Attachment A – Statement of Work

ATTACHMENT A
STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

A. Provide or assure the provision of prenatal medical and dental services that include screening and eligibility determination, direct clinical and/or dental services, laboratory services, Title V Children and Pregnant Women (Title V CPW) case management and appropriate referrals, as necessary. Grantee shall provide services in accordance with **Attachment G--Grantee's FY 2018 Renewal Application.** Grantee shall have an established referral relationship with a qualified provider for each approved service which it does not provide.

B. As applicable, participate in the System Agency-selected data and billing web-based system (Integrated Business Information System (IBIS) to collect and process prenatal medical and dental data, financial billings, and reports when it goes live. Grantee agrees to submit data and billing within thirty (30) days of services, according to the business requirements of the web-based system and as specified in the current System Agency Policies and Procedures Manual for Title V Maternal and Child Health Fee-for-Service for Child Health, Dental and Prenatal.

C. Provide services in accordance with this Contract and the following documents which are incorporated herein by reference and made a part of this Contract:

1. Attachment E--System Agency Solicitation No. CHS/TV 0554.1
2. Attachment G--Grantee's FY 2018 Renewal Application;
3. Attachment F--Grantee's Response to Solicitation No. CHS/TV 0554.1
4. Current Policies and Procedures Manual for Title V Maternal and Child Health Fee for Services for Child Health, Dental, and Prenatal;
5. Current System Agency Standards for Public Health Clinic Services;
6. System Agency Core Tool On-Site Evaluation Report, revised for 2017, and Core Tool Monitoring Instructions, FY2017; or latest revision; and
7. System Agency Title V Maternal and Child On-site Evaluation Report, revised for 2017, and Title V Tool Monitoring Instructions, FY2017; or latest revision.

D. Provide services only to eligible individuals. To be eligible for Title V Prenatal Medical and Prenatal Dental Services, an individual must be:

1. A pregnant female;
2. A Texas resident;
3. In financial need based on a gross family income at or below 185% of the most recent Federal Poverty Level; and
4. Ineligible for other programs/benefits providing the same services.

Pregnant women, who would otherwise meet Title V eligibility requirements, shall also be regarded as potentially Title V eligible. Individual client eligibility will be

determined on an annual basis, and at other times as necessary, based upon change in pregnancy status or income.

Grantee will screen all individuals considered for Title V eligibility and determine eligibility using a System Agency or Title V program-approved screening process as updated in the spring of each year when federal poverty levels and eligibility determination forms are revised

E. Notify the System Agency Primary and Specialty Health Branch in writing of any clinic site information changes, e.g., changes in contact person, hours of operation, address, Texas Provider Identification (TPI) number, National Provider Identification (NPI) number, the closure, relocation, and/or opening of clinic site(s).

F. Comply with the following guidelines regarding co-pays, as applicable. Grantee may assess a co-pay from clients who receive services under this Contract. A co-pay shall not be assessed from such clients if their family income is at or below 100% of the most recently defined federal poverty level. A co-pay assessment shall not exceed 25% of the authorized and approved reimbursement amount for allowed services. A client shall not be denied services due to inability to pay.

G. Make reasonable efforts to investigate and apply for all other sources of third party funding available to, or identified by, the client before submitting claims for allowable costs.

H. Allow System Agency to conduct on-site quality assurance reviews as deemed necessary by System Agency. Unsatisfactory review findings may result in implementation of contract actions up to and including termination of the Contract.

I. Comply with all applicable federal and state laws, rules, regulations, standards and guidelines, as amended, including but not limited to Title V of the Social Security Act, 42 USC § 701, et seq.

II. PERFORMANCE MEASURES

A. The following performance measures will be used to assess, in part, Grantee's effectiveness in providing the services described in this Contract, without waiving the enforceability of any of the other terms of this Contract:

1. Grantee shall provide prenatal medical services to at least **688** unduplicated clients**.**
2. Grantee shall screen 100% of individuals considered for Title V eligibility with System Agency-approved screening process, and refer to other programs and funding sources as appropriate.

B. Performance of Grantee, including compliance with System Agency Program

procedures, policies and guidance, contractual conditions, attainment of performance measures, maintenance of adequate staff, and submission of required data and narrative reports, if applicable, will be regularly assessed. Failure to comply with stated requirements and contractual conditions may result in the immediate loss of contract funds at the discretion of System Agency.

III. BILLING INSTRUCTIONS

A. Grantee shall bill System Agency on a monthly basis for allowable services provided to Title V eligible clients. Bills for all allowable services shall be submitted as aggregate activity reports with a System Agency Monthly Reimbursement Request and shall not refer to or identify individual clients. Grantee shall bill within thirty (30) days after the end of the month in which services were provided or within sixty (60) days in cases of potentially Medicaid eligible individuals who are denied eligibility by the Health and Human Services Commission. All bills shall be submitted within forty-five (45) days of the end of the Contract term.

B. In billing System Agency, Grantee shall certify that all billed services have been provided only to individuals who have been determined to be eligible for Title V services. System Agency will pay Grantee for all acceptable vouchers submitted up to Grantee's contract ceiling amount. Billing vouchers submitted outside of the timeframes indicated above shall be subject to disallowance.

C. Grantee shall request payment using the Purchase Voucher Form 4116 which coincides with the appropriate Monthly Reimbursement Request (MRR), for Title V Fee for Service Program (Form #EF21-12005). With each Purchase Voucher Form 4116 and MRR, Grantee shall submit the following acceptable supporting documentation for reimbursement of the required services/deliverables:

    1. Title V Maternal-Child Services Report (Prenatal Medical & Dental) – (Form EF21-12005); and
    2. Monthly Aggregate Activity Report (Form EF21-12005). Each report shall detail the total unduplicated number of clients seen for the first time within a service category type during the contract period by age, and race/ethnicity. Billing requests will not be processed for payment by System Agency unless accompanied by a complete corresponding aggregate report.

D. Grantee shall email Purchase Vouchers, MRRs, and supporting documentation to the Health & Developmental Services (H&DS) at WHSFinance@hhsc.state.tx.us. Purchase Vouchers and MRRs shall be submitted each month for actual expenditures of the program, even if there are zero monthly expenditures or the contract limit has been reached.

E. Grantee shall request payment from System Agency as directed by the Policies and Procedures Manual for Title V Maternal and Child Health Fee for Service for Child Health, Dental and Prenatal whether via voucher or a web-based system.

F. When the web-based system goes live, Title V client data shall be entered into IBIS no later than thirty (30) days of each service provided. From the data entered, requests for reimbursement will be generated as one of the automated functions of the IBIS system. Title V services that have met business rules will be marked approved to pay and submitted electronically to System Agency for processing through the State Comptroller. Paid claims will be deposited into the Grantee's direct deposit account.

G. Grantee has forty-five (45) days from August 31, 2018 to enter data into IBIS system for services provided September 1, 2017 to August 31, 2018. Grantee will not be reimbursed for services entered into IBIS after the 45-day deadline.

H. Grantee shall submit a "Financial Reconciliation Report" (Form GC-10) no later than sixty (60) days after the end of the attachment term. This report must be signed and marked "Final" and shall be scanned and emailed to H&DS at the email address listed above.

I. System Agency shall distribute funds in a way that will maximize the delivery of authorized services to eligible clients. System Agency will monitor Grantee's billing activity. If utilization is below that projected in Grantee's budget, shown in the Signature Document, Grantee's ceiling may be subject to a decrease for the remainder of the Contract period. Grantee may be subject to contract ceiling amount decreases if Grantee's billing activity is less than projected.

J. System Agency may pay for additional services as specified in this Contract if provided by Grantee during the term of this Contract (but not otherwise paid during the term of this Program Attachment) if it is in the best interest of the State and the System Agency Program to do so, and if funds are available. If Grantee exceeds the ceiling amount of this Contract, Grantee shall continue to bill System Agency for the services provided. System Agency may pay for these additional services if funds become available at a later date.

K. Grantee shall accept reimbursement or payment from System Agency and any applicable fees from clients for clinical health services as payment in full for services or goods provided to clients. Grantee shall not seek additional reimbursement or payment for services or goods from clients other than applicable fees for clinical health services.

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Attachment B – Uniform Terms and Conditions

HHSC Uniform Terms and Conditions Version 2.13
Published and Effective: March 1, 2017
Responsible Office: Chief Counsel

Health and Human Services Commission

HHSC Uniform Terms and Conditions -

Local Governmental Body

Version 2.13

TABLE OF CONTENTS

ARTICLE I DEFINITIONS AND INTERPRETIVE PROVISIONS

1.01 Definitions

As used in this Contract, unless the context clearly indicates otherwise or defined in the Signature Document, the following terms and conditions have the meanings assigned below:

"Amendment" means a written agreement, signed by the parties hereto, which documents changes to the Contract other than those permitted by Technical Guidance Letters, as herein defined.

"Attachment" means documents, terms, conditions, or additional information physically added to this Contract following the execution page or included by reference, as if physically, within the body of this Contract.

"Contract" means the Signature Document, these Uniform Terms and Conditions, along with any Attachments, and any Amendments, purchase orders, or Technical Guidance Letters that may be issued by the System Agency, to be incorporated by reference herein for all purposes if issued.

"Deliverables" means any item, report, data, document, photograph, or other submission required to be delivered under the terms of this Contract, in whatever form.

"Effective Date" means the date agreed to by the Parties as the date on which the Contract takes effect.

"Federal Assurances" means Standard Form 424B (Rev. 7-97), as prescribed by OMB Circular A-102 (non-construction projects); or Standard Form 424D (Rev. 7-97), as prescribed by OMB Circular A-102 (construction projects).

"Federal Certifications" means U.S. Department of Commerce Form CD-512 (12-04), "Certifications Regarding Lobbying – Lower Tier Covered Transactions."

"Federal Fiscal Year" means the period beginning October 1 and ending September 30 each year, which is the annual accounting period for the United States government.

"GAAP" means Generally Accepted Accounting Principles.

"GASB" means the Governmental Accounting Standards Board.

"Health and Human Services Commission" or "HHSC" means the administrative agency established under Chapter 531, Texas Government Code or its designee.

"Intellectual Property" means patents, rights to apply for patents, trademarks, trade names, service marks, domain names, copyrights and all applications and worldwide registration of such, schematics, industrial models, inventions, know-how, trade secrets, computer software programs, and other intangible proprietary information.

"Local Government" means the Party to this Contract that meets the definition of this term under Tex. Gov't Code § 791.003(4).

"Parties" means the System Agency and Local Government, collectively.

"Party" means either the System Agency or Performing Agency, individually.

"Project" means the goods and/or Services described in the Signature Document or an Attachment to this Contract.

"Public Information Act" or "PIA" means Chapter 552 of the Texas Government Code.

"Services" means the tasks, functions, and responsibilities assigned and delegated to Local Government under the Contract.

"Signature Document" means the document executed by both Parties that specifically sets forth all of the documents that constitute the Contract.

"System Agency" means HHSC or any of the agencies of the State of Texas that are overseen by HHSC under authority granted under State law and the officers, employees, and designees of those agencies. These agencies include: the Department of Aging and Disability Services, the Department of Assistive and Rehabilitative Services, the Department of Family and Protective Services, and the Department of State Health Services.

"State Fiscal Year" means the period beginning September 1 and ending August 31 each year, which is the annual accounting period for the State of Texas.

"State of Texas *Textravel*" means Texas Administrative Code, Title 34, Part 1, Chapter 5, Subchapter C, Section 5.22, relative to travel reimbursements under this Contract, if any.

"Subcontractor" means an individual or business that performs part or all of the obligations of Local Government under this Contract.

"Technical Guidance Letter" or "TGL" means an instruction, clarification, or interpretation of the requirements of the Contract, issued by the System Agency to the Local Government.

"Work" means all Services to be performed, goods to be delivered, and any appurtenant actions performed and items produced, conceived, or developed, including Deliverables.

1.02 Interpretive Provisions

A. The meanings of defined terms are equally applicable to the singular and plural forms of the defined terms.

B. The words "hereof," "herein," "hereunder," and similar words refer to this Contract as a whole and not to any particular provision, section, Attachment, or schedule of this Contract unless otherwise specified.

C. The term "including" is not limiting and means "including without limitation" and, unless otherwise expressly provided in this Contract, (i) references to contracts (including this Contract) and other contractual instruments shall be deemed to include all subsequent Amendments and other modifications thereto, but only to the extent that such Amendments and other modifications are not prohibited by the terms of this Contract, and (ii) references to any statute or regulation are to be construed as including all statutory and regulatory provisions consolidating, amending, replacing, supplementing, or interpreting the statute or regulation.

D. Any references to "sections," "appendices," or "attachments" are references to sections, appendices, or attachments of the Contract.

E. Any references to agreements, contracts, statutes, or administrative rules or regulations in the Contract are references to these documents as amended, modified, or supplemented from time to time during the term of the Contract.

F. The captions and headings of this Contract are for convenience of reference only and shall not affect the interpretation of this Contract.

G. All Attachments within this Contract, including those incorporated by reference, and any Amendments are considered part of the terms of this Contract.

H. This Contract may use several different limitations, regulations, or policies to regulate the same or similar matters. All such limitations, regulations, and policies are cumulative and each shall be performed in accordance with its terms.

I. Unless otherwise expressly provided, reference to any action of the System Agency or by the System Agency by way of consent, approval, or waiver shall be deemed modified by the phrase "in its sole discretion."

J. Time is of the essence in this Contract.

ARTICLE II CONSIDERATION

2.01 Expenses

Except as otherwise provided in the Contract, no ancillary expenses incurred by the Local Government in connection with its provision of the Services or Deliverables will be reimbursed by the System Agency. Ancillary expenses include, but are not limited to costs associated with transportation, delivery, and insurance for each Deliverable.

When the reimbursement of travel expenses is authorized by the Contract, all such expenses shall be reimbursed in accordance with the rates set by the State of Texas *Textravel*.

2.02 Funding

A. This Contract shall not be construed as creating any debt on behalf of the State of Texas or the System Agency in violation of Article III, Section 49, of the Texas Constitution. In compliance with Article VIII, Section 6 of the Texas Constitution, it is understood that all obligations of the System Agency hereunder are subject to the availability of state funds. If such funds are not appropriated or become unavailable, this Contract may be terminated. In that event, the Parties shall be discharged from further obligations, subject to the equitable settlement of their respective interests, accrued up to the date of termination.

B. Furthermore, any claim by Local Government for damages under this Contract may not exceed the amount of funds appropriated for payment, but not yet paid to Local Government, under the annual budget in effect at the time of the breach. Nothing in this provision shall be construed as a waiver of sovereign immunity.

C. This Contract is contingent upon the availability of sufficient and adequate funds. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the Texas General Appropriations Act, agency consolidation, or any other disruptions of current funding for this Contract, the System Agency may restrict, reduce, or terminate funding under

this Contract. This Contract is also subject to immediate cancellation or termination, without penalty to the System Agency, if sufficient and adequate funds are not available. Contractor will have no right of action against the System Agency if the System Agency cannot perform its obligations under this Contract as a result of lack of funding for any activities or functions contained within the scope of this Contract. In the event of cancellation or termination under this Section, the System Agency shall not be required to give notice and shall not be liable for any damages or losses caused or associated with such termination or cancellation.

ARTICLE III WARRANTY, AFFIRMATIONS, ASSURANCES AND CERTIFICATIONS

3.01 Federal Assurances

Local Government further certifies that, to the extent Federal Assurances are incorporated into the Contract under the Signature Document, the Federal Assurances have been reviewed and that Local Government is in compliance with each of the requirements reflected therein.

3.02 Federal Certifications

Local Government further certifies, to the extent Federal Certifications are incorporated into the Contract under the Signature Document, that the Federal Certifications have been reviewed, and that Local Government is in compliance with each of the requirements reflected therein. **In addition, Local Government certifies that it is in compliance with all applicable federal laws, rules, or regulations, as they may pertain to this Contract.**

ARTICLE IV INTELLECTUAL PROPERTY

4.01 Intellectual Property

A. To the extent any Work results in the creation of Intellectual Property, all right, title, and interest in and to such Intellectual Property shall vest in the System Agency upon creation and shall be deemed to be a "work made for hire" and made in the course of the services rendered pursuant to this Contract.
B. To the extent that title to any such Intellectual Property may not by law vest in the System Agency, or such Intellectual Property may not be considered a "work made for hire," all rights, title, and interest therein are hereby irrevocably assigned to the System Agency. The System Agency shall have the right to obtain and to hold in its name any and all patents, copyrights, trademarks, service marks, registrations, or such other protection as may be appropriate to the subject matter, including extensions and renewals thereof.
C. Local Government must give the System Agency and the State of Texas, as well as any person designated by the System Agency or the State of Texas, all assistance required to perfect the rights defined herein without any charge or expense beyond the stated amount payable to Local Government for the services authorized under this Contract.

ARTICLE V RECORDS, AUDIT, AND DISCLOSURE

5.01 Access to records, books, and documents

In addition to any right of access arising by operation of law, Local Government and any of Local Government's affiliate or subsidiary organizations, or Subcontractors shall permit the System Agency or any of its duly authorized representatives, as well as duly authorized federal, state or local authorities, unrestricted access to and the right to examine any site where business is

conducted or Services are performed, and all records, which includes but is not limited to financial, client and patient records, books, papers or documents related to this Contract. If the Contract includes federal funds, federal agencies that shall have a right of access to records as described in this section include: the federal agency providing the funds, the Comptroller General of the United States, the General Accounting Office, the Office of the Inspector General, and any of their authorized representatives. In addition, agencies of the State of Texas that shall have a right of access to records as described in this section include: the System Agency, HHSC, HHSC's contracted examiners, the State Auditor's Office, the Texas Attorney General's Office, and any successor agencies. Each of these entities may be a duly authorized authority. If deemed necessary by the System Agency or any duly authorized authority, for the purpose of investigation or hearing, Local Government shall produce original documents related to this Contract. The System Agency and any duly authorized authority shall have the right to audit billings both before and after payment, and all documentation that substantiates the billings. Local Government shall include this provision concerning the right of access to, and examination of, sites and information related to this Contract in any Subcontract it awards.

5.02 Response/compliance with audit or inspection findings

A. At Local Government's sole expense, Local Government must take action to ensure its or a Subcontractor's compliance with a correction of any finding of noncompliance with any law, regulation, audit requirement, or generally accepted accounting principle relating to the Services and Deliverables or any other deficiency contained in any audit, review, or inspection conducted under the Contract. Whether Local Government's action corrects the noncompliance shall be solely the decision of the System Agency.

B. As part of the Services, Local Government must provide to HHSC upon request a copy of those portions of Local Government's and its Subcontractors' internal audit reports relating to the Services and Deliverables provided to the State under the Contract.

5.03 SAO Audit

Local Government understands that acceptance of funds directly under the Contract or indirectly through a Subcontract under the Contract acts as acceptance of the authority of the State Auditor's Office (SAO), or any successor agency, to conduct an audit or investigation in connection with those funds. Under the direction of the legislative audit committee, an entity that is the subject of an audit or investigation by the SAO must provide the SAO with access to any information the SAO considers relevant to the investigation or audit. Local Government agrees to cooperate fully with the SAO or its successor in the conduct of the audit or investigation, including providing all records requested. Local Government will ensure that this clause concerning the authority to audit funds received indirectly by Subcontractors through Local Government and the requirement to cooperate is included in any Subcontract it awards.

