

CONSENT AGENDA

CITY OF SAN ANTONIO
INTERDEPARTMENTAL MEMORANDUM
SAN ANTONIO METROPOLITAN HEALTH DISTRICT

ITEM NO. 15

TO: Mayor and City Council

FROM: Fernando A. Guerra, MD, MPH, Director of Health

THROUGH: Terry M. Brechtel, City Manager

COPIES: Frances A. Gonzalez, Assistant City Manager; City Attorney's Office; Human Resources Department; Finance Department; Project; File

SUBJECT: ORDINANCE ACCEPTING FUNDS FROM THE TEXAS DEPARTMENT OF HEALTH FOR THE TITLE XX FAMILY PLANNING PROGRAM

DATE: August 26, 2004

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the City Manager to accept a contract change totaling \$340,375.00 from the Texas Department of Health (TDH) to renew support for the ongoing Title XX Family Planning Program in the San Antonio Metropolitan Health District (SAMHD) for the period September 1, 2004 through August 31, 2005. In addition, this ordinance will approve the execution of a change to the contract with TDH, adopt the program budget, approve the personnel complement, and authorize payments for contractual services.

Staff recommends approval.

BACKGROUND INFORMATION

The City Manager was authorized to execute the Public Health State Support Project 2004/2005 contract with TDH through an ordinance passed and approved on August 12, 2004 providing annual assistance to the City in support of the core public health activities provided by the SAMHD. TDH has now offered a contract change totaling \$340,375.00 through Contract Change Notice No. 02, Attachment No. 04 to renew support for the ongoing Title XX Family Planning Program in the SAMHD for the period September 1, 2004 through August 31, 2005 (See Attachment II).

The Title XX Family Planning Program provides family planning services to women of childbearing age who do not qualify for Medicaid and live below 150% of the Federal Poverty Level (e.g., a total yearly income of up to \$27,600.00 for a family of four). Annually 2,450 women of childbearing age are provided family planning services via Title XX funds with priority given to mothers under age 20. In addition, one staff member is assigned to Project W.O.R.T.H., the City of San Antonio's teen pregnancy prevention program. The SAMHD Family Planning Program *does not* provide abortions or contract funding for that procedure.

Legislative reductions due to State budgetary constraints have decreased the funding ceiling from last year's grant of \$350,000.00 to \$340,375.00, resulting in services for fifty (50) fewer women. The personnel complement of this activity consisting of thirteen (13) positions is the same as last year (See Attachment I). Funding is also included for contract physicians and nurses to augment SAMHD staff.

POLICY ANALYSIS

Passage of this ordinance will continue the long-standing practice of utilizing State Aid to support the local public health programs of the City.

FISCAL IMPACT

This contract change provides \$340,375.00 to renew support for the ongoing Title XX Family Planning Program in the SAMHD for the period September 1, 2004 through August 31, 2005. Sources of other program support included in the Budget (See Attachment I) are as follows:

TDH Contract No. 7460020708A 2005, Change 02, Attachment 04	\$340,375.00
Medicaid Reimbursement	\$100,000.00
Patient Co-payments	\$1,000.00
Transfer from Title XX Family Planning Program 2003-2004	<u>\$5,000.00</u>
Total FY 2004-2005 Funding:	\$446,375.00

Acceptance of this amendment will place no demand on the City General Fund.

COORDINATION

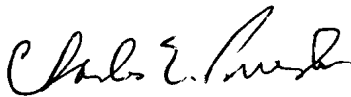
The City Attorney's Office and the Human Resources Department, Risk Management Division, have reviewed and approved the contract with TDH. The Finance Department has approved the proposed budget.

SUPPLEMENTARY COMMENTS

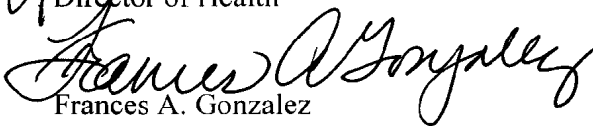
Provisions of the Ethics Ordinance do not apply.

