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TOM GREEN COUNTY GRANT APPLICATION COVERSHEET

Grant Name: Trees Grant Fund 636

Grant Amount/Matching Funds: estimate \$ 144,230⁰⁰

Grant Agency: DHSH

Purpose: Preventable hospitalizations

Grant Period: 9-1-15 - 8-31-17

Auditor _____ Date _____

N/A N/A
Information Technology (if applicable) Date

March 3, 2015 Item 11
Date Grant Application Approved by Commissioners Court

GRANT AWARD COVERSHEET

Applicable Grant Documentation Provided:

Budget Amendment Provided:

Artha Craddock 8/19/15
Auditor Date

Date Grant Award Accepted by Commissioners Court

DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT 2016-003803-00



This Contract is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and Tom Green County (Contractor), a Governmental, (collectively, the Parties) entity.

- 1. Purpose of the Contract:** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations.
- 2. Total Amount:** The total amount of this Contract is \$144,230.00.
- 3. Funding Obligation:** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
- 4. Term of the Contract:** This Contract begins on 09/01/2015 and ends on 08/31/2017. DSHS has the option, in its sole discretion, to renew the Contract. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
- 5. Authority:** As applicable, DSHS enters into this Contract under the authority of Texas Health and Safety Code Chapters 12 or 1001 or Texas Government Code Chapters 531, 771, 791 or 2155.
- 6. Program Name:** HP/PPH Adult Potentially Preventable Hospitalizations Initiative

7. Statement of Work:

STATEMENT OF WORK:

Contractor will attempt to reduce hospital admissions and/or hospital charges for adult county residents of Contractor by 15% for the following three (3) adult potentially preventable hospitalization conditions:

- Congestive Heart Failure;
- Chronic Obstructive Pulmonary Disease or Older Adult Asthma; and
- Diabetes Complications.

Diabetes Complications includes Diabetes Short-term Complications and Diabetes Long-term Complications.

Contractor shall comply with applicable regulations, standards, and guidelines in effect on the beginning date of this Program Attachment.

Department of State Health Services (DSHS) shall inform Contractor in writing of any changes to applicable federal and state laws, rules, regulations, standards and guidelines. Contractor shall comply with the amended law, rule, regulation, standard or guideline. Contractor shall inform DSHS Program in writing if it shall not continue performance under this Attachment within thirty (30) days of receipt of an amended standard(s) or guideline(s). If the Contractor is unable to comply with an amended law, rule, regulation, standard or guideline, DSHS may terminate the Program Attachment immediately or within a reasonable period of time as determined by DSHS.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Contractor's expenditures on a quarterly basis. If expenditures are below that projected in Contractor's total contract amount, Contractor's budget may be subject to a decrease for the remainder of the contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

Contractor agrees to read DSHS Contractor Financial Procedures Manual (CFPM) and work with DSHS staff regarding the management of funds received under this Contract.

<http://www.dshs.state.tx.us/contracts/cfpm.shtm>.

PERFORMANCE MEASURES:

Contractor shall complete all PERFORMANCE MEASURES.

Contractor will work with DSHS to develop and implement a Plan of Action for each adult potentially preventable hospitalization condition by September 27, 2015. Contractor will obtain written approval from DSHS prior to implementing the Plan(s) of Action. DSHS will provide Contractor with a template for the Plan(s) of Action and with the name(s) of DSHS staff authorized to approve the Plan(s) of Action by September 1, 2015.

Contractor will implement the following four (4) interventions for each of the four (4) adult potentially preventable hospitalization conditions:

- Patient Case Management;
- Patient Education;
- Community Education; and
- Healthcare Provider Education.

"Patient Case Management" means a one-on-one service where someone assists an individual (and family, if needed) to obtain needed information and/or services (e.g., assistance purchasing medications) by connecting them with available community resources.

"Patient Education" means a one-on-one service where someone assists an individual (and family, if needed) to obtain needed information (e.g., weight management).

"Community Education" means a consistent presence of project staff/stakeholders where they are providing user-friendly information at sites where the target population is likely to be present (e.g., food banks and Meals on Wheels).

"Healthcare Provider Education" means educating healthcare providers (e.g., hospitals, and home health agencies) on best practices/evidence-based interventions and on available community resources.

Contractor will focus intervention(s) to benefit adult county residents of CONTRACTOR.

