

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH & HUMAN SERVICES (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2008-024219 (Contract) in accordance with this Amendment No. 001A : SDI - FEE FOR SERVICE, effective 02/08/2008.

The purpose of this Amendment is to add additional TB dollars that should have been part of the initial contract.

Therefore, DSHS and Contractor agree as follows:

Change Program Attachment number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

SECTION VII. BUDGET, page 5, is replaced with the following:

SECTION VII. BUDGET:

SOURCE OF FUNDS: CFDA # 93.994; State

Contractor shall adhere to the current schedule of allowable services and rates as referenced in Policies and Procedures Manual for Title V Child Health and Dental.

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

TITLE V MATERNAL AND CHILD HEALTH DENTAL FEE-FOR-SERVICE

Payments for Title V Maternal and Child Health Dental Fee-For-Service will not exceed: \$34,833.00.

TITLE V FAMILY PLANNING FEE-FOR-SERVICES

Payments for Title V Family Planning Fee-For-Services will not exceed:\$226,806.00.

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.

Payments for Tuberculosis Elimination Fee-For-Service will not exceed: ~~\$64,437.00~~ \$161,877.00.

Total payments will not exceed: ~~\$326,076.00~~ \$423,516.00.

SECTION IV. BUDGET, page 8, is deleted.

Department of State Health Services

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Bob Burnette, C.P.M., CTPM

Name: _____

Director, Client Services Contracting Unit

Title: _____

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