



Hidalgo County Purchasing Department
2812 S. Business Highway 281
New Administration Building
Edinburg, Texas 78539
(956) 318-2626/ Fax: (956) 318-2629

MEMORANDUM

TO: Hon. Eddie Guerra, Sheriff
Juan Tapia, Procurement Specialist via email juan.tapia@hidalgoso.org
Hidalgo County Sheriff's Office

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

DATE: May 6, 2014

RE: **ANNUAL AUTOMATIC RENEWAL - E-13-160-04-30 (C-07-228-05-08)**
MOU-Prenatal Health Care Services of Inmates

Please be advised that I will be placing the following contract for approval of extension on the next Commissioner's Court agenda:

Contract Nos.	Awarded Vendors	Title of Project	Extension Options Commencement/Expiration
E-13-160-04-30 (C-07-228-05-08)	MOU-Between Hidalgo County Health Department And Hidalgo County Sheriff's Office	Prenatal Health Care Services for Inmates	Exercising the addt'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 Memorandum of Understanding (MOU), Hidalgo County Commissioners' Court has the option to exercise the automatic additional one (1) year periods on an annual basis as stated on page 2, #7 of the MOU.

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 lettysaenz@yahoo.com in order to proceed with the placement of approval on the next Commissioner's Court Agenda.

Authorized Signature: _____ Date: 5-8-2014

Hidalgo County Sheriff's Office
COMDR DANIEL ISARKIA

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



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MEMORANDUM

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

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

DATE: May 6, 2014

RE: ***ANNUAL AUTOMATIC RENEWAL - E-13-160-04-30 (C-07-228-05-08)***
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Authorized Signature: _____ **Date:** _____
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.

xc: File

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

**AMENDMENT
TO
MEMORANDUM OF UNDERSTANDING (MOU)
BY AND BETWEEN HIDALGO COUNTY HEALTH DEPARTMENT and
HIDALGO COUNTY SHERIFF'S OFFICE
(C-07-225-05-08) - E-13-160-04-30**

This **AMENDMENT** to the **Memorandum of Understanding (MOU)** (as defined below) between **HIDALGO COUNTY HEALTH DEPARTMENT**, hereinafter referred to (the "Health Department") and **HIDALGO COUNTY SHERIFF'S OFFICE**, hereinafter referred to (the "Sheriff's Office"), is effective the 25th day of **June, 2013**, and is made between the Health Department and the Sheriff's Office (the "Amendment") as follows:

WHEREAS, on or about **May 8th, 2007**, **Health Department** and **Sheriff's Office** executed that certain **Memorandum of Understanding (MOU)**, between **Health Department** and the **Sheriff's Office**, in which the Health Department agreed to provide "professional services" for: "**PRENATAL HEALTH CARE SERVICES OF INMATES**" (the "MOU");

WHEREAS, due to a change in Exhibit A- Full Pay Clients Payment Schedule, at the request of the Health Department, the Sheriff's Office and the Health Department have agreed to amend the original Exhibit A-Fees for "**PRENATAL HEALTH CARE SERVICES OF INMATES**" (the "MOU");


WHEREAS, the parties desire to amend the Agreement as hereinafter provided;

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Health Department and Sheriff's Office hereby agree to the amend the Memorandum of Understanding (MOU) as follow:

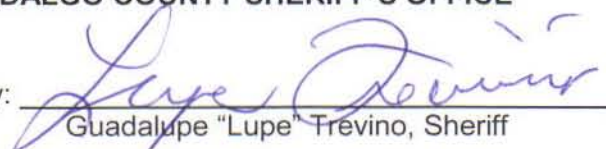
1. Exhibit "A" Full Pay Clients Payment Schedule to the Memorandum of Understanding (MOU) is deleted in its entirety and the modified **Exhibit A-Full Pay Prenatal Client's Payment Schedule** attached hereto is inserted in lieu thereof;
2. Except as modified herein, all terms and conditions of the Memorandum of Understanding (MOU), as amended by this Amendment, remain in full force and effect and Health Department and Sheriff's Office ratify and confirm the terms and provisions of the Memorandum of Understanding (MOU), as amended by this Amendment.

EXECUTED IN DUPLICATE ORIGINALS and effective as of the day and year first written above.

HIDALGO COUNTY HEALTH DEPARTMENT

By:  7-10-13
Eduardo Olivarez, Director

HIDALGO COUNTY SHERIFF'S OFFICE

By: 
Guadalupe "Lupe" Trevino, Sheriff

HIDALGO COUNTY

By: 
Ramon Garcia, County Judge

ATTEST:

By: 
Arturo Guajardo Jr., County Clerk

Approved by Commissioners' Court
on 6/25/13 RO

Approved by Commissioner's Court JUNE 25, 2013

**APPROVED AS TO FORM:
ATLAS, HALL & RODRIGUEZ, L.L.P.**

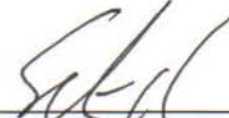
By: 
Stephen L. Crain, Attorney

Exhibit A

Full Pay Prenatal Client's Payment Schedule (Non-Title V/Medicaid/CHIP) Effective March 1, 2013

Prenatal Intake (In-house Lab Only)	\$ 30.00
Prenatal Physical Exam	\$ 35.00
Pap Smear	\$ 35.00
CT/GC	\$ 35.00
Prenatal Panel (HIV, Rubella/Hepatitis B/RPR)	\$ 30.00
RH Type	\$ 5.00
Quad	\$ 35.00
Glucose Serum	\$ 5.00
3 Hr. GTT	\$ 20.00
Prenatal Return Visit	\$ 10.00
Prenatal Supplies:	
Prenatal Vitamins	\$ 5.00
Iron	\$ 5.00

Schedule of Fees Apply to:

Clients that refuse or unable to follow through with the Medicaid/CHIP application process.

