

Amendment to WIC Local Agency No Immunization Contract

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From: Pugh, Deana Add to Address Book
To: norma.longoria@wic.co.hidalgo.tx.us, jd.salinas@hidalgocountyjudge.com
CC: Ruiz, Kevin, Walk, Bill
Date: Wednesday, March 18, 2009 3:35:18 PM
Subject: Amendment to WIC Local Agency No Immunization Contract
NNS_MID09_HidalgoHHS001A.pdf

Dear Contractor:

The document for the WIC amendment increasing the administrative rate is attached. Please print out two copies, have them signed, and send both to the attention of Deana Pugh at:

Client Services Contracting Unit MC 1886
Department of State Health Services
PO Box 149347
Austin, TX 78714-9347

Please be aware that changes to any portion of the contract documents are considered a counter-offer and are not valid without DSHS written concurrence.

If you have any questions, please call me at (512) 458-7111, ext. 6975.

Thanks,

Deana Pugh, Program Specialist III
Dept. of State Health Services
Client Services Contracting Unit (CSCU)
P.O. Box 149347, Mail Code 1886
Austin, TX 78714-9347
Tel. 512-458-7111, x 6975

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2009-030087 (Contract) in accordance with this Amendment No. 001A: NSS-WIC LOCAL AGENCY-NOIMM, effective 04/01/2009 .

The purpose of this Amendment is to increase the administrative rate due to WIC implementing new food rules beginning October 1, 2009. Agencies will be mandated to conduct additional counseling in fiscal year 2009, to explain changes and train clients about foods never before allowed like fruits and vegetables.

Therefore, DSHS and Contractor agree as follows:

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2009-030087 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.

Change Program Attachment No. as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

SECTION VIII. SPECIAL PROVISIONS, General Provisions, Payment Methods and Restrictions
Article, Section 4.01, Payment Methods, PARTICIPANTS SERVED PER MONTH MAXIMUM REIMBURSEMENT paragraph, is revised as follows:

During the term of the contract Attachment, Contractor shall earn administrative funds at the rate of ~~\$10.45~~ \$10.69 for each participant served as defined above.

Department of State Health Services

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Evelyn Delgado

Name: _____

Assistant Commissioner for Family and Community
Health Services

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: _____

(512) 458-7321

Phone: _____

Evelyn.Delgado@dshs.state.tx.us

Email: _____