

Agenda item #74

**CITY OF SAN ANTONIO  
SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
CITY COUNCIL AGENDA MEMORANDUM**

**TO:** Sheryl Sculley, City Manager

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

**SUBJECT:** Title V Maternal and Child Health Program - Fee for Service

**DATE:** June 29, 2006

**SUMMARY AND RECOMMENDATIONS**

This ordinance authorizes the City Manager to execute a contract change that provides additional support totaling \$100,000.00 from the Texas Department of State Health Services (TDSHS) to fund the ongoing Title V Maternal & Child Health Program in the San Antonio Metropolitan Health District (SAMHD) for the period September 1, 2005, through August 31, 2006. This ordinance will also revise 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 2005/2006 contract with TDSHS through an ordinance approved on October 6, 2005, providing annual assistance to the City in support of the core public health activities provided by the SAMHD. TDSHS has now offered a contract amendment totaling \$100,000.00 through TDSHS Doc. No 7460020708A2006, Contract Change Notice No. 04, Attachment No. 02A to increase support for the ongoing Title V Maternal and Child Health Program in the SAMHD for the period September 1, 2005, through August 31, 2006.

This amendment will supplement SAMHD efforts to provide comprehensive preventive health services to uninsured, low income women and children who are not eligible for other medical assistance such as Medicaid and CHIP. The additional funds will provide 300 women with comprehensive prenatal care and 100 children with comprehensive well child care. The personnel complement for this activity consists of seventeen (17) positions; the same as last year.

**POLICY ANALYSIS**

Acceptance of this contract amendment from TDSHS will continue the long-standing practice of utilizing Federal and State aid to support local public health programs of the City.

### **FISCAL IMPACT**

This contract amendment provides an additional \$100,000.00 to the current \$261,633.00 in support of the ongoing Title V Maternal & Child Health Program. SAMHD has coordinated with the Office of Management and Budget.

### **COORDINATION**

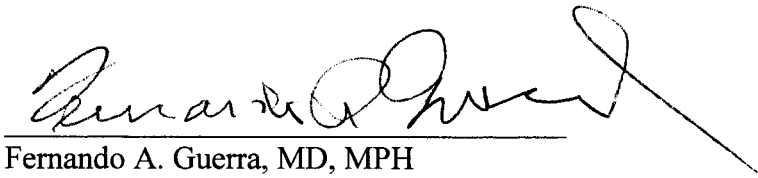
The City Attorney's Office and the Human Resources Department, Risk Management Division, have reviewed and approved the contract with TDSHS. SAMHD has coordinated with the Finance Department and Office of Management and Budget.

### **SUPPLEMENTARY COMMENTS**

A Discretionary Contracts Disclosure from is not required.

Attachments:

- Attachment I: DSHS 7460020708A 2006 Contract Change No. 04, Att. No. 2A
- Attachment II: Revised Budget

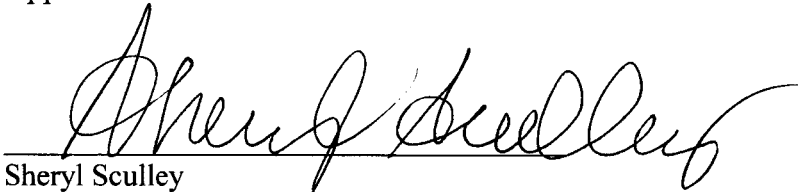


Fernando A. Guerra, MD, MPH  
Director of Health



Frances A. Gonzalez  
Assistant City Manager

Approved for Council Consideration:



Sheryl Sculley  
City Manager



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

STATE OF TEXAS

DSHS Document No. 7460020708A2006

COUNTY OF TRAVIS

Contract Change Notice No. 04

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. 02A CHS - FEE FOR SERVICE**  
Revised Contract Total: 361,633.00

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  
Client Services Contracting Unit  
\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

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## 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	CHS/BC 0000307284	07/01/05	06/30/06	93.919	135,200.00	0.00	135,200.00
02A	CHS/FEE 0000309680	09/01/05	08/31/06	State 93.994	361,633.00	0.00	361,633.00
03	M&D 0000309948	09/01/05	08/31/06	State	0.00	0.00	0.00
04	CHS/TTLXX	01/01/06	08/31/06	93.667	226,917.00	0.00	226,917.00
05	CHS/FEE-FP	01/01/06	08/31/06	State	73,622.00	0.00	73,622.00
DSHS Document No.7460020708A2006 Change No. 04					Totals	\$ 0.00	\$797,372.00
					\$797,372.00	\$ 0.00	\$797,372.00

\*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.