Attachments:

- Attachment I: Title XX Family Planning Project 2004-2005 Budget and Personnel Complement
- Attachment II: TDH 7460020708A 2005 Contract Change Notice No. 02, Attachment No. 04

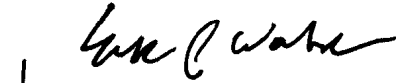


Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager

APPROVED:



Terry M. Brechtel
City Manager

ATTACHMENT I
Title XX Family Planning Project 2004-2005
Project No. 26-016067
TDH Contract No. 7460020708A 2005

INDEX	ESTIMATED REVENUES	OBJ-CODE	CURRENT BUDGET
	TDH Attachment #04	00-004	340,375
	Medicaid Reimbursement	00-008	100,000
	Title XX Patient Co-pay	00-008	1,000
	Transfer from 26-016063	00-009	5,000
	Total Estimated Revenues		\$ <u>446,375</u>

APPROPRIATIONS

Title XX Family Planning Program

36-06-08 09/01/2004 through 08/31/2005

Regular Salaries & Wages	01-010	225,000
Language Skill Pay	01-019	2,000
Retirement Benefits - Soc. Sec.	01-030	15,000
Retirement Benefits - TMRS	01-040	20,000
Flexible Benefits Contribution	01-050	40,000
Life Insurance	01-051	1,000
Workers' Disability Compensation	01-060	2,500
Personal Leave Buy Back Pay	01-072	2,444
Communications: Telephones	02-110	50
Pagers	02-112	75
Mail and Parcel Post Service	02-113	50
Travel-Official	02-124	50
Education	02-128	50
Car Expense Allowance	02-130	1,500
Linen & Laundry Service	02-136	0
Maint & Rep - Mach & Equip	02-142	50
Fees to Professional Contractors	02-160	25,000
Temporary Services	02-161	50
Automatic Data Processing Service	02-172	50
Membership Dues and Licenses	02-178	350
Binding, Printing & Reproduction	02-181	50
Subscriptions to Publications	02-187	0
Office Supplies	03-210	3,000
Chemicals, Medical & Drugs	03-228	100,106
Tools, Apparatus & Accessories	03-232	2,000
Computer Software	03-243	0
Liability, Hazard & Fidelity Insurance	04-260	2,000
Computer Equipment	05-360	0
Machinery & Equipment - Other	05-373	2,000
Furniture and Fixtures	05-375	2,000
Total Appropriations		\$ <u>446,375</u>

Fund Only Index Code: xxxxxx

PERSONNEL COMPLIMENT

Class No.	Title	PREVIOUS POSITIONS	ADD (DEDUCT)	CURRENT POSITIONS
Activity 36-06-08				
0040	Administrative Assistant I	1	0	1
0067	Administrative Aide	1	0	1
0239	Public Health Aide	5	0	5
0243	Public Health Nurse Practitioner	1	0	1
0244	Senior Public Health Nurse	1	0	1
0244	Senior Public Health Nurse (.50 FTE)	1	(1)	0
0246	Public Health Nurse	1	0	1
0247	Public Health Nurse Supervisor	1	0	1
0282	Health Program Specialist	1	0	1
0284	Health Program Supervisor	0	1	1
Total Personnel 36-06-08:		13	0	13



ATTACHMENT II

DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS

COUNTY OF TRAVIS

DSHS Document No. 7460020708A2005

Contract Change Notice No. 02

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION:

ATT NO. 04 : BWH - TITLE XX

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

By: _____
(Signature of person authorized to sign)

(Name and Title)

Date: _____

RECOMMENDED:

By: _____
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

RECEIVING AGENCY :

DEPARTMENT OF STATE HEALTH SERVICES

By: _____
(Signature of person authorized to sign)

Bob Burnette, Director
Procurement and Contracting Services Division
(Name and Title)

Date: _____

WW PCSD - Rev. 6/04

DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01	M&D C038557000	09/01/04	08/31/05	State	0.00	0.00	0.00
02	ACFH/FEE C038766000	09/01/04	08/31/05		261,633.00	0.00	261,633.00
03	ACFH/FEE-FP C038768000	09/01/04	08/31/05		637,440.00	0.00	637,440.00
04	BWH/TTLXX 039112000	09/01/04	08/31/05		340,375.00	0.00	340,375.00
DSHS Document No.7460020708A2005 Change No. 02				Totals	\$1,239,448.00	\$ 0.00	\$1,239,448.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

DOCUMENT NO. 7460020708A-2005
ATTACHMENT NO. 04
PURCHASE ORDER NO. 039112000

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: BUREAU OF WOMEN'S HEALTH

TERM: September 01, 2004 THRU: August 31, 2005

SECTION I. SCOPE OF WORK:

PERFORMING AGENCY shall provide family planning services to Title XX eligible individuals. PERFORMING AGENCY shall comply with all applicable federal and state laws, rules, regulations, standards and guidelines in effect on the beginning date of this contract Attachment unless amended, including but not limited to:

- Regulations applicable to Administration of Grants, 45 CFR Parts 74 & 92;
- RECEIVING AGENCY Family Planning Rules, 25 TAC Chapter 56; and
- Sterilizations, 42 CFR Part 50, Subpart B.