5.04 Recapture of Funds

The System Agency may withhold all or part of any payments to Local Government to offset overpayments made to the Local Government. Overpayments as used in this Section include payments (i) made by the System Agency that exceed the maximum allowable rates; (ii) that are not allowed under applicable laws, rules, or regulations; or (iii) that are otherwise inconsistent with this Contract, including any unapproved expenditures. Local Government understands and agrees that it shall be liable to the System Agency for any costs disallowed pursuant to financial and compliance audit(s) of funds received under this Contract. Local Government further understands and agrees that reimbursement of such disallowed costs shall be paid by Local Government from funds which were not provided or otherwise made available to Local Government under this Contract.

5.05 Public Information and Confidentiality

Information related to the performance of this Contract may be subject to the Public Information Act and will be withheld from public disclosure or released to the public only in accordance therewith. Local Government shall make any information required under the Public Information Act available to the System Agency in portable document file (".pdf") format or any other format agreed between the Parties.

To the extent permitted by law, Local Government and the System Agency agree to keep all information confidential, in whatever form produced, prepared, observed, or received by Local Government or the System Agency. The provisions of this section remain in full force and effect following termination or cessation of the services performed under this Contract.

5.06 Data Security

Each Party and its Subcontractors will maintain reasonable and appropriate administrative, physical, and technical safeguards to ensure the integrity and confidentiality of information exchanged in the performance of services pursuant to this Contract and protect against any reasonably anticipated threats or hazards to the security or integrity of the information and unauthorized use or disclosure of the information in accordance with applicable federal and state laws, rules, and regulations.

Upon notice, either Party will provide, or cause its subcontractors and agents to provide, the other Party or its designee prompt access to any information security records, books, documents, and papers that relate to services provided under this Contract.

ARTICLE VI CONTRACT MANAGEMENT AND EARLY TERMINATION

6.01 Contract Management

To ensure full performance of the Contract and compliance with applicable law, the System Agency may take actions including:

A. suspending all or part of the Contract;
B. requiring the Local Government to take specific corrective actions in order to remain in compliance with term of the Contract;
C. recouping payments made to the Local Government found to be in error;
D. suspending and/or limiting any services and placing conditions on any such suspensions and/or limitations of services;
E. imposing any other remedies authorized under this Contract; and
F. imposing any other remedies, sanctions or penalties permitted by federal or state statute, law, regulation, rule.

6.02 Termination for Convenience

The System Agency may terminate the Contract at any time when, in its sole discretion, the System Agency determines that termination is in the best interests of the State of Texas. The termination will be effective on the date specified in HHSC's notice of termination.

6.03 Termination for Cause

The System Agency will have the right to terminate the Contract in whole or in part if the System Agency determines, at its sole discretion, that Local Government has materially breached the Contract or has failed to adhere to any laws, ordinances, rules, regulations or orders of any public authority having jurisdiction and such violation prevents or substantially impairs performance of Local Government's duties under the Contract.

6.04 Equitable Settlement

Any early termination under this Article shall be subject to the equitable settlement of the respective interests of the Parties up to the date of termination.

ARTICLE VII MISCELLANEOUS PROVISIONS

7.01 Technical Guidance Letters

In the sole discretion of the System Agency, and in conformance with federal and state law, the System Agency may issue instructions, clarifications, or interpretations as may be required during Work performance in the form of a Technical Guidance Letter. A TGL must be in writing, and may be delivered by regular mail, electronic mail, or facsimile transmission. Any TGL issued by the System Agency shall be incorporated into the Contract by reference herein for all purposes when it is issued.

7.02 Survivability

All obligations and duties of the Local Government not fully performed as of the expiration or termination of this Contract will survive the expiration or termination of the Contract.

7.03 No Waiver

Neither failure to enforce any provision of this Contract nor payment for services provided under it constitute waiver of any provision of the Contract.

7.04 Standard Terms and Conditions

A. In the performance of this Contract, each Party shall comply with all applicable federal, state, and local laws, ordinances, and regulations. Each Party shall make itself familiar with and at all times shall observe and comply with all federal, state, and local laws, ordinances, and regulations that in any manner affect performance under this Contract. Each Party will be deemed to have knowledge of all applicable laws and regulations and be deemed to understand them.

B. All records relevant to this Contract shall be retained for a minimum of seven (7) years. The period of retention begins at the date of final payment by the System Agency, or from the date of termination of the Contract, whichever is later. The period of retention shall be extended for a period reasonably necessary to complete an audit or to complete any administrative proceeding or litigation that may ensue.

C. The System Agency shall own, and Local Government hereby assigns to the System Agency, all right, title, and interest in all tangible Work.

D. Local Government shall keep and maintain under GAAP or GASB, as applicable, full, true, and complete records necessary to fully disclose to the System Agency, the Texas

State Auditor's Office, the United States Government, and/or their authorized representatives sufficient information to determine compliance with the terms and conditions of this Contract and all state and federal rules, regulations, and statutes.

E. This Contract and the rights and obligations of the Parties hereto shall be governed by, and construed according to, the laws of the State of Texas, exclusive of conflicts of law provisions. Venue of any suit brought under this Contract shall be in a court of competent jurisdiction in Travis County, Texas. Local Government irrevocably waives any objection, including any objection to personal jurisdiction or the laying of venue or based on the grounds of forum non conveniens, which it may now or hereafter have to the bringing of any action or proceeding in such jurisdiction in respect of this Contract or any document related hereto. **NOTHING IN THIS SECTION SHALL BE CONSTRUED AS A WAIVER OF SOVEREIGN IMMUNITY BY THE SYSTEM AGENCY.**

F. If any provision contained in this Contract is held to be unenforceable by a court of law or equity, this Contract shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Contract unenforceable.

G. Except with respect to the obligation of payments under this Contract, if either of the Parties, after a good faith effort, is prevented from complying with any express or implied covenant of this Contract by reason of war; terrorism; rebellion; riots; strikes; acts of God; any valid order, rule, or regulation of governmental authority; or similar events that are beyond the control of the affected Party (collectively referred to as a "Force Majeure"), then, while so prevented, the affected Party's obligation to comply with such covenant shall be suspended, and the affected Party shall not be liable for damages for failure to comply with such covenant. In any such event, the Party claiming Force Majeure shall promptly notify the other Party of the Force Majeure event in writing and, if possible, such notice shall set forth the extent and duration thereof. The Party claiming Force Majeure shall exercise due diligence to prevent, eliminate, or overcome such Force Majeure event where it is possible to do so and shall resume performance at the earliest possible date. However, if non-performance continues for more than thirty (30) days, the System Agency may terminate this Contract immediately upon written notification to Local Government.

H. This Contract, its integrated Attachment(s), and any purchase order issued in conjunction with this Contract constitute the entire agreement of the Parties and are intended as a complete and exclusive statement of the promises, representations, negotiations, discussions, and other agreements that may have been made in connection with the subject matter hereof. Any additional or conflicting terms in such Attachment(s) and/or purchase order shall be harmonized with this Contract to the extent possible. Unless such integrated Attachment or purchase order specifically displays a mutual intent to amend a particular part of this Contract, general conflicts in language shall be construed consistently with the terms of this Contract.

I. Neither party shall assign or subcontract the whole nor any part of the contract, including any right or duty required under it, without the other party's prior written consent. Any assignment made contrary to this shall be void.

J. This Contract may be executed in any number of counterparts, each of which shall be an original, and all such counterparts shall together constitute but one and the same Contract. If the Contract is not executed by the System Agency within thirty (30) days of execution by the other Party, this Contract shall be null and void.

K. Pursuant to Chapter 2259 of the Texas Government Code entitled, "Self-Insurance by Governmental Units," Each Party is self-insured and, therefore, is not required to purchase insurance.

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Attachment C – Special Conditions

TEXAS
Health and Human Services

Health and Human Services Commission
Special Conditions
Version 1.0

TABLE OF CONTENTS

HHSC SPECIAL CONDITIONS

The terms and conditions of these Special Conditions are incorporated into and made a part of the Contract. Capitalized items used in these Special Conditions and not otherwise defined have the meanings assigned to them in HHSC Grantee Uniform Terms and Conditions – Version 2.14

Article I. SPECIAL DEFINITIONS

"Conflict of Interest" means a set of facts or circumstances, a relationship, or other situation under which Grantee, a Subcontractor, or individual has past, present, or currently planned personal or financial activities or interests that either directly or indirectly: (1) impairs or diminishes the Grantee's, or Subcontractor's ability to render impartial or objective assistance or advice to the HHSC; or (2) provides the Grantee or Subcontractor an unfair competitive advantage in future HHSC procurements.

"Grantee Agents" means Grantee's representatives, employees, officers, as well as any contractor or subgrantee's employees, contractors, officers, principals and agents.

"Data Use Agreement" means the agreement incorporated into the Contract to facilitate creation, receipt, maintenance, use, disclosure or access to Confidential Information.

"Item of Noncompliance" means Grantee's acts or omissions that: (1) violate a provision of the Contract; (2) fail to ensure adequate performance of the Project; (3) represent a failure of Grantee to be responsive to a request of HHSC relating to the Project under the Contract.

"Minor Administrative Change" refers to a change to the Contract that does not increase the fees or term and done in accordance with Section 6.02 of these Special Conditions.

"Confidential System Information" means any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to Grantee; or that Grantee may create, receive, maintain, use, disclose or have access to on behalf of HHSC or through performance of the Project, which is not designated as Confidential Information in aData Use Agreement.

"State" means the State of Texas and, unless otherwise indicated or appropriate, will be interpreted to mean HHSC and other agencies of the State of Texas that may participate in the administration of HHSC Programs; provided, however, that no provision will be interpreted to include any entity other than HHSC as the contracting agency.

"Software" means all operating system and applications software used or created by Grantee to perform the work under the Contract.

"Third Party Software" refers to software programs or plug-ins developed by companies or individuals other than Grantee which are used in performance of the Project. It does not include items which are ancillary to the performance of the Project, such as internal systems of Grantee which were deployed by Grantee prior to the Contract and not procured to perform the Project.

"UTC" means HHSC's Uniform Terms and Conditions –Grantee- Version 2.14

Article II. GRANTEES PERSONNEL

Section 2.01 Qualifications

Grantee agrees to maintain the organizational and administrative capacity and capabilities proposed in its response to the Solicitation, as modified, to carry out all duties and responsibilities under the Contract. Grantee Agents assigned to perform the duties and responsibilities under the Contract must be and remain properly trained and qualified for the functions they are to perform. Notwithstanding the transfer or turnover of personnel, Grantee remains obligated to perform all duties and responsibilities under the Contract without degradation and in strict accordance with the terms of the Contract.

Section 2.02 Conduct and Removal

While performing the Project, Grantee Agents must comply with applicable Contract terms, State and federal rules, regulations, HHSC's policies, and HHSC's requests regarding personal and professional conduct; and otherwise conduct themselves in a businesslike and professional manner.

If HHSC determines in good faith that a particular Grantee Agent is not conducting himself or herself in accordance with the terms of the Contract, HHSC may provide Grantee with notice and documentation regarding its concerns. Upon receipt of such notice, Grantee must promptly investigate the matter and, at HHSC's election, take appropriate action that may include removing the Grantee Agent from performing the Project.

Article III. CONFIDENTIALITY

Section 3.01 Confidential System Information

HHSC prohibits the unauthorized disclosure of Other Confidential Information. Grantee and all Grantee Agents will not disclose or use any Other Confidential Information in any manner except as is necessary for the Project or the proper discharge of obligations and securing of rights under the Contract. Grantee will have a system in effect to protect Other Confidential Information. Any disclosure or transfer of Other Confidential Information by Grantee, including information requested to do so by HHSC, will be in accordance with the Contract. If Grantee receives a request for Other Confidential Information, Grantee will immediately notify HHSC of the request, and will make reasonable efforts to protect the Other Confidential Information from disclosure until further instructed by the HHSC.

Grantee will notify HHSC promptly of any unauthorized possession, use, knowledge, or attempt thereof, of any Other Confidential Information by any person or entity that may become known to Grantee. Grantee will furnish to HHSC all known details of the unauthorized possession, use, or knowledge, or attempt thereof, and use reasonable efforts to assist HHSC in investigating or preventing the reoccurrence of any unauthorized possession, use, or knowledge, or attempt thereof, of Other Confidential Information.

HHSC will have the right to recover from Grantee all damages and liabilities caused by or arising from Grantee or Grantee Agents' failure to protect HHSC's Confidential Information as required by this section.

IN COORDINATION WITH THE INDEMNITY PROVISIONS CONTAINED IN THE UTC, GRANTEE WILL INDEMNIFY AND HOLD HARMLESS HHSC FROM ALL DAMAGES, COSTS, LIABILITIES, AND EXPENSES (INCLUDING WITHOUT LIMITATION REASONABLE ATTORNEYS' FEES AND COSTS) CAUSED BY OR ARISING FROM GRANTEE OR GRANTEE AGENTS FAILURE TO PROTECT OTHER CONFIDENTIAL INFORMATION. GRANTEE WILL FULFILL THIS PROVISION WITH COUNSEL APPROVED BY HHSC.

Article IV. MISCELLANEOUS PROVISIONS

Section 4.01 Minor Administrative Changes

HHSC's designee, referred to as the Contract Manager, Project Sponsor, or other equivalent, in the Contract, is authorized to provide written approval of mutually agreed upon Minor Administrative Changes to the Project or the Contract that do not increase the fees or term. Changes that increase the fees or term must be accomplished through the formal amendment procedure, as set forth in the UTC. Upon approval of a Minor Administrative Change, HHSC and Grantee will maintain written notice that the change has been accepted in their Contract files.

Section 4.02 Conflicts of Interest

Grantee warrants to the best of its knowledge and belief, except to the extent already disclosed to HHSC, there are no facts or circumstances that could give rise to a Conflict of Interest and further that Grantee or Grantee Agents have no interest and will not acquire any direct or indirect interest that would conflict in any manner or degree with their performance under the Contract. Grantee will, and require Grantee Agents, to establish safeguards to prohibit Contract Agents from using their positions for a purpose that constitutes or presents the appearance of personal or organizational Conflict of Interest, or for personal gain. Grantee and Grantee Agents will operate with complete independence and objectivity without actual, potential or apparent Conflict of Interest with respect to the activities conducted under the Contract.

Grantee agrees that, if after Grantee's execution of the Contract, Grantee discovers or is made aware of a Conflict of Interest, Grantee will immediately and fully disclose such interest in writing to HHSC. In addition, Grantee will promptly and fully disclose any relationship that might be perceived or represented as a conflict after its discovery by Grantee or by HHSC as a potential conflict. HHSC reserves the right to make a final determination regarding the existence of Conflicts of Interest, and Grantee agrees to abide by HHSC's decision.

If HHSC determines that Grantee was aware of a Conflict of Interest and did not disclose the conflict to HHSC, such nondisclosure will be considered a material breach of the Contract. Furthermore, such breach may be submitted to the Office of the Attorney General, Texas Ethics Commission, or appropriate State or federal law enforcement officials for further action.

Section 4.03 Flow Down Provisions

Grantee must include any applicable provisions of the Contract in all subcontracts based on the scope and magnitude of work to be performed by such Subcontractor. Any necessary terms will be modified appropriately to preserve the State's rights under the Contract.

Article V. DSHS LEGACY PROVISIONS

Section 5.01 Notice of Criminal Activity and Disciplinary Actions

(a) Grantee shall immediately report in writing to their contract manager when Grantee has knowledge or any reason to believe that they or any person with ownership or controlling interest in the organization/business, or their agent, employee, subcontractor or volunteer that is providing services under this Contract has:

Engaged in any activity that could constitute a criminal offense equal to or greater than a Class A misdemeanor or grounds for disciplinary action by a state or federal regulatory authority; or

Been placed on community supervision, received deferred adjudication, or been indicted for or convicted of a criminal offense relating to involvement in any financial matter, federal or state program or felony sex crime.

(b) Grantee shall not permit any person who engaged, or was alleged to have engaged, in any activity subject to reporting under this section to perform direct client services or have direct contact with clients, unless otherwise directed in writing by the System Agency.

Section 5.02 Notice of IRS or TWC Insolvency

Grantee shall notify in writing their assigned contract manager their insolvency, incapacity or outstanding unpaid obligations to the Internal Revenue Service (IRS) or Texas Workforce Commission within five days of the date of becoming aware of such.

Section 5.03 Disaster Services

In the event of a local, state, or federal emergency, including natural, man- made, criminal, terrorist, and/or bioterrorism events, declared as a state disaster by the Governor, or a federal disaster by the appropriate federal official, Grantee may be called upon to assist the System Agency in providing the following services:

a. Community evacuation;
b. Health and medical assistance;
c. Assessment of health and medical needs;
d. Health surveillance;
e. Medical care personnel;
f. Health and medical equipment and supplies;
g. Patient evacuation;
h. In-hospital care and hospital facility status;
i. Food, drug and medical device safety;
j. worker health and safety;
k. Mental health and substance abuse;

l. Public health information;
m. Vector control and veterinary services; and
n. Victim identification and mortuary services.

Section 5.04 Consent by Non-Parent or Other State Law to Medical Care of a Minor

Unless a federal law applies, before a Grantee or its subcontractor can provide medical, dental, psychological or surgical treatment to a minor without parental consent, informed consent must be obtained as required by Texas Family Code Chapter 32.

Section 5.05 Services and Information for Persons with Limited English Proficiency

a. Grantee shall take reasonable steps to provide services and information both orally and in writing, in appropriate languages other than English, to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits and activities.
b. Grantee shall identify and document on the client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services and shall not require a client to provide or pay for the services of a translator or interpreter.
c. Grantee shall make every effort to avoid use of any persons under the age of 18 or any family member or friend of the client as an interpreter for essential communications with a client with limited English proficiency unless the client has requested that person and using the person would not compromise the effectiveness of services or violate the client's confidentiality and the client is advised that a free interpreter is available.

Section 5.06 Third Party Payors

Except as provided in this Contract, Grantee shall screen all clients and may not bill the System Agency for services eligible for reimbursement from third party payors, who are any person or entity who has the legal responsibility for paying for all or part of the services provided, including commercial health or liability insurance carriers, Medicaid, or other federal, state, local and private funding sources.

As applicable, the Grantee shall:

a. Enroll as a provider in Children's Health Insurance Program and Medicaid if providing approved services authorized under this Contract that may be covered by those programs and bill those programs for the covered services;
b. Provide assistance to individuals to enroll in such programs when the screening process indicates possible eligibility for such programs;
c. Allow clients that are otherwise eligible for System Agency services, but cannot pay a deductible required by a third party payor, to receive services up to the amount of the deductible and to bill the System Agency for the deductible;
d. Not bill the System Agency for any services eligible for third party reimbursement until all appeals to third party payors have been exhausted;
e. Maintain appropriate documentation from the third party payor reflecting attempts to obtain reimbursement;
f. Bill all third party payors for services provided under this Contract before submitting any request for reimbursement to System Agency; and
g. Provide third party billing functions at no cost to the client**.**

Section 5.07 HIV/AIDS Model Workplace Guidelines

Grantee shall implement System Agency's policies based on the Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS), AIDS Model Workplace Guidelines for Businesses at http://www.dshs.state.tx.us/hivstd/policy/policies.shtm, State Agencies and State Grantees Policy No. 090.021.

Grantee shall also educate employees and clients concerning HIV and its related conditions, including AIDS, in accordance with the Texas. Health & Safety Code §§ 85.112-114.

Section 5.08 Medical Records Retention

Grantee shall retain medical records in accordance with 22 TAC §165.1(b) or other applicable statutes, rules and regulations governing medical information.

Section 5.09 Notice of a License Action

Grantee shall notify their contract manager of any action impacting its license to provide services under this Contract within five days of becoming aware of the action and include the following:

a. Reason for such action;
b. Name and contact information of the local, state or federal department or agency or entity;
c. Date of the license action; and
d. License or case reference number.

