different than Part A, the addresses where fiscal and clinical program records and books are maintained
- Part C: enter the name, address, and telephone and fax numbers of the person responsible for establishing the availability of services listed in the IFSP
- Part D: check all applicable licensures held

EXHIBIT H: PROVIDER AGREEMENT BETWEEN THE NEW YORK STATE DEPARTMENT OF HEALTH AND SERVICE PROVIDERS IN THE NEW YORK STATE EARLY INTERVENTION PROGRAM - page 49

- Line 6, First Paragraph: enter the name of the agency
- Section D: ♦ have an authorized individual sign and date the form
 - ♦ record the full address and telephone number of the agency
 - ♦ check, as applicable, the type of early intervention provider

EXHIBIT I: STATEMENT OF REASSIGNMENT - page 50

- Line 1: record the name of the agency
- Part 4: have an authorized person sign the form

EXHIBIT J: NEW YORK STATE APPROVAL LETTER AND/OR AMENDED APPROVAL LETTERS - page 51

- Attach a copy of the New York State Provider Approval Letter
- Attach a copy of all amended Approval Letters

COMPONENTS OF A COMPLETED CONTRACT FOR AGENCY PROVIDERS

- Early Intervention Services Agreement
- Exhibit **A**, plus
 - Copies of Certificates of Insurance, or if requested, original policies
 - ◆ Commercial General Liability
 - ◆ Automobile Liability, if applicable
 - ◆ Professional Liability
 - Documentation of coverage or exemption required by New York State Worker's Compensation Board
- Exhibit **B**, plus
 - Copies of the following documents:
 - ◆ Certificate of Incorporation
 - ◆ Day Care permit (if applicable)
 - ◆ By-Laws
 - ◆ Operating Certificate or License
 - ◆ Fidelity Bonds
 - Signature samples of document signers
 - Names, addresses, and professional titles of Board of Directors (if applicable)
- Exhibit **C**, if applicable
- Exhibit **D**
 - Documentation of annual physical examinations for any provider of services, if so requested by the municipality
- Exhibit **E**
- Exhibit **G**, if applicable
- Exhibit **H**
- Exhibit **I**
- Exhibit **J**
 - Copy of NYS Provider Approval Letter
 - Copy of all amended Approval letters