The following documents are incorporated by reference and made a part of this contract Attachment.

- RECEIVING AGENCY Associateship for Family Health FY 05 Competitive Request for Proposal (RFP);
- PERFORMING AGENCY FY 05 Competitive Application and any revisions;
- RECEIVING AGENCY'S *Texas Department of Health Standards for Public Health Clinic Services*, revised January 2004; and
- RECEIVING AGENCY'S Family Planning Policy Manual for Title X and Title XX, September 2004, and any subsequently issued later edition.

Within thirty (30) days of receipt of an amended standard(s) or guideline(s), PERFORMING AGENCY shall inform RECEIVING AGENCY Program, in writing, if it will not continue performance under this Attachment in compliance with the amended standard(s) or guidelines(s). RECEIVING AGENCY may terminate the Attachment immediately or within a reasonable period of time as determined by the RECEIVING AGENCY.

RECEIVING AGENCY'S Public Health Regional Director, as coordinator of regional services, will assist RECEIVING AGENCY staff in providing direction to PERFORMING AGENCY. RECEIVING AGENCY personnel may, from time to time, provide technical assistance and training to PERFORMING AGENCY. PERFORMING AGENCY shall cooperate with RECEIVING AGENCY staff to attain the goals of unified community health assessment, policy

development, coordinated services, and quality assurance and to prevent unnecessary duplication of services.

PERFORMANCE MEASURES

The following performance measures will be used to assess in part the PERFORMING AGENCY'S effectiveness in providing the services described in this contract Attachment, without waiving the enforceability of any of the other terms of the contract.

PERFORMING AGENCY shall provide medical services to 2,431 unduplicated clients who live or receive services in the following county(ies)/area: Bexar. The services shall be provided to the clients in the following population categories and in the following numbers:

<u>Category</u>	<u>Number of Clients</u>
Women 19 and Under	395
Women 20 to 34	1,711
Women 35 and Over	300
Males	25
Total Medical Clients	2,431

SECTION II. SPECIAL PROVISIONS:

General Provisions, **Terms and Conditions of Payment** Article, paragraph two is not applicable to this Attachment.

General Provisions, **Terms and Conditions of Payment** Article, is revised to include:

PERFORMING AGENCY's contract amount under this Attachment is a ceiling against which it may bill, on a fee-for-service basis, for the provision of allowable family planning services to Title XX eligible clients. Only allowable services provided to Title XX eligible clients shall be billed against this ceiling. Title XX eligibility requirements are detailed in the Family Planning Policy Manual for Title X and Title XX. PERFORMING AGENCY shall provide allowable services and be reimbursed at rates effective September 1, 2004, and as subsequently revised.

PERFORMING AGENCY shall notify RECEIVING AGENCY immediately in the event of any significant change affecting the PERFORMING AGENCY'S identity, ownership or control, name change, governing board membership, vendor identification, medical or program director, changes in hours of operation, clinic site information regarding closure,

relocation, change of address, and openings of new clinic sites. Failure to disclose the required information or inaccurate disclosure by the PERFORMING AGENCY may be treated as a material breach of this contract and may be grounds for termination.

BILLING REQUIREMENTS

PERFORMING AGENCY shall bill RECEIVING AGENCY for allowable services provided to Title XX eligible clients. PERFORMING AGENCY shall submit to RECEIVING AGENCY all allowable services provided to Title XX eligible clients during the claim period indicated on the billing form. Requests for payment shall be submitted to the Texas Medicaid and Healthcare Partnership (TMHP) from September 1, 2004, through August 31, 2005, in a manner compatible with the Compass 21 billing system by the 120th day after the date on which services were provided or the date of any third party insurance Explanation of Benefits form. Appeals must be submitted within 180 days of rejection, and all requests for payment shall be submitted within 90 days of the end of the Attachment term. Claims shall be submitted using an approved claim format that follows the RECEIVING AGENCY Family Planning Division billing specifications which may be obtained from RECEIVING AGENCY Family Planning Division.

BILLING ACTIVITY

RECEIVING AGENCY will distribute funds to maximize the delivery of authorized services to eligible clients. RECEIVING AGENCY will monitor PERFORMING AGENCY'S billing activity. If utilization is above or below that projected in PERFORMING AGENCY'S contract ceiling amount, shown in SECTION III. BUDGET, PERFORMING AGENCY'S ceiling may be subject to increase or decrease for the remainder of the contract Attachment period. PERFORMING AGENCY may be subject to contract ceiling amount increases during the contract Attachment period if PERFORMING AGENCY'S billing activity exceeds projections and funds are available; PERFORMING AGENCY may be subject to contract ceiling amount decreases if PERFORMING AGENCY'S billing activity is less than projected.