Section 5.10 Interim Extension Amendment

a. Prior to or on the expiration date of this Contract, the Parties agree that this Contract can be extended as provided under this Section.
b. The System Agency shall provide written notice of interim extension amendment to the Grantee under one of the following circumstances:

    1. Continue provision of services in response to a disaster declared by the governor; or
    2. To ensure that services are provided to clients without interruption.

c. The System Agency will provide written notice of the interim extension amendment that specifies the reason for it and period of time for the extension.
d. Grantee will provide and invoice for services in the same manner that is stated in the Contract.
e. An interim extension under Section (b)(1) above shall extend the term of the contract not longer than 30 days after governor's disaster declaration is declared unless the Parties agree to a shorter period of time.
f. An interim extension under Section (b)(2) above shall be a one-time extension for a period of time determined by the System Agency.

Section 5.11 Child Abuse Reporting Requirement

a. Grantees shall comply with child abuse and neglect reporting requirements in Texas Family Code Chapter 261. This section is in addition to and does not supersede any other legal obligation of the Grantee to report child abuse.
b. Grantee shall develop, implement and enforce a written policy that includes at a minimum the System Agency's Child Abuse Screening, Documenting, and Reporting Policy for Grantees/Providers and train all staff on reporting requirements.

c. Grantee shall use the System Agency's Child Abuse Reporting Form located at www.System Agency.state.tx.us/childabusereporting as required by the System Agency. Grantee shall retain reporting documentation on site and make it available for inspection by the System Agency.

Section 5.12 Grantee's Certification of Meeting or Exceeding Tobacco-Free Workplace Policy Minimum Standards

Grantee certifies that it has adopted and enforces a Tobacco-Free Workplace Policy that meets or exceeds all of the following minimum standards of:

a) Prohibiting the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff and chewing tobacco;
b) Designating the property to which this Policy applies as a "designated area," which must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to this designated area;
c) Applying to all employees and visitors in this designated area; and
d) Providing for or referring its employees to tobacco use cessation services.

If Grantee cannot meet these minimum standards, it must obtain a waiver from the System Agency.

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Attachment D – Data Use Agreement

Attachment E - System Agency Solicitation No. RFP No. CHS/TV 0554.1

Title V Fee for Services Contracts

Child Health & Child Dental
Prenatal Medical & Prenatal Dental
Fiscal Year 2014

Request for Proposal

Family and Community Health Services Division
Community Health Services Section
Office of Title V & Family Health
Performance Management Unit

RFP #: **CHS/TV-0554.1**

Issued ***March 21, 2013***
Due ***May 1, 2013***

Class/Item: 948-48

Client Services Contracting Unit (CSCU)

David L. Lakey, M.D. Commissioner

TABLE OF CONTENTS

SECTION I

SECTION II

SECTION III

APPENDICES.....

Section I

PROPOSAL INFORMATION CONTENT AND PREPARATION

Title V Fee for Services Contracts
Child Health & Child Dental
Prenatal Medical & Prenatal Dental
Request for Proposal
Fiscal Year 2014

Family and Community Health Services Division
Community Health Services Section
Office of Title V & Family Health
Performance Management Unit

RFP #: CHS/TV-0554.1
Issued***: March 21, 2013***
Due: ***May 1, 2013***

PROPOSAL INFORMATION

I. INTRODUCTION AND DEFINITIONS

The Department of State Health Services (DSHS), Family and Community Health Services Division, Community Health Services Section and Office of Title V and Family Health, announce the expected availability of State Fiscal Year (FY) 2014 Title V funding to provide child health, child dental, prenatal medical, prenatal dental, and case management services to eligible individuals. This RFP is not limited to this source of funding if other sources become available for this project.

Title V Child Health Services

Title V Child Health Services include preventive and primary child health care from birth through the 21st year.

Title V Child Dental Services

Title V Child Dental Services include preventive and primary dental care for children and adolescents from birth through the 21st year.

Title V Prenatal Medical Services

Title V Prenatal Medical Services include direct health care services to pregnant women of all ages. Title V Prenatal Medical Services include screening and eligibility determination, direct clinical services, laboratory services, Title V Children and Pregnant Women (CPW) case management, coordination with the CHIP Perinatal Program, and appropriate referrals as necessary.

Title V Prenatal Dental Services up to Three Months Post-partum

Title V Prenatal Dental Services include preventive and primary dental care to pregnant women of all ages through three months post-partum.

This RFP contains the requirements that all respondents must meet to be considered for contracts under this RFP. Failure to comply with these requirements will result in disqualification of the respondent without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.

Before completing the proposal, refer to the relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations, etc.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.

The RFP has been structured to minimize the duplication of forms for respondents who may choose to request funding for more than one of the Title V-funded services included in this RFP. The RFP contains three (3) sections:

- **Section I** – provides general information on the funded services as well as guidelines for the RFP response content and preparation.
- **Section II** – contains instructions and the blank forms to be submitted. Section II is divided into three (3) attachments.
    - Attachment A – **ALL respondents are required to complete the forms in this Attachment**. If respondent is requesting funding for more than one Title V service, complete Attachment A only one (1) time.
    - Attachment B – respondents must complete the forms in this Attachment if requesting Title V Child Health and/or Dental Services funding.
    - Attachment C – respondents must complete the forms in this Attachment if requesting Title V Prenatal Medical and/or Dental Services funding.
- **Section III** – Appendices

To be considered for funding for one or more of the Title V-funded services included in this RFP, respondents must complete all forms in Attachment A and all forms in the respective Attachment(s) associated with the Title V service(s) for which the respondent intends to apply.

Definitions

Appendix – Additional information and/or forms that is available in the back of this solicitation document.

Budget – A financial schedule documented in the contract that describes how funds will be utilized and/or describes the basis for reimbursement for the provision of contracted services. Types of budget may include: categorical (line item), fee for service, or lump sum payable upon receipt of a product or deliverable.

Budget Period – The duration of the budget (stated in the number of months the contract will reflect from begin date to end date of the term of the contract). Each renewal will have its own budget period.

Client Services Contracting Unit (CSCU) – The DSHS central contracting unit that coordinates and facilitates client services procurement needs, issues competitive procurements, and develops and executes contracts.

Contract – A written document referring to promises or agreement for which the law establishes enforceable duties and remedies between a minimum of two parties.

Contract Term – The period of time during which the contract will be effective from begin date to end or renewal date. The contract term may or may not be the same as the budget period.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in 34 Texas Administrative Code, §20.105 et seq.

Deliverables – Goods or services contracted for delivery or performance.

Due Date – Established deadline for submission of a document or deliverable.

Effective Date – The date the contract term begins.

Fee-For-Service – Payment mechanism for services that are reimbursed on an agreed rate per unit of service. Title V services are reimbursed on a fee-for-service basis based on a prescribed set of Current Procedural Terminology (CPT) codes, and/or a prescribed set of Current Dental Terminology (CDT) codes, and reimbursement rates.

Fully Executed – Contract is signed by each of the parties and forms a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

Indirect Costs – Indirect costs are those costs incurred for a common or joint purpose benefiting more than one project or cost objective of respondent's organization and not readily identified with a particular project or cost objective. Typical examples of indirect costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

Program – A coordinated group of activities carried out by DSHS, as authorized by state or federal law, for a specific purpose.

Program Attachment – An attachment to a base contract that provides details for a particular statement of work to be performed under the contract. There may be multiple program attachments associated with a base contract. A program attachment is typically for a one-year term, with a contracting cycle made up of several one-year program attachment renewals.

Project – All work to be performed as a result of this solicitation.

Project Period – The anticipated duration of the entire project stated in total number of budget periods.

Respondent – Entity or individual that submits a proposal in response to this RFP.

Scope of Work – A description of the services and/or goods, if any, to be obtained as a result of this solicitation for a project period.

Statement of Work – A statement defines outcomes and specific services a contractor is expected to perform, indicating the type, level and quality of service, as well as the time schedule required.

Solicitation – The process of notifying prospective contractors of an opportunity to provide goods or services to the state, e.g., this RFP.

Special Provisions – Exceptions and additions to the General Provisions for a funded program activity; these are usually customized for the program's requirements and contain items specific to the program attachment.

Subcontractor – An entity that enters into a contract to perform a portion of the work described in the statement of work with the entity contracting with DSHS as a result of this solicitation. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. Contractor must closely monitor the subcontractor's performance. Subcontracting may be done only when expressly allowed in the program attachment.

Subrecipient – A type of contractor or subcontractor to which a subaward is made in the form of money, or property in lieu of money, to carry out all or part of the DSHS program and that is accountable to DSHS for the use of the funds and property provided. This type of contractor may also be referred to as a subgrantee.

A subrecipient contractor will have most of the following characteristics: a) determines who is eligible to receive what assistance, according to specified criteria; b) has performance measured against federal or state program objectives, as described in the program attachment; c) has responsibility for programmatic decision-making, and d) carries out duties to implement all or part of a program, as specified.

Supplant (verb) – To replace or substitute for another. That is, a recipient of contract funds under this RFP may not use the funds to pay any costs that the recipient is already obligated to pay. If a contractor, prior to applying for a contract under this RFP, had committed to provide funding for activities defined in the contract's statement of work (i.e., as represented in the RFP Budget Summary), then the contractor must provide the amount of funding previously committed in addition to the amount requested under this RFP.

Unit Rate - Payment mechanism for services that are reimbursed on an agreed rate per unit of service. Title V services are reimbursed on a fee-for-service basis based on a prescribed set of Current Procedural Terminology (CPT) codes, and/or a prescribed set of Current Dental Terminology (CDT) codes, and reimbursement rates.

Vendor – A type of contractor or subcontractor that provides services, and goods, if any, that assist in but are not the primary means of carrying out the DSHS-funded Program. Under a vendor contract, the vendor will have few if any administrative requirements. (For example, a vendor might only be required to submit a summary report of services delivered and an invoice.) A vendor generally will deliver services to DSHS-funded clients in the same manner that a vendor would deliver those services to its non-DSHS-funded clients.

Vendor Identification Number (Vendor ID No.) – Fourteen-digit number needed for any entity to contract with the State of Texas and which must be set up with the State Comptroller's Office. It consists of a ten-digit Vendor ID No. (IRS number, state agency number, or social security number) + check digit + 3 digit mail code.

Work Plan – A plan that describes how services will be delivered to the eligible population and includes specifics such as what types of clients will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. Details from the work plan, as approved by DSHS, will become enforceable terms of the contract.

Program Definitions

Children Health Insurance Program (CHIP) – A child health insurance program for non-Medicaid eligible children with a family income up to 200% Federal Poverty Level (FPL).

CHIP Perinatal Program – A health insurance program that provides perinatal care to unborn children of non-Medicaid eligible women with an income up to 200% FPL.

Federal Poverty Level (FPL) - The set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs, such as Medicaid, define eligibility income limits as some percentage of FPL.

Medicaid – Title XIX of the Social Security Act; reimburses for health care services delivered to low-income clients who meet eligibility guidelines.

Priority Population – Low income, uninsured or underinsured women and children.

Readiness – Respondent has the specified attributes to support a given service, the ability to meet program and contractual requirements, and the capacity to achieve service levels based on awarded funds.

Texas Medicaid Healthcare Partnership (TMHP) – The Texas Medicaid Claims and Primary Care Case Management (PCCM) Administrator.

Title V Children and Pregnant Women provider – Helps by finding out what families need, making a plan to meet those needs, and helping clients gain access to needed medical, social, educational, and other services.

A. Eligible Respondents

Eligible respondents include governmental entities (health departments, hospital districts, university medical centers, and other state agencies, etc.), Federally Qualified Health Centers, rural health clinics, and other community-based agencies that can meet the requirements described in this RFP. Any respondent proposing to provide Title V-funded services **must** be a Medicaid provider or provide evidence with its response that a Medicaid application has been submitted to obtain a Texas Provider Identifier (TPI) number. The Medicaid number provided MUST be for the organization itself, and not for individual providers associated with the organization. Contractors must have a current, active TPI number no later than September 1, 2013 for the awarded contract to be executed. **A respondent that is not already a Medicaid provider and cannot**

provide proof that a Medicaid application has been submitted will NOT be considered for funding.

Eligible respondents must comply with the screening criteria listed below for the proposal to be accepted for review:

1. Respondent must be established as an appropriate legal entity under state statutes as described in the paragraph above and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFP.

2. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.

3. Respondent must be in good standing with the U.S. Internal Revenue Service.

4. Respondent is ineligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.

5. Respondent may be ineligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material noncompliance, or material weaknesses that are not satisfactorily addressed, as determined by DSHS.

6. Respondent's staff members, including the executive director, must not serve as voting members on respondent's governing board.

7. In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the websites listed in this section prior to the development of a contract.

   A respondent is not considered eligible to contract with DSHS, regardless of the funding source, if a name match is found on any of the following lists:

   a) The General Services Administration's (GSA) System for Award Management (SAM) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits. https://www.sam.gov/portal/public/SAM
   b) The Office of Inspector General (OIG**)** List of Excluded Individuals/Entities Search– State – https://oig.hhsc.state.tx.us/Exclusions/search.aspx; and
   c) Texas Comptroller of Public Accounts (CPA) Debarment List located at http://www.window.state.tx.us/procurement/prog/vendor_performance/ debarred/. If this web link does not open, copy and paste to your internet browser window.

8. Respondents **must be** listed on the following list if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies. Secretary of State (SOS) at https://direct.sos.state.tx.us/acct/acct-login.asp.

Except as expressly provided in A2 above, respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

B. Respondent Readiness

Definition

Acceptable readiness is defined as the potential contractor's having the ability to meet program and contractual requirements, the capacity to achieve service levels based on awarded funds, and the following attributes to support a given service:

- Administrative and Board support for the service;
- Physical infrastructure;
- Clinical infrastructure;
- Demonstrable experience in providing similar services; and
- Financial stability.

Purpose

To ensure that respondents have the required readiness elements in place to allow the provision of services should a contract be awarded. Respondents will be evaluated and scored on the readiness criteria outlined below. DSHS reserves the right to perform on-site and/or desk reviews for respondents scoring low on any portion of the readiness component of this RFP. If DSHS determines that the respondent is not sufficiently ready to perform, then DSHS reserves the right not to enter into a contract with the respondent.

Administrative and Board Support

Respondents must demonstrate adequate administrative and board support through descriptions of their organizations, and by submitting current organization charts (Form A-10: Respondent Background). The chart must include the appropriate oversight structure (e.g., Board, City Council, County Commissioners, etc.), CEO, CFO, Medical and/or Dental Director, and a staffing structure that will support service provision. The description must include:

- An executive summary describing the organization's vision, mission, and values statements, along with a description of how the board of directors is involved in the operations of the organization (Form A-10: Respondent Background);

- A detailed description of the organizational structure, management systems, and lines of authority that are appropriate and adequate for the size and scope of the organization (Form A-10: Respondent Background);
- Table of Contents from organization's operating policies and procedures (Form B-2 and C-2: Service Delivery Plan);
- Resumes/Curriculum Vitaes for the CEO, CFO, Medical Director (including State of Texas Medical License Number) and/or Dental Director (including State of Texas Dental License Number), and Clinical/Program Director (Form A-10: Respondent Background);
- Employee job descriptions (Form A-10: Respondent Background);
- Medicaid billing number for the organization, or application for Medicaid billing number. (Form A-1: Face Page);
- Timeline for annual independent financial audit (Form A-3: Administrative Information);
- Description of the organization's outreach plan (e.g., media releases, outreach strategies for marketing organization to community) for the funded services (Form B-2 and C-2: Service Delivery Plan); and
- Agency's quality assurance process (Form B-2 and C-2: Service Delivery Plan).

Physical Infrastructure

Respondents must have an adequate physical infrastructure to support the provision of services. At a minimum, respondents must have the following physical infrastructure in place:

- Space for clinical and administrative staff (Form A-8: Respondent Site Readiness),
- Data and financial management systems, including secure confidential data storage (Form B-2 and C-2: Service Delivery Plan),
- Computer systems with the following minimum functionality (Form A-8: Respondent Site Readiness [first two bullets]
  - Internet Browser – minimum Internet Explorer (IE) 8; recommend IE 9 or newer
  - Microsoft Office – minimum 2007 Office Suite; recommend Office 2010 Suite
  - Email Client
- Appropriate signage to identify funded entity (Form A-8: Respondent Site Readiness).

Clinical Infrastructure

Respondents must have a clinical infrastructure appropriate to support the provision of services. At a minimum, respondents must have the following in place:

- Handicap-accessible clinic site(s) that is/are geographically close to the target population (Form A-8: Respondent Site Readiness);
- Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait (Form A-8: Respondent Site Readiness);

- Locked storage for charts, records, medications, and medical supplies (Form A-8: Respondent Site Readiness);
- Proper disposal for medical waste (Form A-8: Respondent Site Readiness),
- Clinicians who are licensed by the State of Texas to provide the type of services for which funding is requested (Form A-10: Respondent Background);
- Medical Director licensed to practice medicine in Texas and/or Dental Director licensed to practice dentistry in Texas (Form A-10: Respondent Background).
- Eligibility and billing staff who are trained or will be trained in requirements for funded services (Form B-2 and C-2: Service Delivery Plan);
- Staff to manage clinic operations (Form A-10: Respondent Background),
- Clinicians that have Medicaid numbers and can bill for services (Form A-10: Respondent Background);
- Current written protocols and Standing Delegation Orders (Form A-9: Title V Fee for Service Program Assurances);
- CLIA certification appropriate for the level of tests performed (Form A-8: Respondent Site Readiness); and

Demonstrable Experience in Providing Similar Services (Form B-2 and C-2: Service Delivery Plan)

Respondents must describe their plans for service delivery to the population in the proposed service area(s). Respondents must explain why the organization believes it has the capacity to achieve the service levels indicated in the proposal. Respondents must include what services will be subcontracted and discuss any cooperative agreements with community partners.

C. Contract Term

It is expected that the initial contract period will begin on or about 09/01/2013**,** and will be made for a 12-month budget period.

This contract may be renewed up to four (4) additional one-year period(s), with renewal initiated at the sole discretion of DSHS. Continued funding of the contract in future years is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior contract period. Funding may vary and is subject to change each renewal period.

Contracts awarded under this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend, or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.

D. Use of Funds

In Fiscal Year 2014*,* $9 million is expected to be available for the Title V services outlined in this RFP. The breakdown of the funding by program type and by region follows:

Program	**Funding Available**
Title V Child Health Services	$3,500,000
Title V Child Dental Services	$3,500,000
Title V Prenatal Medical Services	$1,500,000
Title V Prenatal Dental Services	$500,000

FY 2013 Regional Allocation				
Region	**Title V Child Health**	**Title V Child Dental**	**Title V Prenatal Medical**	**Title V Prenatal Dental**
1	$105,000	$105,000	$45,000	$15,000
2/3	$1,015,000	$1,015,000	$435,000	$145,000
4/5N	$280,000	$280,000	$120,000	$40,000
6/5S	$840,000	$840,000	$360,000	$120,000
7	$420,000	$420,000	$180,000	$60,000
8	$350,000	$350,000	$150,000	$50,000
9/10	$210,000	$210,000	$90,000	$30,000
11	$280,000	$280,000	$120,000	$40,000

RFP respondents may ask for funds up to the regional amount available in the region(s) proposed to be served.

DSHS reserves the right to modify regional allocations if it is in the best interest of the State to do so.