**ATTACHMENT II**  
**Title V Project 2005-2006**  
**TDSHS Contract No. 7460020708A 2006**  
**Fund No. 26016000**  
**Fund Center 3606300000**

<u>ESTIMATED REVENUES</u>	<u>SAP GL No.</u>	<u>CURRENT BUDGET</u>	<u>ADD (DEDUCT)</u>	<u>REVISED BUDGET</u>
Attachment #02	4501110	\$ 261,633		261,633
Attachment #02A	4501100		100,000	100,000
Title V MCH Patient Co-pay	4501160	300	0	300
Total Estimated Revenues		<u>261,933</u>	<u>100,000</u>	<u>361,933</u>

**APPROPRIATIONS**

**Title V Maternal & Child Health Program**  
Activity: 36-06-30 09/01/05 to 08/31/06  
Cost Center 3606300002  
Internal Order 136000000286

Regular Salaries & Wages	5101010	95,800	54,200	150,000
Language Skill Pay	5101050	3,200	900	4,100
Retirement Benefits - Soc. Sec.	5103005	5,988	5,400	11,388
Life Insurance	5103010	218	100	318
Personal Leave Buy Back Pay	5103035	1,500	0	1,500
Car Expense Allowance	5103055	300	0	300
Retirement Benefits - TMRS	5105010	11,141	5,000	16,141
Fees to Professional Contractors	5201040	45,000	0	45,000
Temporary Services	5202010	8,000	0	8,000
Fees to Other Contractors	5202025	15,000	0	15,000
Mail and Parcel Post Service	5205010	250	0	250
Office Supplies	5302010	11,286	300	11,586
Chemicals, Medical & Drugs	5304040	23,000	5,800	28,800
Tools, Apparatus & Accessories	5304050	500	500	1,000
Communications: Telephones	5403010	950	0	950
Pagers	5403030	300	0	300
Automatic Data Processing Services	5403520	5,500	0	5,500
Workers' Disability Compensation	5405020	1,000	0	1,000
Liability, Hazard & Fidelity Insurance	5405030	500	0	500
Flexible Benefits Contribution	5405040	32,500	15,000	47,500
Indirect Cost	5406530	0	4,400	4,400
Capital Outlay - Computer equipment	5501000	0	1,200	1,200
Capital Outlay - Machinery and Equipment	5501055	0	7,200	7,200
Total 36-06-30		<u>\$ 261,933</u>	<u>100,000</u>	<u>361,933</u>

**PERSONNEL COMPLIMENT**

<u>Class No.</u>	<u>Title</u>	<u>PREVIOUS POSITIONS</u>	<u>ADD (DEDUCT)</u>	<u>REVISED POSITIONS</u>
	Activity 36-06-30			
	Cost Center 3606300002			
	Internal Order 136000000286			
0067	Administrative Aide	3	(1)	2
0239	Public Health Aide	2	0	2
0239	Public Health Aide (.50 FTE)	1	0	1
0243	Public Health Nurse Practitioner	1	0	1
0243	Public Health Nurse Practitioner (.50 FTE)	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
0261	Senior Public Health Physician (.50 FTE)	3	0	3
0267	Licensed Vocational Nurse	1	0	1
0271	Dental Hygienist	1	1	2
0870	Special Projects Coordinator	1	0	1
0874	Accountant II (.2)	0	1	1
	<b>Personnel 36-06-30:</b>	<u>17</u>	<u>0</u>	<u>17</u>