Preschool Exhibit 1:

Provider Agreement between New York State and Service Providers Under Contract with the County of Ulster (Which is Enrolled in the New York State Medicaid Program)

Based upon a request by the County to participate in the New York State Medicaid Program under Title XIX of the Social Security Act,

_____

(Name of Parent/Caregiver)

hereinafter called the Provider, agrees as follows to:

A. (1) Keep any record necessary to disclose the extent of SERVICES the Provider furnishes to recipients receiving assistance under the New York State Plan for Medicaid Assistance.

(2) On request, furnish the New York States Department of Health, or its designee, and the Secretary of the United State Department of Health and Human Services, and the New York State Medicaid Fraud Control Unit, any information maintained under paragraph A(1), and any information regarding any Medicaid claims reassigned by the Provider.

(3) Comply with the disclosure requirements specified in 42 CFR Part 455, Subpart B.

B. Comply with Title VI of the Civil Rights Act of 1964, Section 504 of the Federal Rehabilitation Act of 1973, and all other State and Federal statutory and constitutional non-discrimination provisions that prohibit discrimination on the basis of race, color, national origin, handicap, age, gender, religion and/or marital status.

C. Abide by all applicable Federal and State laws and regulations, including the Social Security Act, the New York State Social Service Law, Part 42 of the Code of Federal Regulations and Title 18 of the Codes, Rules and Regulations of the State of New York.

Authorized Signature:_____Date:_____

Name/Title: _____

Address: _____

_____

Telephone: (_____) _____ Fax: (_____) _____ E-mail: _____

Please list Additional Counties with which you Contract:

_____

_____

Preschool Exhibit 2:

Statement of Reassignment

_____

(Name of Parent/Caregiver)

By this reassignment, the above-named contracted Provider of Preschool Services agrees:

1. To reassign all Medicaid reimbursements to Ulster County for providing medical services billed under the Pre School Supportive Health Services Program (SSHSP).

2. To accept as payment in full the contracted reimbursement rates for covered services.

3. To comply with all the rules and policies as described in your contract with Ulster County.

4. To not bill Medicaid directly for any services billed by Ulster County.

NOTE: Nothing in this "Agreement of Reassignment" would prohibit a Medicaid practitioner from claiming reimbursement for Medicaid-eligible services rendered outside of the scope of the Pre School Supportive Health Services Program.

_____ _____

Authorized Signature Date