Title V funds will be awarded to provide services to persons on an individual basis as follows:

- Title V Child Health Services: screening and eligibility determination, direct clinical services, laboratory services, Title V CPW case management services for infants, and appropriate referrals as necessary.
- Title V Child Dental Services: screening and eligibility determination, direct dental services, and appropriate referrals as necessary.
- Title V Prenatal Medical Services: screening and eligibility determination, direct clinical services, laboratory services, Title V CPW case management, coordination with the CHIP Perinatal Program and appropriate referrals as necessary.
- Title V Prenatal Dental Services: screening and eligibility determination, direct dental services, and appropriate referrals as necessary.

Only specified allowable services are reimbursed through established rates (see FORMS B-4, B-5, C-4 and C-5).

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds must not be used to supplant local, state, or federal funds.

Contractors must ensure that all funds awarded are utilized for child health and dental and prenatal medical and dental services. To prevent underutilization of funds, DSHS reserves the right to process amendments to reduce contract amounts for re-allocation if it is determined that the contractor cannot reasonably utilize all funds initially awarded.

Reimbursement for Title V Services

Information concerning FY2014 Title V fee for services reimbursement rates can be found at: http://www.dshs.state.tx.us/chscontracts/default.shtm

E. Schedule of Events

1.	Issue the RFP by posting to the Electronic State Business Daily (ESBD)	03/21/2013
2.	Deadline for Submitting Questions	04/03/2013
3.	Post Answers to Questions to the ESBD	04/10/2013
4.	Deadline for Submission of Proposals	05/01/2013
5.	Post Final Awards to the ESBD	08/31/2013
6.	Mail/Email Contract(s) to Awarded Respondent(s) for Signature	08/01/2013
7.	Anticipated Contract Begin Date	09/01/2013

DSHS reserves the right to change the dates shown above without notice.

II. PROGRAM INFORMATION

A. Program Background

Through Title V of the Social Security Act (SSA) of 1935, the federal government pledged to support state efforts to ensure the health of all mothers and children. In 1981, the Maternal and Child Health Services (MCH) Block Grant was created under Title V to further improve the health of mothers, women of childbearing age, infants, children, adolescents, and children with special health care needs (CSHCN). In Texas, the MCH Title V Block Grant is administered by the Department of State Health Services (DSHS). Title V funding is used to address the following areas, including, but not limited to:

- Significantly reducing infant mortality;
- Providing comprehensive care for women before, during, and after pregnancy and childbirth;
- Providing preventive and primary care services for infants, children, and adolescents; and
- Providing comprehensive care for CSHCN.

Systems of care are designed to be family-centered, comprehensive, coordinated and community-based.

The MCH Title V Block Grant requires states to match funding with general revenue at a level equal to at least the amount that had been dedicated to MCH programs in Federal Fiscal Year 1989. This requirement is referred to as the state's "maintenance of effort."

B. Legal Authority

DSHS is authorized to enter into contracts through Texas Health and Safety Code, Chapter 1001.

Federal: Title V of the Social Security Act (1935)

Within Texas, the MCH Title V Block Grant operates within a framework articulated by the Texas Legislature, the Health and Human Services Commission, and DSHS. The state health department, now known as DSHS, has administered Title V programs since the 1930s.

C. Program Requirements

Contractors shall be required to provide documentation that their registered nurses who perform child health exams following the Texas Health Steps periodicity schedule have completed the online Texas Health Steps module entitled "Overview of Best Practices and Children's Services" within 90 days of contract execution. As staff attrition occurs, new direct care staff are required to complete the module within 90 days of hire. This module is located at: http://txhealthsteps.com/. Free Continuing Education (CE) credits are available for the completion of this and other Texas Health Steps modules.

Contractors and their subcontractors shall:

- Identify, define, and prioritize specific interventions addressing the specific health care needs of the community;
- Ensure ongoing community involvement in the planning, implementation, and evaluation of the program;
- Ensure involvement of representatives of the cultural, racial, ethnic, gender, economic, and linguistic diversities within the community;
- Provide adequate automation systems to ensure direct communication with DSHS;
- Show evidence of new hire and annual periodic orientation of all staff to Title V concepts, and revisions as applicable to their job descriptions;
- Notify DSHS of any issues, concerns, or questions regarding Title V services;
- Establish and implement eligibility, clinical, reporting, and billing systems for Title V;
- Work with other local, state, and federal entities in the community to develop a network of complementary services;
- Screen all participants with an approved screening process and refer to other programs/funding sources as appropriate. Failure to adequately screen is deemed as unsatisfactory performance and may result in defunding;
- Screen for identification of mental health, substance abuse and family violence issues;
- Develop and maintain a referral system with effective follow-up;
- Develop a working relationship with other programs to ease the referral process for clients;
- Comply with eligibility, clinical, reporting, and billing mandates outlined in the policy and procedure manual; and
- Work in collaboration with DSHS to improve performance deemed unsatisfactory.

D. Scope of Work

Title V Child Health Services

Title V Child Health Services include preventive and primary child health care for children and adolescents from birth through the 21st year. Additionally, case management services are provided to children from birth to one year through Title V Children and Pregnant Women (Title V CPW) case management. Title V Child Health Services include screening and eligibility determination, direct clinical services, laboratory services, and appropriate referrals as necessary. Eligible clients must have a gross family income at or below 185% of the adopted Federal Poverty Level (FPL), must be Texas residents, and must not be eligible for Medicaid, Children's Health Insurance Program (CHIP), or other programs/benefits providing the same services.

Contractors are reimbursed on a fee for service basis using established reimbursement rates. Specific requirements related to the provision of Title V Child Health Services are found in the DSHS Policies and Procedures Manual for the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

Title Office of Title V and Family Health is offering limited dental services supporting the oral health goals of Healthy People 2020 Oral Health and the Office of Women's Oral Health.

Laboratory Services

Selected laboratory services are available through Title V Child Health Services. Contractors will send the laboratory tests to the lab of providers' choice. Newborn screening test, mandated by law, will be the only test required to be sent to the Austin DSHS laboratory. Contractors are required to follow the guidelines included in the "Laboratory Services Chapter" of the DSHS Policies and Procedures Manual for the Title V Child Health and Dental Fee for Service and the Title V Prenatal Fee for Service. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

Title V Child Dental Services

Healthy People 2020 oral health goals include:

1. OH-1 Reduce the proportion of children and adolescents who have dental caries experience in their primary or permanent teeth
    1. OH-1.1 Reduce the proportion of young children aged 3-5 years with dental caries experience in their primary teeth
2. OH-2 Reduce the proportion of children and adolescents with untreated dental decay
    1. OH-2.1 Reduce the proportion of young children aged 3-5 years with untreated dental decay in their primary teeth
3. OH-7 Increase the proportion of children, adolescents, and adults who used the oral health system in the past 12 months

Title V Child Dental Services include preventive and primary dental care for children and adolescents from birth through the 21st year. Title V Child Dental Services include screening and eligibility determination, direct dental services, and appropriate referrals

as necessary. Eligible clients must have a gross family income at or below 185% of the adopted Federal Poverty Level (FPL), must be Texas residents, and must not be eligible for Medicaid, Children's Health Insurance Program (CHIP), or other programs/benefits providing the same services.

Contractors are reimbursed on a fee for service basis using established reimbursement rates. Specific requirements related to the provision of Title V Child Dental Services are found in the DSHS Policies and Procedures Manual for the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

Title V Prenatal Medical Services

Title V Prenatal Medical Services include direct health care services to pregnant women of all ages. Title V Prenatal Medical Services includes screening and eligibility determination, direct clinical services, laboratory services, Title V CPW case management, and appropriate referrals as necessary. Eligible clients must have a gross family income at or below 185% of the adopted FPL, must be Texas residents, and must not be eligible for Medicaid, CHIP Perinatal, or other programs/benefits providing the same services.

Title V Prenatal Medical and the CHIP Perinatal Program will run concurrently. A maximum of two clinical prenatal care visits will be allowed for women who are in the process of applying for and enrolling in the CHIP Perinatal Program. Providers will be required to inform, encourage, and assist pregnant women in the CHIP Perinatal Program application process.

Title V Prenatal Medical Contractors shall be enrolled as CHIP Perinatal providers. Contractors currently not enrolled as a CHIP Perinatal provider, must have a mechanism in place for prenatal care benefits to be coordinated with existing CHIP Perinatal providers in the areas served.

Contractors are reimbursed on a fee for service basis using established reimbursement rates. Specific requirements related to the provision of Title V Prenatal Medical Services are found in the DSHS Policies and Procedures Manual for the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

As a compliment to Title V Child Health and Prenatal Medical Services, Title V CPW case management services are available to assist certain high risk clients to access medical, social, educational, and other types of critical services. A Title V client is eligible for these services if he/she is:

- a woman of any age with a high-risk pregnancy;
- a child, birth through one year of age, with a health condition and/or health risk,
- in need of services to prevent illness(es) or medical condition(s), to maintain function, or slow further deterioration; and
- desires case management.

Title V CPW case management services are based on the Medicaid Children and Pregnant Women model. In order to provide and bill for Title V CPW services, providers must be Medicaid CPW providers, must have registered and completed the DSHS CPW training, and must have a CPW case manager on staff. Information about the required training is available online at http://www.dshs.state.tx.us/caseman/default.shtm.

Laboratory Services

Selected laboratory services are available through Title V Prenatal Medical Services. Contractors will send the laboratory tests to the lab of providers' choice. Newborn screening test, mandated by law, will be the only test required to be sent to the Austin DSHS laboratory. Contractors are required to follow the guidelines included in the "Laboratory Services Chapter" of the DSHS Policies and Procedures Manual for the Title V Child Health and Dental Fee for Service and the Title V Prenatal Fee for Service. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

Title V Prenatal Dental Services

Healthy People 2020 Oral Health Goals goals:

1. OH-3.1 Reduce the proportion of adults aged 35-44 years with untreated dental decay
2. OH-4.1 Reduce the proportion of adults aged 45-64 who have ever had a permanent tooth extracted because of dental caries or periodontitis (gum disease)
3. OH-7 Increase the proportion of children, adolescents, and adults who used the oral health system in the past 12 months
4. OH-10 Increase the proportion of local health departments and Federally Qualified Health Centers (FQHCs) that have an oral health component
5. OH-14 Increase the proportion of adults who receive preventive interventions in dental offices

    OH-14.1 Increase the proportion of adults who received information from a dentist or dental hygienist focusing on reducing tobacco use or smoking cessation in the past year

    1. OH-14.2 Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year
    2. OH-14.3 Increase the proportion of adults who are tested or referred for glycemic control from a dentist or dental hygienist in the past year

Office of Women's Oral Health Goals is to encourage prenatal and emphasis on the importance of oral health for the health of the baby. This can be supported and realized through preventive and primary dental care of the pregnant woman with the following goals:

1. Decrease the transmission of decay causing bacteria from the mother to the infant

2. Decrease the inflammatory mediators associated with gum (periodontal) disease (periodontitis) that are the same inflammatory mediators found in diabetes, cardiovascular disease, and arthritis and impact the ability to effectively treat these conditions during pregnancy and post-partum
3. Reduce the bacterial load within the pregnant woman's mouth
4. Restore the pregnant woman's mouth to function to allow adequate nutritional intake to support healthy development of the fetus and infant

Title V Prenatal Dental Services include dental services to pregnant women of all ages up to three months post-partum. Title V Prenatal Dental Services includes screening and eligibility determination, dental services, and appropriate referrals as necessary. Eligible clients must have a gross family income at or below 185% of the adopted FPL, must be Texas residents, and must not be eligible for other programs/benefits providing the same services.

Title V Prenatal Dental and the CHIP Perinatal Program and Medicaid for prenatal services will run concurrently. During the first dental visit, providers will ensure that the woman is or will receive prenatal services via Medicaid, CHIP Perinatal, or Title V. Post-partum dental services may continue up to three months following the delivery.

Contractors are reimbursed on a fee for service basis using established reimbursement rates. Specific requirements related to the provision of Title V Prenatal Dental Services are found in the DSHS Policies and Procedures Manual for the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal. The manual may be found online at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm.

Contractors are required to conduct project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to nondiscrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at: http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml.

Upon request, a contractor must provide the HHSC Civil Rights Office with copies of all the contractor's civil rights policies and procedures. Contractors must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A contractor must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the contractor's programs, benefits or activities on the basis of national origin and must take reasonable steps to provide services and information both orally and in writing. Contractors must communicate in languages other

than English in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Contractors must comply with Executive Order 13279 and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

Contractors are required to conduct project activities in accordance with the most recent *DSHS Standards for Public Health Clinic Services* and the DSHS Policies and Procedures Manual for the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal located at: http://www.dshs.state.tx.us/mch/fee/pandp.shtm. Contractors may obtain a copy of the most recent *DSHS Standards for Public Health Clinic Services* which is posted on the DSHS website at: http://www.dshs.state.tx.us/qmb/dshsstndrds4clinicservs.pdf.

DSHS reserves the right to modify the Statement of Work of the contract and to incorporate Special Provisions into contracts awarded under this RFP.

The Department of State Health Services (DSHS) Title V Fee-for-Service program is developing a new online eligibility and claims payment system. The ultimate goal of this new electronic system is to enhance and improve the quality of work shared between your organization and DSHS, allow quicker payments, allow faster and more efficient communication, as well as increased accuracy in review and approval of client service support. DSHS anticipates that the new system will be operational on or around September 1, 2014.

Respondents to this RFP will be required to use the new DSHS screening, billing and reporting system to bill for services. Until the system is operational, contractors will bill using a Microsoft Excel monthly voucher.

III. PROCUREMENT REQUIREMENTS

A. RFP Point of Contact

For purposes of **submitting questions** concerning this RFP, the only contact is ***Blanca Flores*** unless otherwise delegated by the Client Services Contracting Unit (CSCU) Director. All communications concerning this RFP must be submitted by e-mail (preferred), mail, hand-delivery, or fax to:

Mailing Address for Regular Mail:
Blanca Flores
Ref: RFP# CHS/TV-0554.1
Client Services Contracting Unit MC 1886
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347

Physical
Ref: **Address for Overnight Mail or hand-delivery:**
Blanca Flores
RFP# CHS/TV-0554.1
Client Services Contracting Unit MC 1886
Department of State Health Services
1100 W. 49th Street, Room T-502
Austin, Texas 78756

Phone and Fax Numbers:
512/776-7470 phone
512776- 7351 fax

CSCU Contact Email: *blanca.flores@dshs.state.tx.us*

Employees and representatives of DSHS other than Blanca Flores are not permitted to answer questions or otherwise discuss the contents of the RFP with any respondents or potential respondents or their representatives. Failure to observe this restriction may result in disqualification of this or other subsequent proposals. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Written inquiries or questions about this RFP must be received no later than the date specified in Section I.E. Schedule of Events by **12:00 p.m. noon *Central Daylight Saving Time (CDST).*** Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by e-mail (preferred), mail, hand-delivery, or fax to the addresses or numbers above.

All questions and answers will be posted on the *Electronic State Business Daily* (ESBD) website at: *http://esbd.cpa.state.tx.us.* Postings may be made as questions are answered; however, all questions will be answered and posted no later than 5:00 P.M. ***CDST*** on the date specified in Section I E. Schedule of Events.

It is the responsibility of interested parties to periodically check the ESBD for updates to the procurement prior to submitting a bid. The Respondent's failure to periodically check the ESBD will in no way release the selected vendor from "addenda or additional information" resulting in additional costs to meet the requirements of the RFP.

Below are steps to navigate the ESBD website to view all documents posted related to this RFP including questions and answers. If you know the Agency Requisition number, skip to 1. c.

1. On the ESBD page, under the Browse heading:
    a. For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
    b. For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
    c. In the Agency Requisition Number field, type "CHS/TV-0554.1".
    d. Leave the NIGP Class – Item Number field blank.
    e. For the Order Results By field, select your preference from the pull down menu.
    f. Click the GO button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
3. Click on the appropriate document or bid package to see the file.

CSCU is the point of contact with regard to all procurement and contractual matters relating to the services described herein prior to the award of any contract(s) as a result of this RFP. CSCU is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this RFP.

B. Proposal Due Date

The proposal must be received on or before **2:00 P.M. CDST** on the date specified in Section I.E. Schedule of Events.

C. Submission

The original proposal, six (6) additional hard copies, and one (1) electronic copy on a compact disc must be submitted on or before the due date to the RFP Point of Contact at the address specified in Section I, Part III. A. RFP Point of Contact. DSHS will not accept proposals by fax or e-mail. The original proposal and all copies (hard and electronic) must include any additional documents or appendices that make up the response.

If a proposal is sent by overnight mail or hand-delivered to the DSHS address above, the respondent should request a receipt at the time of delivery to verify the proposal was received on or before the proposal due date and time. **Hand-delivered proposals must be delivered to the room number identified in Section I, Part III. A. RFP Point of Contact**.

If a proposal is mailed, it is considered as meeting the deadline if it is mailed/delivered to the correct address as reflected in Section I, Part III. A. RFP Point of Contact and received by DSHS on or before the due date and time.

Respondents sending proposals by the United States Postal Service or commercial delivery services must ensure the carrier will be able to guarantee delivery of the proposal by the due date and time. DSHS may make exceptions only for natural disasters or catastrophes in the affected area as determined by DSHS. The respondent must submit to the RFP contact proper documentation that reflects the above exceptions before DSHS can consider the proposal as having been received by the deadline. It is the respondent's responsibility to ensure timely delivery of the proposal as required by this RFP.

Proposals that do not meet the above criteria will not be eligible for competition.

IV. PROPOSAL SCREENING AND EVALUATION

Proposals will be reviewed according to the criteria below. To maximize fairness for all proposals during review, DSHS staff may only confirm receipt of a proposal and are not permitted to discuss the proposal or its review during the review process. All proposals remain with DSHS and will not be returned to the respondent.

A. Screening Process

Proposals are initially screened for eligibility and completeness. The required preliminary screening or eligibility criteria include:

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A-1. Face Page.
3. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Note to All Respondents: Texas law provides that a proposal submitted in response to this RFP that does not contain a HUB subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**
4. Form A-3: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.
5. Respondent may not submit more than one proposal in response to this RFP.

In conducting the screening process, DSHS at its sole discretion may give respondents an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

DSHS reserves the right to waive irregularities that DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

B. Evaluation Process

Proposals that successfully pass the initial screening will be evaluated by an evaluation team consisting of DSHS staff, using the standard evaluation criteria and scoring values as outlined below.

Successful respondents shall achieve a score of at least 64 points for Title V Child Health & Child Dental Services and 64 points for Title V Prenatal Medical and Prenatal Dental Services. Proposals with a score less than indicated above may not be considered. Not all respondents who are deemed eligible to receive funds are assured of receiving an award.

In the event an item of noncompliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion may give all respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

C. Evaluation Criteria

The proposal sections will be weighted as follows:

Form	Proposal Components	Title V Child Health & Dental Services Points	Title V Prenatal Medical & Dental Services Points
	Readiness Criteria		
A-8	Respondent Site Readiness	15	15
A-10	Respondent Background	12	12
B-2. C-	Service Delivery	5	5

2	Plan		
	Scoring Criteria		
A-11	Assessment Narrative	20	20
B-2, C-2	Service Delivery Plan	40	40
	Total Possible Points per Program	92	92
	Minimum Number of Points to be Funded	64	64

DSHS reserves the right to perform on-site and/or desk reviews for respondents scoring low on any portion of the readiness component of this RFP. If DSHS determines that the respondent is not sufficiently ready to perform, then DSHS reserves the right not to enter into a contract with the respondent.

