

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS
COUNTY OF TRAVIS

Contract No. 2007-020494
Contract Change Notice No. 001B

The TEXAS DEPARTMENT OF STATE HEALTH SERVICES, hereinafter referred to as DSHS, did heretofore enter into a contract in writing with HIDALGO COUNTY HEALTH DEPARTMENT hereinafter referred to as Contractor. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION: ATT NO. 001B : SDI - FEE FOR SERVICE

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

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity for and in behalf of:

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY HEALTH DEPARTMENT

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Bob Burnette, C.P.M., CTPM

Printed Name and Title

Director, Client Services Contracting Unit

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

(512) 458-7470

Telephone Number

Bob.Burnette@dshs.state.tx.us

E-mail Address for Official Correspondence

CSCU - Rev. 6/06

DOCUMENT NO. 2007-020494-
ATTACHMENT NO. 001B
PURCHASE ORDER NO. 0000320081

CONTRACTOR: HIDALGO COUNTY HEALTH DEPARTMENT

DSHS PROGRAM: SDI - FEE FOR SERVICE

TERM: 09/01/2006 THRU: 08/31/2007

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2007-020494-001A as written below. All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this Contract and the terms of this Amendment, this Amendment shall control.

SECTION IV. BUDGET, is revised with the following:

Contractor shall adhere to the current schedule of allowable services and rates as referenced in this contract Attachment.

Contractor may bill up the maximum amount specified below for each of the services funded by this contract Attachment.

TITLE V MCH FEE-FOR-SERVICE

Payments for Title V Maternal and Child Health Fee-For-Service will not exceed: \$332,919.00.

TITLE V FAMILY PLANNING FEE-FOR-SERVICES

Payments for Title V Family Planning Fee-For-Services will not exceed: \$339002.00.

TITLE XX

Payments for Title XX Family Planning services will not exceed: \$0.00.

PRIMARY HEALTH CARE

Payments for Primary Health Care services will not exceed: \$0.00.

TUBERCULOSIS ELIMINATION

Payments for Tuberculosis Elimination Fee-For-Service will not exceed \$64437.00.

Total payments will not exceed ~~\$624,162.00~~ \$736,358.00