

Schedule A / B
POSITION OCDMH#0040
Mental Health Nurse

The purpose of this Schedule A/B is to delineate the Scope of Services to be provided by CONSULTANT'S name ("CONSULTANT") to the County of Orange, Department of Mental Health ("COUNTY") as well as the Fees and Expenses to be paid from the **COUNTY** to the **CONSULTANT** for services rendered in accordance with the terms and conditions specified in this Schedule A/B, the Orange County Department of Mental Health ("OCDMH") Contract Services #OCDMH-CS-23 and the Agreement for Consultant Services ("Agreement").

CONSULTANT RESPONSIBILITIES

1) **CONSULTANT** shall meet the following qualifications:

- Current New York State registered professional nurse (RN) registration; or
- Licensure to practice as a Licensed Practical Nurse (LPN) in New York State with two (2) years' experience in a community behavioral health setting; and
- Possess National Provider Identifier (NPI) Number; and
- Possess a valid driver's license; and
- Pass required background check(s).

2) **CONSULTANT** shall possess the following skills:

- Experience with various software applications
- Experience with electronic record keeping
- Ability to effectively communicate and interface with professionals and those served
- Effective writing skills
- Sound professional and clinical judgment
- Ability to work flexible hours

3) **CONSULTANT** will provide nursing services, including administration of injectable medication to individuals enrolled in the County operated mental health clinics. The scope of work includes, but is not limited to the following:

- Work in partnership with the clinical services division to provide nursing services, including but not limited to administration of injectable medication, to individuals in clinic and home based settings;
- Provide review of health nursing assessments and recommendations as needed;
- maintain a valid New York State license to practice nursing and a National Provider Identified (NPI) number;
- where applicable, adhere to all New York State Office of Mental Health Part 599 Regulatory Guidelines as well as all New York State Medicaid service-delivery and billing requirements as outlined in 14 NYCRR Parts 587 and 588;

- adhere to mental health clinic operational policies and procedures, OCDMH Corporate Compliance Plan and Code of Ethic;
- complete all clinical documentation using the OCDMH electronic medical record software (Avatar) either concurrently or no later than one (1) business day from the date of service for each patient;
- function as a member of the clinic inter-disciplinary team by participating in case-conferencing with staff and incident-review committee investigations, as needed;
- respond to inquiries via phone and email in a timely fashion;
- effectively communicate and interface well with professionals and those served;

4) Service Hours/Units

CONSULTANT shall provide up to _____ hours of services/coverage per week for 50 weeks per year. Hours shall be agreed upon by the **COUNTY** and **CONSULTANT** on a daily or weekly basis but needs to be flexible. No guarantee of the number of hours of service/coverage is made by the **COUNTY**.

No additional time by **CONSULTANT** shall be compensated without prior written approval of the Department of Mental Health and, if such time exceeds the not-to-exceed cost in Article 4 of the Agreement, such approval will also require a written amendment executed by the County Executive and **CONSULTANT**.

5) Service Location(s)

Service will be provided throughout Orange County in office settings and in identified residential settings. The **COUNTY** reserves the right to change service locations during the term of the Agreement on an as needed basis. **CONSULTANT** agrees to work in any service location within the County as requested by County and/or, after Consultant submits a letter of consent to work in agreed upon locations outside the County with the Commissioner of the Department of Mental Health or designee.

6) Billing for Services

CONSULTANT shall invoice the **COUNTY** on at least a monthly basis, with adequate supporting documentation as applicable, in accordance with Article 3 of the Agreement.

COUNTY RESPONSIBILITIES

The **COUNTY** will:

Allow use of equipment such as copy machine, fax, computers, etc. and with prior approval provide access to supplies as needed; and

For services rendered and properly invoiced in accordance with the terms and conditions specified in this Schedule A/B, RFQ #OCDMH-23 and the Agreement, compensate **CONSULTANT** at \$ _____ per hour including travel expenses.