D. Selection, Negotiation, and Award

Proposals will be reviewed according to the criteria described in this RFP. Funding award decisions will be based on:

- available funds,
- respondent scores,
- respondent readiness,
- an allocation methodology based on regional data that considers total population figures and the health and/or socioeconomic disparity of the populations to be served, as relevant to the proposed Statement of Work,
- demonstration by the respondent of the ability to provide services to a population in need as described in the Assessment Narrative (Form A-11) and the Service Delivery Plan (Form B-2 and Form C-2),
- the best interest of the State in providing services, and access to services under this RFP, and
- is at the sole discretion of DSHS. RFP respondents may ask for funds up to the amount available in each of the region(s) proposed to be served. Not all respondents who are deemed eligible to receive funds are assured of receiving an award.

The final funding amount and the provisions of the contract will be determined at the sole discretion of DSHS staff.

Any exceptions to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, sought by the respondent must be specifically detailed in writing by the respondent on Form A-4: Exception Form in this proposal and submitted to DSHS for consideration. DSHS will accept or reject each proposed exception. DSHS will not consider exceptions submitted separately from the respondent's proposal or at a later date.

DSHS will enter into negotiations with one or more of the top scorers in each region. Respondents selected for contract negotiations will be contacted by DSHS staff to negotiate the proposed funding amounts, request revisions necessary to the budget and any other forms, and to confirm readiness. Respondents will have a set amount of time in which to make revisions and return revised documents to DSHS, in order to be considered for an award. Respondents failing to meet prescribed deadlines will not be awarded a contract. If negotiations and needed revisions are acceptable to DSHS, DSHS at its sole discretion may enter into contract(s) with respondent(s).

CSCU will post to the ESBD a list of respondents whose proposals are selected for **final** award ***after successful negotiations***. This posting does not constitute DSHS's agreement with all the terms of any respondent's proposal and does not bind DSHS to enter into a contract with any respondent whose proposal is posted.

V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.
2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of DSHS's review through contact with any Commissioner or staff member of DSHS or other Texas health and human services agency will result in rejection of the proposal.
3. Any material misrepresentation in proposals submitted to DSHS will result in rejection of the proposal.
4. Form A-3: Administrative Information. Information supplied on this form will be used in the screening, evaluation, and/or rejection of any proposal.
5. Proposals may be rejected for failure to meet screening criteria or respondent eligibility criteria.

B. Right to Amend or Withdraw RFP

DSHS reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of DSHS and the State of Texas. The decision of DSHS is administratively final. Amendment or withdrawal of the RFP will be posted to the ESBD.

C. Authority to Bind DSHS

For the purposes of this RFP, the Commissioner of DSHS, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, CSCU Director, or the employee designated through the commissioner's directive relating to line of authority (CD-2005.02) to act in place of one of those employees, is granted the signature responsibility of that employee and are the only individuals who may legally commit DSHS to the expenditure of public funds under the contract. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

D. Financial and Administrative Requirements

General Provisions

1. All contractors under this RFP must comply with the *DSHS General Provisions* posted on the ESBD with this RFP. The General Provisions are also located at: http://www.dshs.state.tx.us/grants/gen-prov.shtm.

   Respondent is not required to return the General Provisions or DSHS Assurances and Certifications with their proposal. By signing the Form A-1: Face Page, respondent is agreeing to abide by the referenced general provisions and DSHS Assurances and Certifications.

2. All contractors must comply with the cost principles, audit requirements, and administrative requirements.

Additional requirements on basic accounting and financial management systems are found in *DSHS Contractor Financial Procedures Manual.* Copies of the procedures manual are available online at http://www.dshs.state.tx.us/contracts/docs/cfpm.doc. *OMB Circulars* may be found at: http://www.whitehouse.gov/omb/circulars/.

All DSHS contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each DSHS contract and/or program attachment and will record expenditures by the budget cost categories in the approved budget for a cost reimbursement program attachment. This requires establishing within the chart of accounts and general ledger,a separate set of accounts for each program attachment. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

Additional requirements on basic accounting and financial management systems are found in DSHS General Provisions, Allowable Costs and Audit Requirements and the DSHS Contractor Financial Procedures Manual. Copies of the procedures manual are available online at http://www.dshs.state.tx.us/contracts/cfpm.shtm. OMB Circulars may be found at http//www.whitehouse.gov/omb/circulars. Internet links to laws and regulations applicable to the financial and administrative requirements of grants and sub grants are provided below.

Circulars (CFRs):http://www.whitehouse.gov/omb/grants/grants_circulars.html

Federal agency common rules: http://www.whitehouse.gov/omb/grants/chart.html

Code of Federal Regulations: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Uniform Grant Management Standards:
http://governor.state.tx.us/files/state-grants/UGMS062004.doc

Federal Department of Health and Human Services, Grants Policy Statement: http://www.hhs.gov/grantsnet/adminis/gpd/

E. Contracting with Subcontractors and/or Vendors

The selected contractor may enter into contracts with subrecipient subcontractors or procurement contracts with vendors on a limited basis with the funds provided by this RFP. Subcontracts may be used to augment contractor's capacity to perform Title V prenatal services.

Contracts with subrecipients or procurement contracts with vendors must be in writing. These contracts are subject to the requirements of the primary contract and shall comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Department of State Health Services Grant Contracts. The contract general

provisions are available online at http://www.dshs.state.tx.us/grants/docs.shtm.

If a respondent plans to enter into a contract in which a subrecipient or vendor will receive a substantial portion of the scope of the project, i.e., $25,000 or 25 percent of the respondent's funding request, whichever is greater, the respondent shall submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.

F. DSHS Historically Utilized Business Participation

In accordance with Texas Government Code **§2161.252**, a proposal that does not contain a HUB Subcontracting Plan (HSP) Attachment ____ is non-responsive and will be rejected without further evaluation. In addition, if DSHS determines that the HSP was not developed in good faith, it will reject the proposal for failing to comply with material RFP specifications.

1. Introduction

DSHS is committed to promoting full and equal business opportunities for businesses in state contracting in accordance with the goals specified in the State of Texas Disparity Study. HHSC encourages the use of Historically Underutilized Businesses (HUBs) through race, ethnic and gender-neutral means. DSHS has adopted administrative rules relating to HUBs, and a Policy on the Utilization of HUBs, which is located on DSHS's website.

Pursuant to Texas Government Code §2161.181 and §2161.182, and DSHS's HUB policy and rules, DSHS is required to make a good faith effort to increase HUB participation in its contracts. DSHS may accomplish the goal of increased HUB participation by contracting directly with HUBs or indirectly through subcontracting opportunities.

2. DSHS's Administrative Rules

DSHS has adopted the CPA's HUB rules as its own. DSHS's rules are located in Title 25, Part 1, Chapter 1, Subchapter N of the Texas Administrative Code, and the CPA rules are located in Title 34, Part 1, Chapter 20, Subchapter B. If there are any discrepancies between DSHS's administrative rules and this RFP, the rules shall take priority.

3. Statewide Annual HUB Utilization Goal

The CPA has established statewide HUB participation goals for different categories of contracts in 34 T.A.C. §20.13. In order to meet or exceed the HUB participation goals, DSHS encourages outreach to certified HUBs. Contractors shall make a good faith effort to include certified HUBs in the procurement process.

This contract is classified as an ___Other Services___ _____ contract under

the CPA rule, and therefore has a HUB Annual Procurement Utilization Goal of __24.6_%_ per fiscal year.

4. Required HUB Subcontracting Plan

In accordance with Government Code, Chapter 2161, Subchapter F, each state agency that considers entering into a contract with an expected value of $100,000 or more over the life of the contract (including any renewals) shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

In accordance with 34 T.A.C. §20.14(a) (1) (C) of the HUB Rules. State agencies may determine that subcontracting is probable for only a subset of the work expected to be performed or the funds to be expended under the contract. If an agency determines that subcontracting is probable on only a portion of a contract, it shall document its reasons in writing for the procurement file.

DSHS has determined that subcontracting opportunities are probable for this RFP. As a result, the respondent must submit an HSP with its proposal. The HSP is required whether a respondent intends to subcontract or not.

In the HSP, a respondent must indicate whether it is a Texas certified HUB. Being a certified HUB does not exempt a respondent from completing the HSP requirement.

DSHS shall review the documentation submitted by the respondent to determine if a good faith effort has been made in accordance with solicitation and HSP requirements. During the good faith effort evaluation, DSHS may, at its discretion allow revisions necessary to clarify and enhance information submitted in the original HSP.

If DSHS determines that the respondent's HSP was not developed in good faith, the HSP will be considered non-responsive and will be rejected as a material failure to comply with advertised specifications. The reasons for rejection shall be recorded in the procurement file.

5. CPA Centralized Master Bidders List

Respondents may search for HUB subcontractors in the CPA's Centralized Master Bidders List (CMBL) HUB Directory, which is located on the CPA's website at http://www2.cpa.state.tx.us/cmbl/cmblhub.html. For this procurement, DSHS has identified the following class and item codes for potential subcontracting opportunities:

NIGP Class/Item Code: 948-48

Respondents are not required to use, nor limited to using, the class and item codes

identified above, and may identify other areas for subcontracting.

DSHS does not endorse, recommend nor attest to the capabilities of any company or individual listed on the CPA's CMBL. The list of certified HUBs is subject to change, so respondents are encouraged to refer to the CMBL often to find the most current listing of HUBs.

6. HUB Subcontracting Procedures – If a Respondent Intends to Subcontract

A HSP must demonstrate that the respondent made a good faith effort to comply with DSHS's HUB policies and procedures. The following subparts outline the items that DSHS will review in determining whether an HSP meets the good faith effort standard. A respondent that intends to subcontract must complete the HSP to document its good faith efforts.

For step-by-step audio/video instructions on how to complete the HSP, you may also visit the CPA's website at:
http://www.cpa.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/.

6.1 Identify Subcontracting Areas and Divide Them into Reasonable Lots

A respondent should first identify each area of the contract work it intends to subcontract. Then, to maximize HUB participation, it should divide the contract work into reasonable lots or portions, to the extent consistent with prudent industry practices.

6.2 Notify Potential HUB Subcontractors

The HSP must demonstrate that the respondent made a good faith effort to subcontract with HUBs. The respondent's good faith efforts shall be shown through utilization of all methods in conformance with the development and submission of the HSP and by complying with the following steps:

6.2.1. Divide the contract work into reasonable lots or portions to the extent consistent with prudent industry practices. The respondent must determine which portions of work, including goods and services, will be subcontracted.

6.2.2. Use the appropriate method(s) to demonstrate good faith effort. The respondent can use either method(s) 1, 2, 3, or 4:

6.3 Method 1: Respondent Intends to Subcontract with only HUBs:

The respondent must identify in the HSP the HUBs that will be utilized and submit written documentation that confirms 100% of all available subcontracting opportunities will be performed by one or more HUBs; or,

6.4 Method 2: Respondent Intends to Subcontract with HUB Protégé(s):

The respondent must identify in the HSP the HUB protégé'(s) that will be utilized andshould:

- Include a fully executed copy of the Mentor Protégé Agreement, which must be registered with the CPA prior to submission to DSHS; and
- Identify areas of the HSP that will be performed by the protégé

DSHS will accept a Mentor Protégé Agreement that has been entered into by a respondent (Mentor) and a certified HUB (protégé) in accordance with Texas Government Code §2161.065. When a respondent proposes to subcontract with a protégé(s), it does not need to provide notice to 3 HUB vendors for that subcontracted area.

Participation in the Mentor Protégé Program, along with submission of a protégé as a subcontractor in an HSP, constitutes a good faith effort for the particular area subcontracted to the protégé, or,

6.5 Method 3: Respondent Intends to Subcontract with HUBs and Non-HUBs (Meet or Exceed the Goal):

The respondent must identify in the HSP and submit written documentation that one or more HUB subcontractors will be utilized; and that the aggregate expected percentage of subcontracts with HUBs will meet or exceed the goal specified in this solicitation. When utilizing this method, only HUB subcontractors that has existing contracts with the respondent for five years or less may be used to comply with the good faith effort requirements.

When the aggregate expected percentage of subcontracts with HUBs meets or exceeds the goal specified in this solicitation, respondents may also use non-HUB subcontractors; or,

6.6 Method 3: Respondent Intends to Subcontract with HUBs and Non-HUBs (Does Not Meet or Exceed the Goal):

The respondent must identify in the HSP and submit documentation regarding both of the following requirements:

- written notification to minority or women trade organizations or development centers to assist in identifying potential HUBs of the subcontracting opportunities the respondent intends to subcontract.

  Respondents must give minority or women trade organizations or development centers at least seven (7) working days prior to submission of the respondent's response for dissemination of the subcontracting opportunities to their members. A list of minority and women trade organizations is located on DSHS's website under the Minority and Women Organization link.

- written notification to at least three (3) HUB businesses of the subcontracting opportunities that the respondent intends to subcontract. The written notice must

be sent to potential HUB subcontractors prior to submitting proposals and must include:

- a description of the scope of work to be subcontracted;
- information regarding the location to review project plans or specifications;
- information about bonding and insurance requirements;
- required qualifications and other contract requirements; and
- a description of how the subcontractor can contact the respondent.

Respondents must give potential HUB subcontractors a reasonable amount of time to respond to the notice, at least seven (7) working days prior to submission of the respondent's response unless circumstances require a different time period, which is determined by the agency and documented in the contract file;

Respondents must also use the CMBL, the HUB Directory, and Internet resources when searching for HUB subcontractors. Respondents may rely on the services of contractor groups; local, state and federal business assistance offices; and other organizations that provide assistance in identifying qualified applicants for the HUB program.

Written Justification of the Selection Process

DSHS will make a determination if a good faith effort was made by the respondent in the development of the required HSP. One or more of the methods identified in the previous sections may be applicable to the respondent's good faith efforts in developing and submission of the HSP. DSHS may require the respondent to submit additional documentation explaining how the respondent made a good faith effort in accordance with the solicitation.

A respondent must provide written justification of its selection process if it chooses a non-HUB subcontractor. The justification should demonstrate that the respondent negotiated in good faith with qualified HUB bidders, and did not reject qualified HUBs who were the best value responsive bidders.

6.7 Method 4: Respondent Does Not Intend to Subcontract

When the respondent plans to complete all contract requirements with its own equipment, supplies, materials and/or employees, it is still required to complete an HSP.

The respondent must complete the "Self Performance Justification" portion of the HSP, and attest that it does not intend to subcontract for any goods or services, including the class and item codes identified in Section 4.5. In addition, the respondent must identify the sections of the proposal that describe how it will complete the Scope of Work using its own resources or provide a statement explaining how it will complete the Scope of Work using its own resources. The respondent must agree to comply with the following if requested by DSHS:

- provide evidence of sufficient respondent staffing to meet the RFP requirements;
- provide monthly payroll records showing the respondent staff fully dedicated to the contract;
- allow DSHS to conduct an on site review of company headquarters or work site where services are to be performed and,
- provide documentation proving employment of qualified personnel holding the necessary licenses and certificates required to perform the Scope of Work.

7.Post-award HSP Requirements

The HSP shall be reviewed and evaluated prior to contract award and, if accepted, the finalized HSP will become part of the contract with the successful respondent(s).

After contract award, DSHS will coordinate a post-award meeting with the successful respondent to discuss HSP reporting requirements. The contractor must maintain business records documenting compliance with the HSP, and must submit monthly subcontract reports to DSHS by completing the HUB "Prime Contractor Progress Assessment Report." This monthly report is required as a condition for payment to report to the agency the identity and the amount paid to all subcontractors.

As a condition of award the Contractor is required to send notification to all selected subcontractors as identified in the accepted/approved HSP. In addition, a copy of the notification must be provided to the agency's Contract Manager and/or HUB Program Office within 10 days of the contract award.

DSHS's UTCs outline the procedures for changing the HSP, as well as the HSP compliance and reporting requirements. All changes to the approved HSP require prior DSHS approval. In general, if the contractor decides to subcontract any part of the contract after the award, it must follow the good faith effort procedures outlined in Section 4.6 of this RFP (e.g., divide work into reasonable lots, notify at least three (3) vendors per subcontracted area, provide written justification of the selection process, or participate in the Mentor Protégé Program).

For this reason, DSHS encourages respondents to identify, as part of their HSP, multiple subcontractors who are able to perform the work in each area the respondent plans to subcontract. Selecting additional subcontractors may help the selected contractor make changes to its original HSP, when needed, and will allow DSHS to approve any necessary changes expeditiously.

Failure to meet the HSP and post-award requirements will constitute a breach of contract, and will be subject to remedial actions. DSHS may also report noncompliance to the CPA in accordance with the CPA's Rules, §20.105 (relating to Debarment) and §20.106 (relating to Procedures for Investigations and Debarment).

G. Contract Information

DSHS will monitor contractor's expenditures. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditure percentages are below the amount projected and determined by DSHS. DSHS reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

H. Contract Award Protest Policy

Respondents who feel aggrieved in connection with a contract award based on this RFP must submit a written protest according to 25 TAC, §4.1 – Contract Protest, which is located at:
http://info.sos.state.tx.us/pls/pub/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=4&rl=1

The protest should be mailed or faxed to:

Contract Oversight and Support Section
Attention: Protest Coordinator
MAILCODE 1326
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512/458-7202

CONTENT AND PREPARATION

VI. PROPOSAL CONTENT

A. Instructions for Preparation

The proposal should be developed and submitted in accordance with the instructions outlined in this section. The proposal should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and six (6) additional hard copies unbound but secured with binder clips or rubber bands;
- An electronic disc copy must be included in addition to the original and the six (6) hard copies
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point Arial or Times New Roman font on 8 1/2" x 11" paper with 1" margins for text; 10-point font for forms;
- Black print on white paper;
- Blank forms provided in **SECTION II. BLANK FORMS AND INSTRUCTIONS** must be used (electronic reproduction of the forms is acceptable; however, all

forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- Envelope/package containing the proposal must clearly identify the respondent's legal name and mailing address as reflected on Form A-1: Face Page; and
- Envelope/package containing the proposal must clearly identify the name and number of the RFP as reflected on the cover page of this RFP.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form. Attachments requested (i.e., organization chart, Table of Contents from policy manual, etc.) should be included behind the appropriate form or at the back of the response.

The RFP has been structured to minimize the duplication of forms for respondents who may choose to request funding for more than one of the Title V-funded services included in this RFP. The RFP contains three (3) sections:

- **Section I** – provides general information on the funded services as well as guidelines for the RFP response content and preparation.
- **Section II** – contains instructions and the blank forms to be submitted. Section II is divided into three (3) attachments.
    - Attachment A – **ALL respondents are required to complete the forms in this Attachment**. If respondent is requesting more than one Title V funded service, complete Attachment A only one (1) time.
    - Attachment B – respondents must complete the forms in this Attachment if requesting Title V Child Health & Dental Services funding.
    - Attachment C – respondents must complete the forms in this Attachment if requesting Title V Prenatal Medical & Dental Services funding.
- **Section III** - Appendices

To be considered for funding for one or more of the Title V-funded services included in this RFP, respondents must complete all forms in Attachment A and all forms in the respective Attachment associated with the Title V service(s) for which the respondent intends to apply.

B. Confidential Information

The respondent must clearly designate any portion(s) of this proposal that contains confidential information and state the reasons the information should be designated as such. **Marking the entire proposal as confidential will be neither accepted nor honored**. If any information is marked as confidential in the proposal, DSHS will determine whether the requested information may be excepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity or individual for the information marked as confidential, the information will be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Respondents are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, proposals to this RFP are subject to release as public

information unless any proposal or specific parts of any proposal can be shown to be mandated as exempt from disclosure under the Public Information Act, Texas Government Code, Chapter 552.

