




PURCHASING DEPARTMENT
County Of Hidalgo

E-09-227-05-12

MEMORANDUM

0.4:25 PM

TO: Mr. Euardo Olivarez, Director
Hidalgo County Health Department Via email eddie.olivarez@hchd.org

FROM: Leticia Saenz, CPPB, Contracts Manager
Hidalgo County Purchasing Department 

DATE: May 5, 2009

RE: **NOTICE OF INTENT TO EXTEND CONTRACT**
Contract No. E-08-245-05-19-MOU-Prenatal Health Care Services of Inmates

Chief Martinez, please be advised that I will be placing the following contract for approval of extension on the next Commissioner's Court meeting of Tuesday, May 12, 2009 for:

Contract Nos.	Awarded Vendors	Title of Project	Extension Options Commencement/Expiration
E-08-245-05-19	MOU-Between Hidalgo County Health Department And Hidalgo County Sheriff's Office	Prenatal Health Care Services for Inmates	Exercising the add'l one (1) year term to extend (as stated in the current MOU to renew on an annual basis)

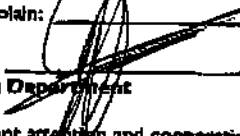
Therefore, we hereby request that your department respond if you wish to continue to extend/renew these services.

Provided under the current Interlocal Cooperation Contract, Hidalgo County Commissioners' Court has the option to exercise the additional one (1) year term of the five (5) year terms as specified under the same rates, terms, and conditions for the above mentioned contract.

Please acknowledge receipt and approval to exercise this "option" for the contract specified by signing below & returning to the Purchasing Department via facsimile to (956) 318-2629 or via e-mail to letsaenz@yahoo.com by no later than 3:00 p.m. on Wednesday, May 6, 2009 in order to proceed with the placement of approval on the next Commissioner's Court Agenda.

YES I do wish to obtain the additional year period extension.
 NO I do not wish to obtain the extension/renewal.

If answer is no, please explain:

Authorized Signature:  Date: 5/6/09
 Hidalgo County Health Department

Thank you for your prompt attention and cooperation to this important matter. Should you require further assistance, please do not hesitate to contact me at (956) 292-7000 x-4861.

cc: File



PURCHASING DEPARTMENT
County Of Hidalgo

MEMORANDUM

TO: Honorable Guadalupe "Lupe" Trevino, Sheriff
Anacleto Martínez, Chief Deputy
Hidalgo County Sheriff's Office
Via email amartinez@hidalgoco.org
Via fax (956) 393-6179

FROM: Leticia Saenz, CPPB, Contracts Manager
Hidalgo County Purchasing Department

DATE: May 5, 2009

RE: **NOTICE OF INTENT TO EXTEND CONTRACT**
Contract No. E-06-245-05-19 MDU-Prenatal Health Care Services of Inmates

Chief Martínez, please be advised that I will be placing the following contract for approval of extension on the next Commissioner's Court meeting of Tuesday, May 12, 2009 for:

Contract Nos.	Awarded Vendors	Title of Project	Extension Options Commencement/Expiration
E-06-245-05-19	MDU-Between Hidalgo County Health Department And Hidalgo County Sheriff's Office	Prenatal Health Care Services for Inmates	Exercising the add'l one (1) year term to extend (as stated in the current MOU to renew on an annual basis)

Therefore, we hereby request that your department respond if you wish to continue to extend/renew these services.

Provided under the current Interlocal Cooperation Contract, Hidalgo County Commissioners' Court has the option to exercise the additional one (1) year term of the five (5) year terms as specified under the same rates, terms, and conditions for the above mentioned contract.

Please acknowledge receipt and approval to exercise this "option" for the contract specified by signing below & returning to the Purchasing Department via facsimile to (956) 318-2629 or via e-mail to letsusaenz@yahoo.com by no later than 3:00 p.m. on Wednesday, May 6, 2009 in order to proceed with the placement of approval on the next Commissioner's Court Agenda.

YES I do wish to obtain the additional year period extension.
NO I do not wish to obtain the extension/renewal.

If answer is no, please explain: _____

Hidalgo County Sheriff's Office
Authorized Signature: _____

Date: 5-6-09

Thank you for your prompt attention and cooperation to this important matter. Should you require further assistance, please do not hesitate to contact me at (956) 292-7000 x-4861.

xc: File

2812 S. Business Highway 281 ★ Edinburg, Texas 78539 ★ (956) 318-2626 ★ Fax (956) 318-2629

STATE OF TEXAS §
 §
HIDALGO COUNTY §

C-07-225-05-08

**MEMORANDUM OF UNDERSTANDING
BETWEEN THE HIDALGO COUNTY HEALTH DEPARTMENT
AND THE HIDALGO COUNTY SHERIFF'S OFFICE**

This Memorandum of Understanding (MOU) is made on this the 8th day of **May, 2007**, by and between the Hidalgo County Health Department, hereinafter referred to as "Health Department", and the Hidalgo County Sheriff's Office hereinafter referred to as "Sheriff's Office";

WHEREAS, the Sheriff's Office is responsible for providing basic health related services to inmates detained at the Hidalgo County Adult Detention Center (the "Adult Detention Center");

WHEREAS, the Health Department provides basic healthcare services to County residents and further provides reduced or paid services to eligible residents who meet the income and resources requirements established by the Texas Health & Safety Code Chapter 61;

WHEREAS, a small percentage of inmates at the Adult Detention Center require prenatal care while incarcerated;

WHEREAS, the Sheriff's Office seeks assistance from the Health Department for the provision of healthcare services in instances in which a County resident who is incarcerated and is being held at the Adult Detention Center, requires prenatal care and does not qualify for County reduced or paid services;

WHEREAS, the Health Department has proposed a rate schedule to the Sheriff's Office which is attached hereto as Exhibit "A", in which the Sheriff's Office would pay for the prenatal care of an inmate who does not qualify for reduced or paid health care.