Contractor will establish and/or identify a coalition to advise Contractor on developing and implementing a Plan of Action for each adult potentially preventable hospitalization condition by September 27, 2015. Contractor will ensure the coalition meets at least every sixty (60) calendar days from September 1, 2015 through August 31, 2017 to discuss and coordinate activities in the Plan(s) of Action. Contractor will ensure the coalition consists of representatives from at least five (5) organizations in the county of the Contractor. Contractor will invite DSHS to all coalition meetings. DSHS will provide Contractor with the name(s) of DSHS staff to invite by September 1, 2015.

Contractor will hold at least one meeting to educate the community about the Plan(s) of Action by September 27, 2015. Contractor will advertise the meeting in local media. Contractor will invite DSHS to the meeting. DSHS will provide Contractor with the name(s) of DSHS staff to invite by September 1, 2015.

Contractor will be evaluated on applicable hospital admissions and/or hospital charges data for September 1, 2013 – August 31, 2015, compared to September 1, 2015 – August 31, 2017. Contractor will attempt to reduce applicable hospital admissions and/or hospital charges by 15% for the period of September 1, 2015 – August 31, 2017, as compared to the period of September 1, 2013 – August 31, 2015. Contractor will not have to pay back funding to DSHS, if applicable hospital admissions and/or hospital charges are not reduced by 15%. Contractor's ability to receive future funding from DSHS to reduce adult potentially preventable hospitalizations could be linked to Contractor's performance in reducing applicable hospital admissions and/or hospital charges. Applicable hospital admissions and/or hospital charges are for the four (4) hospitalization conditions.

Contractor shall perform the activities required under this Program Attachment in the Service Area designated in the most recent version of Section 8, "Service Area" of this contract.

See Programmatic Reporting Requirements section for required reports.

BILLING INSTRUCTIONS:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation should be mailed OR submitted by fax OR electronic mail to the addresses/number below.

Claims Processing Unit, MC 1940
Department of State Health Services
1100 West 49th Street
PO Box 149347
Austin, TX 78714-9347

The Fax number for submitting State of Texas Purchase Voucher (Form B-13) to the claims processing unit is (512)776-7442. The email address is invoices@dshs.state.tx.us.

8. Service Area

Tom Green County

This section intentionally left blank.

10. Procurement method:

Non-Competitive

Interagency/Interlocal

GST-2016-Solicitation-00012

DCPS FY16/17 HP/PPH New Contract

11. Renewals:

Number of Renewals Remaining: 0 Date Renewals Expire: 08/31/2017

12. Payment Method:

Cost Reimbursement

13. Source of Funds:

STATE

14. DUNS Number:

047547104

15. Programmatic Reporting Requirements:

Report Name	Frequency	Period Begin	Period End	Due Date
Progress Report	Quarterly	09/01/2015	11/30/2015	12/31/2015
Progress Report	Quarterly	12/01/2015	02/29/2016	03/31/2016
Progress Report	Quarterly	03/01/2016	05/31/2016	06/30/2016
Progress Report	Quarterly	06/01/2016	08/31/2016	09/30/2016
Progress Report	Quarterly	09/01/2016	11/30/2016	12/31/2016
Progress Report	Quarterly	12/01/2016	02/28/2017	03/31/2017
Progress Report	Quarterly	03/01/2017	05/31/2017	06/30/2017
Progress Report	Quarterly	06/01/2017	08/31/2017	09/30/2017
Financial Status Report (FSR)	Quarterly	09/01/2015	11/30/2015	12/31/2015
Financial Status Report (FSR)	Quarterly	12/01/2015	02/29/2016	03/31/2016
Financial Status Report (FSR)	Quarterly	03/01/2016	05/31/2016	06/30/2016
Financial Status Report (FSR)	Quarterly	06/01/2016	08/31/2016	09/30/2016
Financial Status Report (FSR)	Quarterly	09/01/2016	11/30/2016	12/31/2016
Financial Status Report (FSR)	Quarterly	12/01/2016	02/28/2017	03/31/2017
Financial Status Report (FSR)	Quarterly	03/01/2017	05/31/2017	06/30/2017
Financial Status Report (FSR)	Quarterly	06/01/2017	08/31/2017	10/15/2017

Submission Instructions:

DSHS will provide Contractor with DSHS email address to email the progress reports to by September 1, 2015. DSHS will provide Contractor with a template for the progress reports by September 1, 2015.