C. Table of Contents

THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED IN THE FOLLOWING ORDER, AS APPLICABLE:

Section II – Attachment A: All Respondents to complete only one time

Form A-1. Face Page - Proposal for Financial Assistance

Form A-2. Proposal Table of Contents and Checklist

Form A-3. Administrative Information – attach required information

Form A-4. Exemptions Form

Form A-5. Historically Underutilized Businesses (HUBs)

Form A-6. Child Support Certification

Form A-7. Clinic Site(s)

Form A-8. Respondent Site Readiness

Form A-9. Title V Fee for Service Program Assurances

Form A-10. Respondent Background

Form A-11. Assessment Narrative

Section II – Attachment B: Child Health & Dental Services Respondents

Form B-1. Contact Person Information

Form B-2. Service Delivery Plan

Form B-3. Ceiling Request and Performance Measures

Form B-4. Child Health Services and Reimbursement Rates

Form B-5. Child Dental Services and Reimbursement Rates

Section II – Attachment C: Prenatal Medical & Dental Services Respondents

Form C-1. Contact Person Information

Form C-2. Service Delivery Plan

Form C-3. Ceiling Request and Performance Measures

Form C-4. Prenatal Medical Services and Reimbursement Rates

Form C-5. Prenatal Dental Services and Reimbursement Rates

Section II

FORMS

Title V Fee for Services Contracts
Child Health & Child Dental
Prenatal Medical & Prenatal Dental

Request for Proposal
Fiscal Year 2014

Family and Community Health Services Division
Community Health Services Section
Office of Title V & Family Health
Performance Management Unit

RFP #: CHS/TV-0554.1
Issued March 21, 2013
Due May 1, 2013

Section II
Attachment A

Common Forms

To Be Completed by ALL Respondents

Department of State Health Services

FORM A-1: FACE PAGE

Proposal for Financial Assistance – RFP # CHS/TV-0554.1

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION					
1) LEGAL BUSINESS NAME:					
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):				**Check if address change**	☐
3) PAYEE Name and Mailing Address (if different from above):				**Check if address change**	☐
4) Federal Tax ID No. (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) **or Social Security Number** (9 digit) : **DUNS Number**					
The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.					
5) Medicaid Provider Number:		**OR**	**Date Medicaid Application Submitted & TMHP Ticket #:**		
6) TYPE OF ENTITY (check all that apply):					
	☐ City	☐ Nonprofit Organization*	☐ Individual		
	☐ County	☐ For Profit Organization*	☐ FQHC		
	☐ Other Political Subdivision	☐ HUB Certified	☐ State Controlled Institution of Higher Learning		
	☐ State Agency	☐ Community-Based Organization	☐ Hospital		
	☐ Indian Tribe	☐ Minority Organization	☐ Private		
		☐ Faith Based (Nonprofit Org)	☐ Other (specify):		
*If incorporated, provide 10-digit charter number assigned by Secretary of State:					
7) PROPOSED BUDGET PERIOD:	**Start Date:**		**End Date:**		
8) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page per Title V funded service(s).					
9) AMOUNT OF FUNDING REQUESTED	**V-CH & CD: $**				
	V-PM & PD $	**11) PROJECT CONTACT PERSON**			
10) PROJECTED EXPENDITURES	$	Name: Phone: Fax: E-mail:			
Does respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year (excluding amount requested in line 9 above)? ** Yes ☐ No ☐ ***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.*		**12) FINANCIAL OFFICER** Name: Phone: Fax: E-mail:			
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.					
13) AUTHORIZED REPRESENTATIVE	**Check if change** ☐	**14) SIGNATURE OF AUTHORIZED REPRESENTATIVE**			
Name: Title: Phone: Fax: E-mail:		**15) DATE**			

FORM A-1: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

1. **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.

2. **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.

3. **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.

4. **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests. **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving **ANY** federal funds and can be obtained at: http://fedgov.dnb.com/webform
5. **MEDICAID PROVIDER NUMBER OR DATE MEDICAID APPLICATION SUBMITTED** – Enter the Medicaid provider number used by the organization to bill Medicaid. If the organization does not have a Medicaid number, enter the date an application was submitted to obtain a Medicaid number and TMPH Ticket #.

6. **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.
   - HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.
   - MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
   - If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

7. **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.

8. **COUNTIES SERVED BY PROJECT** – Check off counties to be served from the list of Texas counties on Page II-5 (below) and include behind the Face Page per Title V funded service for which you are applying. **Complete Form A-1:B for Title V Child Health & Child Dental Services; Form A-1:C; for Title V Prenatal Medical & Prenatal Dental Services.** Do not write counties on line 8. Do check the counties to be served on the counties list page.
9. **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for each type of funding requested. V-CH & CD (Child Health & Child Dental) amount must match the Grand Total of Form B-3. V-PM & PD (Prenatal Medical & Prenatal Dental) amount must match the Grand Total of Form C-3.
10. **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).

11. **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.

12. **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.

13. **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.

14. **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
15. **DATE** - Enter the date the authorized representative signed this form.

FORM A-1: B Title V Child Health & Child Dental Services, Texas Counties and Regions List in Alphabetical Order

Legal Business Name of Respondent:

COUNTIES SERVED BY PROJECT - This list is provided for item 8, Form A-1: Face Page

Anderson	☐ 4/5N	Culberson	☐ 9/10	Hemphill	☐ 01	Mason	☐ 9/10	Scurry	☐ 2/3
Andrews	☐ 9/10	**-D-**		Henderson	☐ 4/5N	Matagorda	☐ 6/5S	Shackelford	☐ 2/3
Angelina	☐ 4/5N	Dallam	☐ 01	Hidalgo	☐ 11	Maverick	☐ 08	Shelby	☐ 4/5N
Aransas	☐ 11	Dallas	☐ 2/3	Hill	☐ 07	McCulloch	☐ 9/10	Sherman	☐ 01
Archer	☐ 2/3	Dawson	☐ 9/10	Hockley	☐ 01	McLennan	☐ 07	Smith	☐ 4/5N
Armstrong	☐ 01	Deaf Smith	☐ 01	Hood	☐ 2/3	McMullen	☐ 11	Somervell	☐ 2/3
Atascosa	☐ 08	Delta	☐ 4/5N	Hopkins	☐ 4/5N	Medina	☐ 08	Starr	☐ 11
Austin	☐ 6/5S	Denton	☐ 2/3	Houston	☐ 4/5N	Menard	☐ 9/10	Stephens	☐ 2/3
-B-		DeWitt	☐ 08	Howard	☐ 9/10	Midland	☐ 9/10	Sterling	☐ 09
Bailey	☐ 01	Dickens	☐ 01	Hudspeth	☐ 9/10	Milam	☐ 07	Stonewall	☐ 2/3
Bandera	☐ 08	Dimmit	☐ 08	Hunt	☐ 2/3	Mills	☐ 07	Sutton	☐ 9/10
Bastrop	☐ 07	Donley	☐ 01	Hutchinson	☐ 01	Mitchell	☐ 2/3	Swisher	☐ 01
Baylor	☐ 2/3	Duval	☐ 11	**-I-**		Montague	☐ 2/3	**-T-**	
Bee	☐ 11	**-E-**		Irion	☐ 9/10	Montgomery	☐ 6/5S	Tarrant	☐ 2/3
Bell	☐ 07	Eastland	☐ 2/3	**-J-**		Moore	☐ 01	Taylor	☐ 2/3
Bexar	☐ 08	Ector	☐ 9/10	Jack	☐ 2/3	Morris	☐ 4/5N	Terrell	☐ 9/10
Blanco	☐ 07	Edwards	☐ 08	Jackson	☐ 08	Motley	☐ 01	Terry	☐ 01
Borden	☐ 9/10	Ellis	☐ 2/3	Jasper	☐ 4/5N	**-N-**		Throckmorton	☐ 2/3
Bosque	☐ 07	El Paso	☐ 9/10	Jeff Davis	☐ 9/10	Nacogdoches	☐ 4/5N	Titus	☐ 4/5N
Bowie	☐ 4/5N	Erath	☐ 2/3	Jefferson	☐ 6/5S	Navarro	☐ 2/3	Tom Green	☐ 9/10
Brazoria	☐ 6/5S	**-F-**		Jim Hogg	☐ 11	Newton	☐ 4/5N	Travis	☐ 07
Brazos	☐ 07	Falls	☐ 07	Jim Wells	☐ 11	Nolan	☐ 2/3	Trinity	☐ 4/5N
Brewster	☐ 9/10	Fannin	☐ 2/3	Johnson	☐ 2/3	Nueces	☐ 11	Tyler	☐ 4/5N
Briscoe	☐ 01	Fayette	☐ 07	Jones	☐ 2/3	**-O-**		**-U-**	
Brooks	☐ 11	Fisher	☐ 2/3	**-K-**		Ochiltree	☐ 01	Upshur	☐ 4/5N
Brown	☐ 2/3	Floyd	☐ 01	Karnes	☐ 08	Oldham	☐ 01	Upton	☐ 9/10
Burleson	☐ 07	Foard	☐ 2/3	Kaufman	☐ 2/3	Orange	☐ 6/5S	Uvalde	☐ 08
Burnet	☐ 07	Fort Bend	☐ 6/5S	Kendall	☐ 08	**-P-**		**-V-**	
-C-		Franklin	☐ 4/5N	Kenedy	☐ 11	Palo Pinto	☐ 2/3	Val Verde	☐ 08
Caldwell	☐ 07	Freestone	☐ 07	Kent	☐ 2/3	Panola	☐ 4/5N	Van Zandt	☐ 4/5N
Calhoun	☐ 08	Frio	☐ 08	Kerr	☐ 08	Parker	☐ 2/3	Victoria	☐ 08
Callahan	☐ 2/3	**-G-**		Kimble	☐ 9/10	Parmer	☐ 01	**-W-**	
Cameron	☐ 11	Gaines	☐ 9/10	King	☐ 01	Pecos	☐ 9/10	Walker	☐ 6/5S
Camp	☐ 4/5N	Galveston	☐ 6/5S	Kinney	☐ 08	Polk	☐ 4/5N	Waller	☐ 6/5S
Carson	☐ 01	Garza	☐ 01	Kleberg	☐ 11	Potter	☐ 01	Ward	☐ 9/10
Cass	☐ 4/5N	Gillespie	☐ 08	Knox	☐ 2/3	Presidio	☐ 9/10	Washington	☐ 07
Castro	☐ 01	Glasscock	☐ 9/10	**-L-**		**-R-**		Webb	☐ 11
Chambers	☐ 6/5S	Goliad	☐ 08	Lamar	☐ 4/5N	Rains	☐ 4/5N	Wharton	☐ 6/5S
Cherokee	☐ 4/5N	Gonzales	☐ 08	Lamb	☐ 01	Randall	☐ 01	Wheeler	☐ 01
Childress	☐ 01	Gray	☐ 01	Lampasas	☐ 07	Reagan	☐ 9/10	Wichita	☐ 2/3
Clay	☐ 2/3	Grayson	☐ 2/3	La Salle	☐ 08	Real	☐ 08	Wilbarger	☐ 2/3
Cochran	☐ 01	Gregg	☐ 4/5N	Lavaca	☐ 08	Red River	☐ 4/5N	Willacy	☐ 11
Coke	☐ 9/10	Grimes	☐ 07	Lee	☐ 07	Reeves	☐ 9/10	Williamson	☐ 07
Coleman	☐ 2/3	Guadalupe	☐ 08	Leon	☐ 07	Refugio	☐ 11	Wilson	☐ 08
Collin	☐ 2/3	**-H-**		Liberty	☐ 6/5S	Roberts	☐ 01	Winkler	☐ 9/10
Collingsworth	☐ 01	Hale	☐ 01	Limestone	☐ 07	Robertson	☐ 07	Wise	☐ 2/3
Colorado	☐ 6/5S	Hall	☐ 01	Lipscomb	☐ 01	Rockwall	☐ 2/3	Wood	☐ 4/5N
Comal	☐ 08	Hamilton	☐ 07	Live Oak	☐ 11	Runnels	☐ 2/3	**-Y-**	
Comanche	☐ 2/3	Hansford	☐ 01	Llano	☐ 07	Rusk	☐ 4/5N	Yoakum	☐ 01
Concho	☐ 9/10	Hardeman	☐ 2/3	Loving	☐ 9/10	**-S-**		Young	☐ 2/3
Cooke	☐ 2/3	Hardin	☐ 6/5S	Lubbock	☐ 01	Sabine	☐ 4/5N	**-Z-**	
Coryell	☐ 07	Harris	☐ 6/5S	Lynn	☐ 01	San Augustine	☐ 4/5N	Zapata	☐ 11
Cottle	☐ 2/3	Harrison	☐ 4/5N	**-M-**		San Jacinto	☐ 4/5N	Zavala	☐ 08
Crane	☐ 9/10	Hartley	☐ 01	Madison	☐ 07	San Patricio	☐ 11		
Crockett	☐ 9/10	Haskell	☐ 2/3	Marion	☐ 4/5N	San Saba	☐ 07		

FORM A-1: C Title V Child Health & Child Dental Services, Texas Counties and Regions List in Alphabetical Order

Legal Business Name of Respondent:

COUNTIES SERVED BY PROJECT - This list is provided for item 8, Form A-1: Face Page

Anderson	☐ 4/5N	Culberson	☐ 9/10	Hemphill	☐ 01	Mason	☐ 9/10	Scurry	☐ 2/3
Andrews	☐ 9/10	**-D-**		Henderson	☐ 4/5N	Matagorda	☐ 6/5S	Shackelford	☐ 2/3
Angelina	☐ 4/5N	Dallam	☐ 01	Hidalgo	☐ 11	Maverick	☐ 08	Shelby	☐ 4/5N
Aransas	☐ 11	Dallas	☐ 2/3	Hill	☐ 07	McCulloch	☐ 9/10	Sherman	☐ 01
Archer	☐ 2/3	Dawson	☐ 9/10	Hockley	☐ 01	McLennan	☐ 07	Smith	☐ 4/5N
Armstrong	☐ 01	Deaf Smith	☐ 01	Hood	☐ 2/3	McMullen	☐ 11	Somervell	☐ 2/3
Atascosa	☐ 08	Delta	☐ 4/5N	Hopkins	☐ 4/5N	Medina	☐ 08	Starr	☐ 11
Austin	☐ 6/5S	Denton	☐ 2/3	Houston	☐ 4/5N	Menard	☐ 9/10	Stephens	☐ 2/3
-B-		DeWitt	☐ 08	Howard	☐ 9/10	Midland	☐ 9/10	Sterling	☐ 09
Bailey	☐ 01	Dickens	☐ 01	Hudspeth	☐ 9/10	Milam	☐ 07	Stonewall	☐ 2/3
Bandera	☐ 08	Dimmit	☐ 08	Hunt	☐ 2/3	Mills	☐ 07	Sutton	☐ 9/10
Bastrop	☐ 07	Donley	☐ 01	Hutchinson	☐ 01	Mitchell	☐ 2/3	Swisher	☐ 01
Baylor	☐ 2/3	Duval	☐ 11	**-I-**		Montague	☐ 2/3	**-T-**	
Bee	☐ 11	**-E-**		Irion	☐ 9/10	Montgomery	☐ 6/5S	Tarrant	☐ 2/3
Bell	☐ 07	Eastland	☐ 2/3	**-J-**		Moore	☐ 01	Taylor	☐ 2/3
Bexar	☐ 08	Ector	☐ 9/10	Jack	☐ 2/3	Morris	☐ 4/5N	Terrell	☐ 9/10
Blanco	☐ 07	Edwards	☐ 08	Jackson	☐ 08	Motley	☐ 01	Terry	☐ 01
Borden	☐ 9/10	Ellis	☐ 2/3	Jasper	☐ 4/5N	**-N-**		Throckmorton	☐ 2/3
Bosque	☐ 07	El Paso	☐ 9/10	Jeff Davis	☐ 9/10	Nacogdoches	☐ 4/5N	Titus	☐ 4/5N
Bowie	☐ 4/5N	Erath	☐ 2/3	Jefferson	☐ 6/5S	Navarro	☐ 2/3	Tom Green	☐ 9/10
Brazoria	☐ 6/5S	**-F-**		Jim Hogg	☐ 11	Newton	☐ 4/5N	Travis	☐ 07
Brazos	☐ 07	Falls	☐ 07	Jim Wells	☐ 11	Nolan	☐ 2/3	Trinity	☐ 4/5N
Brewster	☐ 9/10	Fannin	☐ 2/3	Johnson	☐ 2/3	Nueces	☐ 11	Tyler	☐ 4/5N
Briscoe	☐ 01	Fayette	☐ 07	Jones	☐ 2/3	**-O-**		**-U-**	
Brooks	☐ 11	Fisher	☐ 2/3	**-K-**		Ochiltree	☐ 01	Upshur	☐ 4/5N
Brown	☐ 2/3	Floyd	☐ 01	Karnes	☐ 08	Oldham	☐ 01	Upton	☐ 9/10
Burleson	☐ 07	Foard	☐ 2/3	Kaufman	☐ 2/3	Orange	☐ 6/5S	Uvalde	☐ 08
Burnet	☐ 07	Fort Bend	☐ 6/5S	Kendall	☐ 08	**-P-**		**-V-**	
-C-		Franklin	☐ 4/5N	Kenedy	☐ 11	Palo Pinto	☐ 2/3	Val Verde	☐ 08
Caldwell	☐ 07	Freestone	☐ 07	Kent	☐ 2/3	Panola	☐ 4/5N	Van Zandt	☐ 4/5N
Calhoun	☐ 08	Frio	☐ 08	Kerr	☐ 08	Parker	☐ 2/3	Victoria	☐ 08
Callahan	☐ 2/3	**-G-**		Kimble	☐ 9/10	Parmer	☐ 01	**-W-**	
Cameron	☐ 11	Gaines	☐ 9/10	King	☐ 01	Pecos	☐ 9/10	Walker	☐ 6/5S
Camp	☐ 4/5N	Galveston	☐ 6/5S	Kinney	☐ 08	Polk	☐ 4/5N	Waller	☐ 6/5S
Carson	☐ 01	Garza	☐ 01	Kleberg	☐ 11	Potter	☐ 01	Ward	☐ 9/10
Cass	☐ 4/5N	Gillespie	☐ 08	Knox	☐ 2/3	Presidio	☐ 9/10	Washington	☐ 07
Castro	☐ 01	Glasscock	☐ 9/10	**-L-**		**-R-**		Webb	☐ 11
Chambers	☐ 6/5S	Goliad	☐ 08	Lamar	☐ 4/5N	Rains	☐ 4/5N	Wharton	☐ 6/5S
Cherokee	☐ 4/5N	Gonzales	☐ 08	Lamb	☐ 01	Randall	☐ 01	Wheeler	☐ 01
Childress	☐ 01	Gray	☐ 01	Lampasas	☐ 07	Reagan	☐ 9/10	Wichita	☐ 2/3
Clay	☐ 2/3	Grayson	☐ 2/3	La Salle	☐ 08	Real	☐ 08	Wilbarger	☐ 2/3
Cochran	☐ 01	Gregg	☐ 4/5N	Lavaca	☐ 08	Red River	☐ 4/5N	Willacy	☐ 11
Coke	☐ 9/10	Grimes	☐ 07	Lee	☐ 07	Reeves	☐ 9/10	Williamson	☐ 07
Coleman	☐ 2/3	Guadalupe	☐ 08	Leon	☐ 07	Refugio	☐ 11	Wilson	☐ 08
Collin	☐ 2/3	**-H-**		Liberty	☐ 6/5S	Roberts	☐ 01	Winkler	☐ 9/10
Collingsworth	☐ 01	Hale	☐ 01	Limestone	☐ 07	Robertson	☐ 07	Wise	☐ 2/3
Colorado	☐ 6/5S	Hall	☐ 01	Lipscomb	☐ 01	Rockwall	☐ 2/3	Wood	☐ 4/5N
Comal	☐ 08	Hamilton	☐ 07	Live Oak	☐ 11	Runnels	☐ 2/3	**-Y-**	
Comanche	☐ 2/3	Hansford	☐ 01	Llano	☐ 07	Rusk	☐ 4/5N	Yoakum	☐ 01
Concho	☐ 9/10	Hardeman	☐ 2/3	Loving	☐ 9/10	**-S-**		Young	☐ 2/3
Cooke	☐ 2/3	Hardin	☐ 6/5S	Lubbock	☐ 01	Sabine	☐ 4/5N	**-Z-**	
Coryell	☐ 07	Harris	☐ 6/5S	Lynn	☐ 01	San Augustine	☐ 4/5N	Zapata	☐ 11
Cottle	☐ 2/3	Harrison	☐ 4/5N	**-M-**		San Jacinto	☐ 4/5N	Zavala	☐ 08
Crane	☐ 9/10	Hartley	☐ 01	Madison	☐ 07	San Patricio	☐ 11		
Crockett	☐ 9/10	Haskell	☐ 2/3	Marion	☐ 4/5N	San Saba	☐ 07		