APPROVED

AI-39214

Purchasing Department

43. L. 0.

CC REGULAR

Meeting

06/25/2013

Date:

Submitted For: Martha L Salazar

Submitted By: Letty Saenz, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION



Approval of Amendment to Exhibit "A" to Memorandume of Understanding (MOU) by and between Hidalgo County Health Department and Hidalgo County Sheriff's Office for the purposes of "PRENATAL HEALTH CARE SERVICES TO INMATES" in connection to contract#E-13-160-04-30 (C-07-225-05-08).

BACKGROUND

Amendment - MOU#E-13-160-04-30 (C-07-225-05-08)

Fiscal Impact

FISCAL YEAR: 2013

ACCT. #: 3-1100-423-21-280-002-0-331/432

FUNDS AVAILABLE Y/N?:

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Attachments

Amendment to MOU(apprvd by legal)

MOU-E-13-160-04-30 (C-07-225-05-08)

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Darlene Betancourt	06/12/2013 05:13 PM
Budget & Management	Obdett Calzada	06/13/2013 11:03 AM
Purchasing Department	Darlene Betancourt	06/12/2013 05:13 PM
Budget & Management	Obdett Calzada	06/13/2013 11:03 AM
Obdett Calzada		
Auditor's Office		
Form Started By: Letty Saenz		Started On: 06/12/2013 01:57 PM



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E-13-160-04-30

MEMORANDUM

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

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

DATE: April 17, 2013

RE: **NOTICE OF INTENT TO EXTEND CONTRACT**
Contract No. E-12-132-05-08 (C-07-228-05-08)-MOU-Prenatal Health Care Services of Inmates

Please be advised that I will be placing the following contract for approval of extension on the next Commissioner's Court agenda:

Contract Nos.	Awarded Vendors	Title of Project	Extension Options Commencement/Expiration
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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: _____

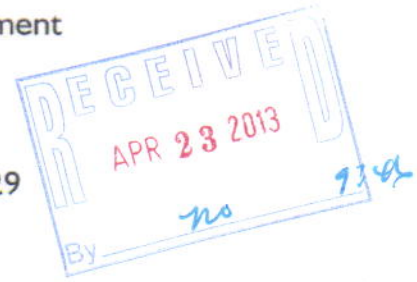
Authorized Signature: _____ Date: _____
Hidalgo County Health Department

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xc: File



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MEMORANDUM

TO: Honorable Guadalupe "Lupe" Trevino, Sheriff
 Attn: Rene Gonzalez, Captain
 Juan Tapia, Procurement Specialist
 Hidalgo County Sheriff's Office
 via email rene.gonzalez@co.hidalgo.org
 via email juan.tapia@hidalgo.org

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

DATE: April 17, 2013

RE: **NOTICE OF INTENT TO EXTEND CONTRACT**
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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: 4-19-13
 Hidalgo County Sheriff's Office

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

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

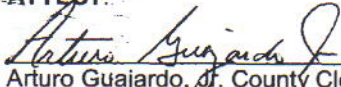
WITNESS THE HANDS OF THE PARTIES effective as of the day and year first written above.

HIDALGO COUNTY



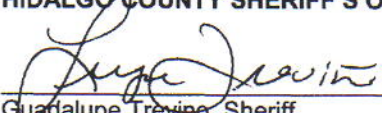
Juan D. Salinas, III, County Judge

ATTEST:



Arturo Guajardo, Jr. County Clerk

HIDALGO COUNTY SHERIFF'S OFFICE



Guadalupe Trevino, Sheriff

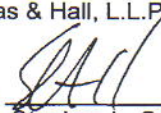
HIDALGO COUNTY HEALTH DEPARTMENT



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	\$ 10.00
Family Planning Physical Exam	\$ 50.00
Refills	\$ 7.00 (one pack)
Depo Provera	\$ 21.00 (per injection)
Pregnancy Test	\$ 8.00

PRENATAL

Maternity Intake	\$ 50.00
Physical Exam	\$ 30.00
Refills	\$ 10.00
Prenatal Vitamins	\$ 10.00
Iron	\$ 3.00
RhoGam	\$ 75.00
Triple Screen	\$ 45.00

CHILD HEALTH

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

PULMONARY

PPD Screen & Reading/PPD referral, open TB record w/wo x-rays	\$ 30.00
Medical Evaluation/x-ray/meds	\$ 40.00
Follow-up Medical Evaluation/x-ray/meds	\$ 20.00
Monthly Toxicity/meds(DOT/DOPT included in monthly Tx)	\$ 30.00
X-Rays only	\$ 10.00
Alternate Care for TB Contacts(comprehensive services)	\$ 10.00

STD'S

STD Office Visit/lab	\$ 10.00
STD Medical Evaluation/Tx/lab	\$ 25.00
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, insured, special circumstances cases)

HCHD Revised September 2005