Contractor shall submit quarterly FSRs to the Fiscal-Claims Processing Unit by the last business day of the month following the end of each quarter. Contractor shall submit the final FSR no later than 45 calendar days following the end of the applicable term.

Submit to: invoices@dshs.state.tx.us; Fax #: 512/776-7442

16. Special Provisions

General Provision, ARTICLE XIV, General Terms, Section 14.12, Amendment is revised to include the following:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least ninety (90) days prior to the end of the term of this Program Attachment.

General Provisions, ARTICLE II, Compliance and Reporting, Section 2.05, Reporting Article, are revised to include the following paragraph:

CONTRACTOR shall submit progress reports that describe progress toward achieving the activities in the Plan(s) of Action and any written revisions. CONTRACTOR shall submit the progress reports in a format to be provided by DSHS. Failure to submit a required report or additional requested information by the due date specified in the Program Attachment(s) or upon request constitutes breach of contract, may result in delay payment, and may adversely affect evaluation of CONTRACTOR'S future contracting opportunities with DSHS.

See Programmatic Reporting Requirements section for required reports.

General Provisions, ARTICLE XXI, Program Operations, Section 21.06 Responsibilities and Restrictions Concerning Governing Board, Officers and Employees, is not applicable to this Program Attachment.

17. Documents Forming Contract. The Contract consists of the following:

- a. Contract (this document) 2016-003803-00
- b. General Provisions Subrecipient General Provisions
- c. Attachments Budget
- d. Declarations Certification Regarding Lobbying, Fiscal Federal Funding
Accountability and Transparency Act (FFATA) Certification
- e. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

18. Conflicting Terms. In the event of conflicting terms among the documents forming this Contract, the order of control is first the Contract, then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

19. Payee. The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name:
Vendor Identification Number: 17560011847

20. Entire Agreement. The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract,

Department of State Health Services

Tom Green County

By:
Signature of Authorized Official

By:
Signature of Authorized Official

Date

Date

Name and Title
1100 West 49th Street
Address
Austin, TX 78756-4204
City, State, Zip

Name and Title
Address
City, State, Zip

Telephone Number

Telephone Number

E-mail Address

E-mail Address

Budget Summary

Organization Name: Tom Green County

Program ID: HP/PPH

Contract Number: 2016-003803-00

Budget Categories

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match Contributions	Category Total
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00	\$0.00
Contractual	\$144,230.00	\$0.00	\$0.00	\$144,230.00
Other	\$0.00	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$144,230.00	\$0.00	\$0.00	\$144,230.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$144,230.00	\$0.00	\$0.00	\$144,230.00

Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

Organization Name Tom Green County
 Address 112 West Beauregard

City San Angelo State Texas Zip Code (9 digit) 76903

Payee Name
 Address 112 W Beauregard Ave
 City San Angelo State TX Zip Code (9 digit) 76903-5835

Vendor identification No. 17560011847 MailCode 008

Payee DUNS No. * 047547104

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year? *

Yes No

2. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?

Yes No

3. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

Yes No

4. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

Yes No

If Yes, where can this information be found?

If No, you must provide the names and total compensation of the top five highly compensated officers.

Example: John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;Sally Tom:300000

Identify contact persons for FFATA Correspondence. *

Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification

FFATA Contact Person #1

Name* Dianna Spieker
Email* dianna.spieker@co.tom-green.tx.us
Telephone* (325) 653-1043

FFATA Contact Person #2

Name* Nathan Craddock
Email* nathan.craddock@co.tom-green.tx.us
Telephone* (325) 659-6521

- ✓ As the authorized representative of the Organization, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

E-Signature
Hon. Dianna Spieker

Date
8/18/2015

Certification Regarding Lobbying

Organization Name: Tom Green County

Contract Number: 2016-003803-00

For contracts greater than \$100,000, this attachment is applicable and must be signed as part of the contract agreement.

**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, an officer or employee of congress, or an employee of 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 federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit, an officer or employee of congress, or an employee of a member of congress in connection with this Standard Form-11, "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.

 Applicable

 Non-Applicable

Signature of Authorized Individual:
Hon. Dianna Spieker

Date:
8/18/2015