FORM A-2: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Respondent: _____

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. ***Except as indicated, complete and include each form, and be sure to indicate page number.***

FORM	DESCRIPTION	Included	Page #	Not Applicable
	Section II – Attachment A : Required for All Respondents			
A-1	Face Page - completed, signed & dated	☐		
A-1:B	Title V Child Health & Child Dental Services, Texas Counties and Regions List behind A-1	☐		☐
A-1:C	Title V Prenatal Medical & Prenatal Dental Services, Texas Counties and Regions List behind A-1	☐		☐
A-2	Proposal Table of Contents and Checklist	☐		
A-3	Administrative Information - with supplemental documentation attached, if required	☐		
A-4	Exception Form	☐		
A-5	Historically Underutilized Business (HUB) Forms including Subcontracting Plan and Progress Report	☐		
A-6	Child Support Certification (non-profit and governmental entities exempt)	☐		☐
A-7	Clinic Sites - complete a separate form for each clinic site	☐		
A-8	Respondent Site Readiness	☐		
A-9	Title V Fee for Services Program Assurances	☐		
A-10	Respondent Background	☐		
A-11	Assessment Narrative	☐		
	Section II – Attachment B: Required for Child Health & Child Dental Services Respondents			
B-1	Contact Person Information	☐		☐
B-2	Service Delivery Plan	☐		☐
B-3	Ceiling Request and Performance Measures	☐		☐
	Section II – Attachment C: Required for Prenatal Medical & Prenatal Dental Services Respondents			
C-1	Contact Person Information	☐		☐
C-2	Service Delivery Plan	☐		☐
C-3	Ceiling Request and Performance Measures	☐		☐

FORM A-3: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information ***or provide the required supplemental document behind this form.*** *If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Legal Business Name of Respondent: _____

Identifying Information

1. The respondent must attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

If a Nonprofit or For Profit Entity

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?

☐ **YES** ☐ **NO**

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

☐ (a) A copy of a currently valid IRS exemption certificate.

☐ (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

☐ (c) A copy of the organization's certificate of information or similar document if it clearly establishes the nonprofit status of the organization.

☐ (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM A-3: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

3. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?

☐ **YES** ☐ **NO**

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

4. Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

☐ **YES** ☐ **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?

☐ **YES** ☐ **NO**

If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

6. Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?

☐ **YES** ☐ **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

7. Are any proposed personnel related to any current or former employees of DSHS or HHSC?

☐ **YES** ☐ **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8 Has any member of respondent's executive management, project management, governing board or principal officers been employed by DSHS or HHSC 24 months prior to the proposal due date?

☐ **YES** ☐ **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

☐ **YES** ☐ **NO**

10. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

☐ **YES** ☐ **NO**

If YES, please explain. (Attach no more than one additional page.)

11. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

☐ **YES** ☐ **NO**

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?

☐ **YES** ☐ **NO**

If YES, please explain. (Attach no more than one additional page.)

13. Has respondent had a contract with DSHS within the past 24 months?

☐ **YES** ☐ **NO**

<u>If YES</u>, list the DSHS contract and attachment number(s):

DSHS Contract Number(s)

***<u>If NO</u>, respondent must be able to demonstrate fiscal solvency**. Submit a copy of the organization's most recently <u>audited</u> balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. <u>DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the</u>*

respondent's financial capability.

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM A-3, SHOULD BE INSERTED HERE.

FORM A-3-1: GOVERNMENTAL ENTITY

Authorized Officials
Legal Business
Name of _____

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		

FORM A-3-2: NONPROFIT OR FOR-PROFIT ENTITY

Board of Directors and Principal Officers
Legal Business
Name of _____

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock.

Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		
Name:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
Email:		

FORM A-4: EXCEPTIONS FORM

FORM E: EXCEPTIONS FORM

RFP # CHS/TV-0554.1

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:

- If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being requested, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

☐ **If no exceptions are being requested, check this box and leave the table below blank**

FORM A-4: EXCEPTIONS FORM

RFP # *CHS/TV-0554.1*

TABLE OF EXCEPTIONS

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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19.				
20.				

FORM A-5: HISTORICALLY UNDERUTILIZED BUSINESS (HUB)

QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

❖ **If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:**

- ❒ Section 1 – Respondent and Requisition Information
- ❒ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ❒ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors
- ❒ Section 2 c. – Yes
- ❒ Section 4 – Affirmation
- ❒ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less meets or exceeds the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:**

- ❒ Section 1 – Respondent and Requisition Information
- ❒ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ❒ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ❒ Section 2 c. – No
- ❒ Section 2 d. – Yes
- ❒ Section 4 – Affirmation
- ❒ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less does not meet or exceed the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:**

- ❒ Section 1 – Respondent and Requisition Information
- ❒ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ❒ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ❒ Section 2 c. – No
- ❒ Section 2 d. – No
- ❒ Section 4 – Affirmation
- ❒ GFE Method B (Attachment B) – Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:**

- ❒ Section 1 – Respondent and Requisition Information
- ❒ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources
- ❒ Section 3 – Self Performing Justification
- ❒ Section 4 – Affirmation

*__Continuous Contract:__ *Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.*

HUB SUBCONTRACTING PLAN (HSP)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.13 are:

- ***11.2 percent for heavy construction other than building contracts,***
- ***21.1 percent for all building construction, including general contractors and operative builders contracts,***
- ***32.7 percent for all special trade construction contracts,***
- ***23.6 percent for professional services contracts,***
- ***24.6 percent for all other services contracts, and***
- ***21 percent for commodities contracts.***

- - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

Please READ thoroughly when completing this HUB (HSP) Plan: you must: First, find the method that applies to you; see the HSP Quick Checklist to make this determination.

- If using Method B, you must comply with ALL sections of B3 and attach supporting documentation (e.g., notifications, emails, phone logs, etc.) with your bid response.

- If you are **awarded this contract**, you must notify all subcontractors of their selection as a subcontractor and provide a copy of the notification to the HUB Coordinator listed below within **10 days** of receiving the contract award. DSHS HUB Coordinator Contact: shawn.constancio@dshs.state.tx.us

This contract is classified as an **Other Services** contract under the CPA rule, and therefore has a Statewide Annual HUB utilization goal of **24.6%** per fiscal year. **RFP#**
Respondents may search for HUB subcontractors on the CPA Centralized Master Bidders List (CMBL), HUB Directory, which is located on the CPA website: http://www2.cpa.state.tx.us/cmbl/cmblhub.html. For this procurement, DSHS has identified the following class and item codes for potential subcontracting opportunities:

SECTION 1 RESPONDENT AND REQUISITION INFORMATION

a. Respondent (Company) Name: _____ State of Texas VID #: _____

Point of Contact: _____ Phone #: _____

E-mail Address: _____ Fax #: _____

b. Is your company a State of Texas certified HUB? ☐ - Yes ☐ - No

c. RFP #: _____ Bid Open Date: 1 _____

Enter your company's name here: RFP #:

SECTION 2 SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

☐ - ***Yes***, I will be subcontracting portions of the contract. (If ***Yes***, complete Item b, of this SECTION and continue to Item c of this SECTION.)

☐ - ***No***, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources. (If ***No***, continue to SECTION 3 and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs .
1		%	%	%
2		%	%	%
3		%	%	%
4		%	%	%
5		%	%	%
6		%	%	%
7		%	%	%
8		%	%	%
9		%	%	%
10		%	%	%
11		%	%	%
12		%	%	%
13		%	%	%
14		%	%	%
	Aggregate percentages of the contract expected to be subcontracted:	%	%	%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at **http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/**)

c. Check the appropriate box (Yes or No) that indicates whether you will be using **only** Texas certified HUBs to perform **all** of the subcontracting opportunities you listed in SECTION 2, Item b.

☐ - ***Yes*** (If ***Yes***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
☐ - ***No*** (If ***No***, continue to Item d, of this SECTION.)

d. Check the appropriate box (Yes or No) that indicates whether the **aggregate expected percentage** of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract* in place with for five (5) years or less **meets or exceeds** the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".

☐ - ***Yes*** (If ***Yes***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
☐ - ***No*** (If ***No***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed.)

**Continuous Contract:* *Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.*

Enter your company's name here: _____ RFP #:

SECTION 2 SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)

a. This page can be used as a continuation sheet to the HSP Form's page 2, SECTION 2, Item b. Continue listing the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs .
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
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		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
Aggregate percentages of the contract expected to be subcontracted:		%	%	%

**Continuous Contract:* *Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.*

Enter your company's name here: _____ RFP #:

SECTION 3 SELF PERFORMING JUSTIFICATION (If you responded "*No*" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)

Check the appropriate box (Yes or No) that indicates whether your response/proposal contains an explanation demonstrating how your company will fulfill the entire contract with its own resources.

☐ - **Yes** (If ***Yes***, in the space provided below **list the specific page(s)/section(s)** of your proposal which explains how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

☐ - **No** (If ***No***, in the space provided below **explain how** your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

SECTION 4 AFFIRMATION

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.
- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at ***http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.xls***).
- The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

Signature	Printed Name	Title	Date (mm/dd/yyyy)

REMINDER:

- If you responded "***Yes***" to **SECTION 2, Items c or d**, you must complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed in SECTION 2, Item b.
- If you responded "***No***" **SECTION 2, Items c and d**, you must complete an "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed in SECTION 2, Item b.3

HSP Good Faith Effort - Method A (HUB Attachment A)

Enter your company's name here: _____ RFP #: _____

IMPORTANT*:** If you responded "Yes***" to **SECTION 2, Items c or d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at ***http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc***

SECTION A-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

Item #: _____ **Description:** _____

SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

HSP Good Faith Effort - Method B (HUB Attachment B)

Enter your company's name here: _____ RFP #:

IMPORTANT: If you responded "***No***" to **SECTION 2, Items c and d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at **http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-B.doc**

SECTION B-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

Item #: _____ **Description:** _____

SECTION B-2 MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion of work you listed in SECTION B-1 to your Protégé.

☐ - **Yes** (If ***Yes***, to continue to SECTION B-4.)

☐ - **No / Not Applicable** (If ***No*** or ***Not Applicable***, continue to SECTION B-3 and SECTION B-4.)

SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you MUST comply with items **a, b, c** and **d**, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and minority or women trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at **http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/**

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and minority or women trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the minority or women trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.

a. Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at **http://www.window.state.tx.us/procurement//cmbl/cmblhub.html**. HUB Status code "**A**" signifies that the company is a Texas certified HUB.

b. List the three (3) Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

Company Name	VID #	Date Notice Sent (mm/dd/yyyy)	Did the HUB Respond?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more minority or women trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to minority or women trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program's webpage at **http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/**

d. List two (2) minority or women trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Minority/Women Trade Organizations or Development Centers	Date Notice Sent (mm/dd/yyyy)	Was the Notice Accepted?
		☐Yes ☐No
		☐Yes ☐No

Enter your company's name here: _____ RFP #:

SECTION B-4 SUBCONTRACTOR SELECTION

a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item #: _____ **Description:** _____

b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in **SECTION B-1**. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%
	☐ Yes ☐ No		$	%

c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in SECTION B-1 is **not** a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity it (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of $100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in **Section C, Item 2**, reply no later than the date and time identified in **Section C, Item 1**. Submit your response to the point-of-contact referenced in **Section A**.

Section A PRIME CONTRACTOR'S INFORMATION

Company Name: _____ **State** _____

of Texas VID #: Point-of-Contact: _____ **Phone #:** _____

E-mail Address: _____ **Fax #:** _____

Section B CONTRACTING STATE AGENCY AND REQUISITION INFORMATION

Agency Name: _____

Point-of-Contact: _____ **Phone #:** _____

Insert Title & RFP# _____ **Bid Open Date:**

Section C	SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION
1. Potential Subcontractor's Bid Response Due Date:	**If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2, we must receive your bid response no later than** Select **Central Time on:Date** (mm/dd/yyyy) *In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting our bid response to the contracting agency.* *(A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the minority or women trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.)*
2. Subcontracting Opportunity Scope of Work:	
3. Required Qualifications: **- Not Applicable**	
4. Bonding/Insurance Requirements: **- Not Applicable**	
5. Location to review plans/specifications: **- Not Applicable**	

FORM A-6: CHILD SUPPORT CERTIFICATION
(Required for all Respondents EXCEPT Non-profit and Governmental Entities)

Child Support Certification

The Texas Family Code, §231.006, VTCA places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

   ☐ An individual or sole proprietor, or

   ☐ A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

   (A) Printed Name: _____
   Social Security Number: _____
   (B) Printed Name: _____
   Social Security Number: _____

3. Under the Texas Family Code, §231.006, VTCA the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: _____
   Printed Name of Authorized Representative: _____
   Signing this Certification: _____
   Signature of Authorized Representative: _____
   Date: _____

FORM A-6: CHILD SUPPORT CERTIFICATION GUIDELINES

Form A-6 is required by Texas Family Code, §231.006, and is designed to certify that anyone applying for funds under this RFP is not a child support obligor (a person who is more than 30 days delinquent). This form is applicable to for-profit corporations, sole proprietors, individuals and partnerships. This form is NOT applicable to Governmental entities and non-profit corporations. These types of entities do not need to complete the form.

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent:	Clinic Site # __ of ___

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site):										
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐	WIC
	☐	FQHC	☐	FQHC Look-alike	☐	Open Extended Hours				
	☐	V – Child Health	☐	V – Prenatal Medical						
	☐	V-Child Dental	☐	V – Prenatal Dental						
Subcontractor Site:	☐	Yes	☐	No						
Clinic Name to Appear on Website Locator:										
Contact Person:				Phone:						
Location of Site:				Fax:						
Street Address:										
City:		County:		Zip Code:		HSR:				
Pharmacy License #:		TPI #:		NPI#:						

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	HOURS OF OPERATION To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
TUESDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
WEDNESDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
THURSDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
FRIDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
SATURDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning				
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
☐ Appointment scheduling on site	☐ Site does client intake and/or eligibility determination
☐ Child Health services provided on site	☐ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
☐ Enrolled as a Texas Health Steps Provider	☐ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: CLINIC SITE FORM INSTRUCTIONS

Complete a separate Clinic Site Form for each clinic site. Information provided on clinic site forms is used to update DSHS websites and public databases, therefore, each clinic form must contain current and accurate information.

Legal Name of Respondent	Respondent's legal name.
Clinic Site # ___ of ___	Example: Clinic Site #1 of 5 for the first clinic site out of five clinic sites, Clinic Site #2 of 5 for the second clinic site of five, etc.
CLINIC SITE INFORMATION:	
Service Area	List counties served by that specific clinic site, NOT all counties served by the whole project.
Funding Sources Used to Support this Clinic	From the sources listed, check all sources of funds used to support that specific clinic site.
Subcontractor Site	For each clinic site, indicate whether that particular site is subcontracted by the respondent to another entity for the provision of services.
Clinic Name to Appear on Website Locator	State the name of the clinic as it will appear on the DSHS website locator. (The name should be recognizable to clients.)
Contact Person	Name of contact person for that clinic site.
Phone	Phone number for the clinic.
Location of Site	Clinic location (e.g., Texas Medical Center/Smith Tower)
Fax	Fax number for the clinic.
Street Address	Physical address of clinic.
City/County/Zip Code	City, county and zip code of clinic.
HSR	Health Service Region where clinic is located.
Pharmacy License #	Pharmacy license number for the clinic (if applicable); otherwise put N/A for Not Applicable.
TPI#	Texas Provider Identifier # for the clinic (if applicable), otherwise N/A.
NPI#	National Provider Identifier # for the clinic (if applicable), or N/A.
CLINIC HOURS AND SERVICES:	
Hours of Operation	List the operating hours of each clinic site for each day of the week broken into morning (e.g., 8:00 a.m. – Noon), afternoon (e.g. 12:01 p.m. – 5:00 p.m.), and evening hours (e.g., 5:01 p.m. – 8:00 p.m.). Indicate days of the week when the clinic is closed (e.g. Tuesday – closed).
Services Provided/Clinic Type	List the type of services provided or type of clinic for each day of the week. For example, Monday = child health clinic, Wednesday = dental clinic, etc. **Legend** -CH-child health, CD-child dental, PM-prenatal medical, PD-prenatal dental.
# Monthly Clinics	List the total number of clinics each month by the day of the week, e.g., Monday = 4 clinics per month; Tuesday = 0 clinics per month, etc.
Total Hours/Month	List the total number of hours of operation per month for each clinic site (e.g., Clinic Site 1 = 128 hours per month; Clinic Site 2 = 160 hours per month, etc.)
Total # Clinics Per Month	List the total number of clinics held per month per clinic site (e.g., Clinic Site 1 = 16, Clinic Site 2 = 20, etc.)

PROGRAM SPECIFICS:

This section of the clinic site form includes questions related to specific DSHS programs. Check the appropriate boxes to indicate what specific services are provided at each clinic site. Services generally vary between clinic sites, so it is essential that accurate service information is reported by respondent in order for DSHS to appropriately monitor services provided. *Important: Any changes in clinic information must be reported **in writing** to the appropriate DSHS Contract Manager in a timely manner. Programmatic or operational changes must be made in accordance with requirements outlined in the DSHS General Provisions at http://www.dshs.state.tx.us/grants/gen-prov.shtm.*

FORM A-8: RESPONDENT SITE READINESS

Legal Business Name of Respondent: _____

Appropriate signage to identify funded entity.	☐	Y	☐	N
Space for clinical and administrative staff?	☐	Y	☐	N
Computer systems with following minimum functionality:				
• Internet Browser – minimum Internet Explorer (IE) 8 or newer	☐	Y	☐	N
• Microsoft Office – minimum Office 2007 Suite or newer	☐	Y	☐	N
• Email Client	☐	Y	☐	N
Locked storage for charts, records, medications and medical supplies	☐	Y	☐	N
Proper disposal for medical waste	☐	Y	☐	N
CLIA certification for level of tests performed	☐	Y	☐	N
Handicap-accessible clinic sites that are geographically close to target population	☐	Y	☐	N
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait.	☐	Y	☐	N
Appropriate use of interpreter services and language translation (including resources for both).	☐	Y	☐	N
Compliance with Americans with Disabilities Act (ADA) requirements	☐	Y	☐	N
Extended hours and weekend hours for delivery of services, as appropriate.	☐	Y	☐	N

FORM A-8: RESPONDENT SITE READINESS INSTRUCTIONS

Complete the Respondent Site Readiness Form per instructions below. Complete only one form to represent readiness for all clinic sites that will provide Title V services funded through this RFP.