COPAYMENT

PERFORMING AGENCY may assess a copayment from clients provided services by RECEIVING AGENCY under this Attachment if the copayment is assessed according to a sliding fee schedule adjusted for family size and income, approved in advance by RECEIVING AGENCY'S Family Planning Division. PERFORMING AGENCIES that are Local Health Departments shall assess a copayment according to the criteria outlined above. A copayment assessment may not exceed 25% of the amount RECEIVING AGENCY pays PERFORMING AGENCY for the provision of a given service. A copayment shall not be assessed to clients at or below 100% of the Federal Poverty Income Level (FPIL) or to adolescents age 19 and younger receiving group outreach and

education services. A client may not be denied services due to inability to pay. Local Health Departments must also comply with RECEIVING AGENCY fee collection policies detailed in 25 TAC §1.91.

General Provisions, **Program Income** Article, is revised to include:

All revenues directly generated by a Contract Attachment(s) supported activity or earned only as a result of the Attachment(s) during the term of the Attachment(s) are considered program income.

PERFORMING AGENCY agrees to identify and report all program income annually by submitting to RECEIVING AGENCY'S Family Planning Division a Financial Report, "Request for Advance or Reimbursement," Form 270 (TDH Form GC-10), no later than ninety (90) days after the end of the Attachment term.

Program income may be retained by PERFORMING AGENCY so long as it is used to provide the services specified in the scope of work detailed in this Attachment. This may be demonstrated only by submission of acceptable billings for services provided to Title XX eligible clients which exceed PERFORMING AGENCY'S final dollar ceiling (total Attachment amount) by the total program income amount.

If PERFORMING AGENCY has a Title X Attachment in addition to this Title XX Attachment, then PERFORMING AGENCY shall be bound by the Title X Attachment's language pertaining to program income. If PERFORMING AGENCY has a Title XX Attachment only, the program income requirements as specified in this Attachment shall be utilized.

General Provisions, **Inspections** Article, is revised to include:

In addition to the site visits authorized by the **Inspections** Article of the General Provisions, PERFORMING AGENCY shall allow RECEIVING AGENCY to conduct on-site quality assurance reviews as deemed necessary by RECEIVING AGENCY. Unsatisfactory review findings may result in implementation of General Provisions, **Sanctions** Article.

PERFORMING AGENCY certifies that the PERFORMING AGENCY nor any individual who has a direct or indirect ownership or controlling interest of 5% or more of the PERFORMING AGENCY nor any PERFORMING AGENCY officer, director, agent or managing employee (e.g., general manager, business manager, administrator, director, or like individual who exercises operational or managerial control over PERFORMING AGENCY or who directly or indirectly conducts the day-to-day business of the PERFORMING AGENCY), is an entity or individual who has:

- Been convicted of any offense under 42 U.S.C. § 1320a-7(b)(1)-(3);

- A civil monetary penalty has been assessed under 42 U.S.C. § 1320a and/or 42 U.S.C. § 1320a-8; or
- Been excluded from participation in a program under 42 U.S.C. § 1395 *et seq.*; or under a State health care program.

If the foregoing statement is not true, PERFORMING AGENCY shall submit a disclosure/ownership form to RECEIVING AGENCY. PERFORMING AGENCY shall immediately notify the RECEIVING AGENCY in writing, in the event that the foregoing statement changes during the term of this Attachment. A false statement regarding PERFORMING AGENCY'S status will be treated as a material misrepresentation.

PHARMACY

If PERFORMING AGENCY is dispensing and/or providing prescribed medications, e.g., birth control pills, antibiotics, etc., on site, it shall have, at a minimum, a Class D pharmacy license as provided by the Texas Pharmacy Act, Occupations Code, Chapter 560, or must dispense and/or provide such medications in compliance with other pharmacy statutes with prior approval from RECEIVING AGENCY.

STERILIZATION

PERFORMING AGENCY shall comply with all federal regulations applying to sterilization procedures.

Prior to receiving a sterilization, the client shall sign a copy of the U.S. Department of Health and Human Services (DHHS) approved sterilization consent form. The original of this form, with all required signatures (including the physician's) shall be kept in the client's medical records.

SECTION III. BUDGET

PERFORMING AGENCY shall adhere to the current schedule of allowable services and rates as referenced in SECTION II. SPECIAL PROVISIONS, as amended and approved by the RECEIVING AGENCY.

Total payments will not exceed \$340,375.00.

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

7460020708A 2005-04

Application or Contract Number

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Organization Name and Address

332 W COMMERCE ST STE 307

SAN ANTONIO, TX 78205-2489