Now therefore, the parties agree as follows:

1. The Sheriff's Office agrees to reimburse the Health Department for basic prenatal healthcare services provided to inmates who do not qualify as an "eligible resident" under the Indigent Health Care and Treatment Act (Texas Health & Safety Code Chapter 61) for reduced or paid healthcare based on the rate schedule presented as Exhibit "A" attached hereto.

2. The parties agree that the Adult Detention Center will call the RN Supervisor at the Health Department's Edinburg Clinic to schedule an appointment for prenatal inmate referrals (the "Referrals").
3. The prenatal inmate referrals will be assessed by the RN Supervisor for high risk conditions prior to scheduling an appointment.
4. The Referrals will receive a prenatal assessment during clinic days that the Nurse Practitioner is present and not by th RN alone.
5. The Health Department Edinburg Clinic shall assign a prenatal care inmate a return appointment at the end of each clinic visit, unless the Nurse Practitioner identifies the patient as having a high risk pregnancy in which case the Health Department shall not provide further prenatal care. In addition, any abnormal test results will be referred back to the Adult Detention Center physician for follow up.
6. The Adult Detention Center nurse shall, in a timely manner, inform the Health Department Edinburg Clinic when prenatal care inmates have been transferred to another facility or are removed from the Center. The Adult Detention Center shall make every effort to provide the Health Department Edinburg Clinic a forwarding address for prenatal care inmates.
7. **Duration of MOU.** The term of this MOU is one year from the date first written above. The parties may mutually consent in writing to renew this MOU for additional one (1) year periods.
8. **Amendments.** This MOU may be amended at any time by written approval of both parties and their respective designees.
9. **Termination of MOU.** Any party may unilaterally withdraw at any time from this MOU, except as stipulated above, by transmitting a signed statement to the effect to the other party. This MOU thereby shall be considered terminated thirty (30) days from the date the non-withdrawing party actually receives the notice of withdrawal from the withdrawing party.
10. **Primary Contacts.** The parties intend that the work under this MOU shall be carried out in the most efficient manner possible. To that end, the parties intend to designate individuals that will serve as primary contacts between the parties. The parties intend that, to the maximum extent possible and unless otherwise approved by the other party, all significant communications between the parties shall be made through the primary contacts or their designees. The designated primary contacts for each party are:

For Hidalgo County Health Department:


Mr. Eduardo Olivarez
Chief Administrative Officer
1304 South 25th
Edinburg, Texas 78539

Hidalgo County Sheriff's Office:

Sheriff Guadalupe Trevino
P.O. BOX 1228
Edinburg, Texas 78540

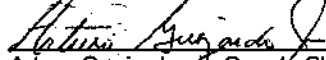
WITNESS THE HANDS OF THE PARTIES effective as of the day and year first written above.

HIDALGO COUNTY



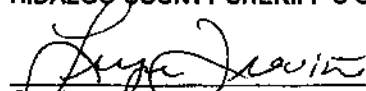
Juan D. Salinas, III, County Judge

ATTEST:



Arturo Guajardo, Jr. County Clerk

HIDALGO COUNTY SHERIFF'S OFFICE



Guadalupe Trevino, Sheriff

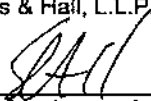
HIDALGO COUNTY HEALTH DEPARTMENT



Eduardo Olivarez, Director

APPROVED AS TO FORM:

Atlas & Hall, L.L.P.

By: 

Stephen L. Crain

**FULL PAY CLIENTS PAYMENT SCHEDULE
(AS IDENTIFIED IN THE ELIGIBILITY GUIDELINES)**

FAMILY PLANNING

Family Planning Intake with supplies	\$ 18.00
Family Planning Physical Exam	\$ 50.00
Rhythm	\$ 7.00 (one pack)
Daps Provera	\$ 21.00 (per injection)
Pregnancy Test	\$ 8.00

FRENATAL

Maternity Intake	\$ 50.00
Physical Exam	\$ 38.00
Robax	\$ 10.00
Prenatal Vitamins	\$ 18.00
Iron	\$ 3.00
RhoGam	\$ 75.00
Triple Screen	\$ 45.00

CHILD HEALTH

Therapy	\$ 30.00
Lead (with Therapy) no walk - in	\$ 15.00
**Newborn Screens (walk - in)	\$ 15.00
**EKG (walk - in)	\$ 5.00
**Hemocoe Glucose (walk - in)	\$ 5.00
**Blood Pressure Reading (walk - in)	\$ 5.00
Immunization/TTP Card Copy	\$ 5.00

PULMONARY

PPD Screen & Reading/PPD referral/opens TB record/w/ X-rays	\$ 30.00
Medical Evaluation/x-ray/meds	\$ 48.00
Follow-up Medical Evaluation/x-ray/meds	\$ 20.00
Monthly Toxicity/meds/DOT/DOTT included in monthly fee	\$ 30.00
X-Rays only	\$ 10.00
Alternate Care for TB Contacts (comprehensive services)	\$ 16.00

STD'S

STD Office Visit/lab	\$ 10.00
STD Medical Evaluation/Tx/lab	\$ 28.00
STD follow-up Lab/Tx	\$ 10.00

**An L-37 Short Term Record must be opened on all Walk - in's

Schedule of Fees applies to:

- These clients screened as potentially elig. for Medicaid and refuse to follow thru with the Medicaid Application
- One Time visits (non-residents, hurried, special circumstances cases)

HCFD Revised September 2005