RESPONDENT SITE READINESS INFORMATION:	
Appropriate signage to identify funded entity.	Check if clinic sites have signage that identifies services provided at each site (Yes/No).
Space for clinical and administrative staff.	Check if clinic sites have adequate space to house clinical and administrative staff needed to run the clinics (Yes/No).
Computer systems with following minimum functionality:	This question determines whether responder has adequate computer functionality for clinic sites.
• Internet Browser (minimum IE 8)	Check if clinic computers have internet access (Yes/No).
• Microsoft office (minimum 2007 or newer)	Check if clinic computers have Office 2007 or newer (Yes/No).
• Email Client	Check if clinic computers have email access (Yes/No).
Locked storage for charts, records, medications and medical supplies	Check if there is locked storage at the clinic sites (Yes/No).
Proper Disposal for Medical Waste	Check if clinics have proper disposal for medical waste (Yes/No).
CLIA certification for level of tests performed.	Check if clinics have CLIA certification for the level of tests performed (Yes/No).
Handicap-accessible clinic sites that are geographically close to target population.	Check if clinic sites are accessible for persons with disabilities, and are located close to target population (Yes/No).
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait.	Check if respondent operates facilities with clean exam rooms, space for client intake and client waiting area (Yes/No).
Appropriate use of interpreter and language translation services (including resources for both).	Check if there are resources for interpreter and language translation services, and if services are used appropriately (Yes/No).
Compliance with Americans with ADA requirements	Check if clinic sites are ADA compliant (Yes/No).
Extended hours and weekend hours for delivery of services, as appropriate.	Check if clinics offer extended hours (i.e., before 8 a.m. or after 5 p.m. on weekdays) and weekend hours that are appropriate for the clients served (Yes/No).

FORM A-9: TITLE V FEE FOR SERVICE PROGRAM ASSURANCES

Legal Business Name of Respondent: _____

As the duly authorized representative of the respondent, I certify that the respondent agrees to comply with the requirements and intent of the Maternal and Child Health Services Title V Block Grant and all other requirements of the Department of State Health Services (DSHS) which include, but are not limited to, the following:

1. Conduct Title V activities in a culturally sensitive and non-discriminating manner.

2. Conduct Title V activities as outlined in respondent's application, and to notify the Manager of the Contract Development and Support Branch prior to any significant departures from this plan.

3. Return 100% of any generated program income to the Title V program that generated the funds.

4. Provide services regardless of client's inability to pay.

5. Continue to serve existing Title V eligible clients even if awarded funds have been expended per the Policies and Procedures Manual for Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal.

6. Screen and refer clients for Medicaid, CHIP, or other medical services assistance programs, and refer clients to those funding sources for which they may be eligible. Title V funds must not be used to pay for services that are allowable for persons eligible for Medicaid or CHIP or who have other third party health insurance.

7. Provide DSHS with access to all data gathered or generated.

8. Agree to share data/information generated by the project, within constraints of confidentiality, with DSHS, other area local public health entities, local authorities and communities in order to eliminate duplication of effort.

9. Grant DSHS rights to all tangibles, patentable, or copyrightable products developed with Federal and State funds.

10. Make available for DSHS review, all promotional materials/media to be disseminated in conjunction with this Title V project.

11. Comply with all applicable Title V policies, procedures, and regulations.

12. Must be in compliance with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards for protection of client privacy.

13. Establish orientation and in-service training plan for all project personnel for skills

development and/or continuing education based on an assessment of training needs.

14. Ensure that Title V services will be performed under the supervision, direction, and responsibility of a qualified licensed physician, and current protocols and Standing Delegation Orders are in place.

15. Ensure that clinicians are in place who are licensed by the State of Texas to provide the type of services for which funding is requested.

16. Ensure that all registered nurses (RNs) who perform child health exams following the Texas Health Steps periodicity schedule have completed the Texas Health Steps module entitled “Overview of Best Practices and Children’s Services” within 90 days of contract execution, and that RNs hired after contract execution complete the module within 90 days of hire.

Authorized Signature **Date**

FORM A-10: RESPONDENT BACKGROUND

Legal Business Name of Respondent: _____

Respondent must provide a narrative description of its organization, staff, systems, and oversight structure (see RESPONDENT BACKGROUND GUIDELINES). Organizational charts, resumes/curriculum vitae, and job descriptions are to be placed following Form A-9 or at the end of the proposal and are not included in the page limit. A maximum of **two (2)** additional pages may be attached if needed for a total of three (3) pages.

FORM A-10: RESPONDENT BACKGROUND GUIDELINES

Respondent must provide a narrative description of its organization, staff, systems and oversight structure in response to the following items, numbering them as indicated:

1. Provide an executive summary describing the organization's vision, mission and values statements, along with a description of how the board of directors is involved in the operations of the organization.

2. Describe past experience(s) providing Child Health, Child Dental, Prenatal Medical, and/or Prenatal Dental services. (Respondent only needs to address the Title V funded service or services for which they are applying.)

3. Provide a detailed description of the organizational structure, management systems and lines of authority that are appropriate and adequate for the size and scope of the organization.

4. Provide a current organization chart and the resumes/curriculum vitae for the CEO, CFO, Medical Director[1] licensed to practice medicine in Texas (including his/her State of Texas Medical License Number), Dental Director[2] licensed to practice dentistry in Texas (including his/her State of Texas Dental License Number), and Clinical/Program Director. The organization chart must include the appropriate oversight structure (e.g., Board, City Council, County Commissioners, etc.), CEO, CFO, Medical Director, Dental Director and a staffing structure that will support service provision. On the chart, identify the staff who manages clinic operations.

5. Provide job descriptions for the following key employees, i.e., Medical Director[3], Dental Director[4], Clinical/Program Director, eligibility and billing staff, and clinicians.

1 Medical Director is for Child Health and/or Prenatal Medical
2 Dental Medical is for Child Dental and/or Prenatal Dental
3 Medical Director is for Child Health and/or Prenatal Medical
4 Dental Medical is for Child Dental and/or Prenatal Dental

FORM A-11: ASSESSMENT NARRATIVE

Legal Business Name of Respondent: _____

Respondent must provide a narrative description addressing each of the assessment items (see ASSESSMENT NARRATIVE GUIDELINES) associated with the services proposed in this proposal. A maximum of **four** (4) additional pages may be attached if needed for a total of five (5) pages).

FORM A-11: ASSESSMENT NARRATIVE GUIDELINES

Specifically address each of the assessment items listed below associated with the services proposed in this proposal, numbering them as indicated. Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form.

1. Provide brief synopsis of the community as a whole describing in general:
    a. Geographic boundaries (urban or rural, physical environment);
    b. General demographic data (age, gender, ethnicity, etc.);
    c. General socioeconomic data (per capita income, poverty levels, uninsured/underinsured, unemployment, occupational data, etc.); and
    d. General description of community-wide health status (e.g., low birth weight, obesity of children, adolescents and pregnant women, immunization rate, and morbidity/mortality statistics).

2. Describe the target population(s) including:
    a. Geographic service area;
    b. Characteristics of target population (including demographic and socioeconomic data specific to each population);
    c. Target population's health status (including population data related to health indicators, behavioral data, and community opinion data); and
    d. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).

3. Describe gaps in resources and potential barriers to improving health status.

4. Describe any other characteristics of the population(s) you propose to serve or of the proposed service area(s) which make Title V support particularly important?

Section II
Attachment B

Title V Child Health & Child Dental Services Forms

To Be Completed by Child Health & Child Dental Services Respondents Only

FORM B-1: CONTACT PERSON INFORMATION
TITLE V CHILD HEALTH SERVICES

Legal Business Name of Respondent: _____

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Medical Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM B-1: CONTACT PERSON INFORMATION
TITLE V CHILD DENTAL SERVICES

Legal Business Name of Respondent: _____

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Dental Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM B-2 SERVICE DELIVERY PLAN FOR CHILD HEALTH AND CHILD DENTAL SERVICES

Legal Business Name of Respondent: _____

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see SERVICE DELIVERY PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of **five (5)** additional pages may be attached if needed for a total of six (6) pages.

FORM B-2: SERVICE DELIVERY PLAN FOR CHILD HEALTH & CHILD DENTAL SERVICES
GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. The service delivery plan must include a Table of Contents from respondent's operating policies and procedures manual. The service delivery plan must:

1. Summarize the proposed **child health and/or child dental** services. Also, address if and how the respondent will serve individuals from counties outside the stated service area.

2. Describe service delivery systems, workforce (attach organization chart), policies, support systems (i.e., training, research, technical assistance), outreach and informing, financial and administrative systems including confidential data storage, staff development (i.e., eligibility, billing, clinical training) and other infrastructure elements available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered? Describe any existing partnerships with Texas certified Community Health Workers and/or Promotoras(es) and how they are utilized in the respondent's outreach and information efforts.

3. Describe the process of assessing client risk factors associated with family violence, substance abuse, and mental health needs.

4. Describe coordination with the other state and/or local health and human service providers in the service area(s), define how duplication of services is to be avoided, and describe the procedures in place to ensure clients are referred to other appropriate community resources, as needed.

5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

6. If respondent plans to subcontract any Title V reimbursable services, describe:
   - Experience subcontracting with other agencies/providers;
   - Experience performing program monitoring of subcontractors; and
   - Experience providing technical assistance to subcontractors.

7. Describe internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff responsible for ensuring that the identified processes are implemented, and who is responsible for ensuring they are updated. The description must include the following:
   - Role of the QA/QI Committee;
   - Medical and/or Dental Director's involvement in the QA/QI activities;
   - Activities utilized to identify trends of needed improvement and the frequency of those activities;
   - Activities to ensure correction and follow-up to findings identified;
   - Utilization and frequency of client satisfaction surveys;
   - System utilized to identify and monitor adverse outcomes;

- Process for identifying performance and outcome measures; and
- Process utilized to develop protocols and Standing Delegation Orders.

FORM B-3: TITLE V CHILD HEALTH & CHILD DENTAL CEILING REQUEST and PERFORMANCE MEASURES

Legal Business Name of Respondent: _____

This page should reflect all services projected to be delivered during the contract period for those service categories described in your Service Deliver Plan and for which you intend to bill and expect to be paid (See Form B-3 Guidelines). If you provide services in counties located in different DSHS regions, complete a separate form for each Health Service Region (HSR). Do not complete a separate for each county.		
FY14 PROJECTED **Estimated Number of Unduplicated Clients**		
HSR: ☐ 1 ☐ 2/3 ☐4/5N ☐6/5S ☐ 7 ☐ 8 ☐9/10 ☐ 11	Infants 0 - 11 months Children & Adolescents 1 – 21 years	
	Number of Clients	Total $ Amount for all services provided
Child Health (include costs for laboratory and case management)		$
Child Dental		$
GRAND TOTAL* Number of Clients and Dollars Requested		
Title V Case Management for Children and Pregnant Woman (TV CPW)	Currently a provider and interested in continuing: ☐Yes ☐No	Not currently a provider, but am interested in applying: ☐Yes ☐No

***Grand Total amount must match amount requested on Form A-1: Face Page, #9.**

FORM B-3: TITLE V CHILD HEALTH & CHILD DENTAL CEILING REQUEST and PERFORMANCE MEASURES GUIDELINES

FORM B-3 must be used for Title V proposed child health and dental services only. The form reflects the estimated unduplicated number of the Title V child health and/or child dental eligible clients the respondent proposes to serve, and the total amount estimated to be billed to the Title V Child Health & Child Dental Services program. Complete a separate FORM B-3 for each Health Service Region in which services will be provided.

Steps to complete form:

1. Identify the Health Service Region (HSR) in the first column, row 1.

2. For Child Health, enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

3. For Child Dental enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

4. Enter the Grand Total number of clients and total dollar amount (rounded to the nearest dollar). The Grand Total must equal the amount of funding requested for Title V Child Health & Child Dental Services on FORM A-1: FACE PAGE, #9.

5. Concerning Title V Case Management for Children and Pregnant Women (Title V CPW), indicate if the respondent is a current provider and wants to continue to provide Title V CPW services by checking “Yes” or “No. If the respondent is not a current provider, check “Yes” or “No” if interested in applying to be a provider. **Note:** A contractor cannot bill Title V for case management codes G9012-U5-U2, G9012-U5-TS, or G9012-TS if not registered as a Title V CPW provider.

FORM B-4: TITLE V CHILD HEALTH SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Child Health worksheet is included for informational purposes in order to assist respondents in completing Form B-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr, Quantity of Services, Estimated Total 1-21 yr Reimbursement, FY14 <1 yr, Quantity of Service, and Estimated Total < 1 yr Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for 1-21 yr and total reimbursement for < 1 yr will be noted at the bottom of the worksheet.

FORM B-5: TITLE V CHILD DENTAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Child Dental worksheet is included for informational purposes in order to assist respondents in completing Form B-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr, Quantity of Services, Estimated Total 1-21 yr Reimbursement, FY14 <1 yr, Quantity of Service, and Estimated Total < 1 yr Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for 1-21 yr and total reimbursement for < 1 yr will be noted at the bottom of the worksheet.

Section II
Attachment C

Title V Prenatal Medical & Prenatal Dental Services Forms

To Be Completed by Prenatal Medical & Prenatal Dental Services Respondents Only

FORM C-1: CONTACT PERSON INFORMATION
TITLE V PRENATAL MEDICAL SERVICES

Legal Business Name of Respondent: _____

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Medical Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM C-1: CONTACT PERSON INFORMATION
TITLE V PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: _____

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Dental Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM C-2: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: _____

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. Address the required elements (see SERVICE DELIVERY PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of **five (5)** additional pages may be attached if needed for a total of six (6) pages.

FORM C-2: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. The service delivery plan must include a Table of Contents from respondent's operating and procedures manual. The service delivery plan must:

1. Summarize the proposed **prenatal medical and/or prenatal dental** services and how respondent will assist patient with the CHIP Perinatal Program application process. Also, address if and how the respondent will serve individuals from counties outside the stated service area.

2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance), outreach and informing, financial and administrative systems including confidential data storage, staff development (i.e., eligibility, billing, clinical training) and other infrastructure elements available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered? Describe any existing partnerships with Texas certified Community Health Workers and/or Promotoras(es) and how they are utilized in the respondent's outreach and information efforts.

3. Describe process of assessing risk factors associated with family violence, substance abuse and mental health needs.

4. Describe coordination with the other state and/or local health and human service providers in the service area(s), define how duplication of services is to be avoided, and describe the procedures in place to ensure clients are referred to other appropriate community resources, as needed.

5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

6. If respondent plans to subcontract out any Title V reimbursable services, describe:
   - Experience subcontracting with other agencies/providers;
   - Experience performing program monitoring of subcontractors; and
   - Experience providing technical assistance to subcontractors.

7. Describe internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff responsible for ensuring that the identified processes are implemented, and who is responsible for ensuring they are updated. The description must include the following:
   - Role of the QA/QI Committee;
   - Medical and/or Dental Director's involvement in the QA/QI activities;
   - Activities utilized to identify trends of needed improvement and the frequency of those activities;
   - Activities to ensure correction and follow-up to findings identified;
   - Utilization and frequency of client satisfaction surveys;

- System utilized to identify and monitor adverse outcomes;
- Process for identifying performance and outcome measures; and
- Process utilized to develop protocols and Standing Delegation Orders.

FORM C-3: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL CEILING REQUEST and PERFORMANCE MEASURES

Legal Business Name of Respondent: _____

<table>
<tr><td colspan="3">This page should reflect all services projected to be delivered during the contract period for those service categories described in your Service Deliver Plan and for which you intend to bill and expect to be paid (See Form C-3 Guidelines).

If you provide services in counties located in different DSHS regions, complete a separate form for <u>each Health Service Region (HSR).</u> Do not complete a separate for each county.</td></tr>
<tr><td colspan="3">FY14 PROJECTED
<u>Estimated Number of Unduplicated Clients</u></td></tr>
<tr><td>HSR: ☐ 1 ☐ 2/3 ☐4/5N ☐6/5S
☐ 7 ☐ 8 ☐9/10 ☐ 11</td><td colspan="2">Pregnant Women</td></tr>
<tr><td></td><td><u>Number of Clients</u></td><td><u>Total $ Amount for all services provided</u></td></tr>
<tr><td>Prenatal Medical (include costs for laboratory and case management)</td><td></td><td>$</td></tr>
<tr><td>Prenatal Dental</td><td></td><td>$</td></tr>
<tr><td>GRAND TOTAL* Number of Clients and Dollars Requested</td><td></td><td></td></tr>
<tr><td>Title V Case Management for Children and Pregnant Woman (TV CPW)</td><td>Currently a provider and interested in continuing:
☐Yes ☐No</td><td>Not currently a provider, but am interested in applying:
☐Yes ☐No</td></tr>
</table>

***Grand Total amount must match amount requested on Form A-1: Face Page, #9.**

FORM C-3: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL SERVICES CEILING REQUEST AND PERFORMANCE MEASURES GUIDELINES

FORM C-3 must be used for Title V proposed prenatal medical and prenatal dental services only. The form reflects the estimated unduplicated number of Title V prenatal medical and/or prenatal dental eligible clients the respondent proposes to serve and the total amount estimated to be billed to the Title V Prenatal Medical Services program. Complete a separate FORM C-3 for each Health Service Region (HSR) in which services will be provided.

Steps to complete form:

1. Identify the Health Service Region (HSR) in the first column, row 1.

2. For Prenatal Medical services, enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

3. For Prenatal Dental service enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

4. Enter the Grand Total number of clients and total dollar amount (rounded to the nearest dollar). The Grand Total must equal the amount of funding requested for Title V Prenatal Medical & Prenatal Dental Services on FORM A-1: FACE PAGE, #9.

5. Concerning Title V Case Management for Children and Pregnant Women (Title V CPW), indicate if the respondent is a current provider and wants to continue to provide Title V CPW services by checking "Yes" or "No. If the respondent is not a current provider, check "Yes" or "No" if interested in applying to be a provider. **Note:** A contractor cannot bill Title V for case management codes G9012-U5-U2, G9012-U5-TS, or G9012-TS if not registered as a Title V CPW provider.

FORM C-4: TITLE V PRENATAL MEDICAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Prenatal Medical worksheet is included for informational purposes in order to assist respondents in completing Form C-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY14 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.

FORM C-5: TITLE V PRENATAL DENTAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Prenatal Dental worksheet is included for informational purposes in order to assist respondents in completing Form C-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY14 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.

Section III

APPENDICES

Title V Fee for Services Contracts
Child Health Services
Child Dental Services
Prenatal Medical Services
Prenatal Dental Services
Request for Proposal
Fiscal Year 2014

Family and Community Health Services Division
Community Health Services Section
Office of Title V & Family Health
Performance Management Unit

RFP #: CHS/TV-0554.1
Issued **March 21, 2013**
Due **May 1, 2013**

APPENDICES

APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

Note: It is not required that the respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications will remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.

As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;

2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;

3. Has a financial system that identifies the source and application of DSHS funds and program income in a unique set of general ledger account numbers, permits preparation of reports required by the contract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;

4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;

5. Will not supplant funds (i.e. use funds from a contract awarded as a result of this RFP to replace or substitute existing funding from other sources that also supports the activities that

are the subject of the contract), but rather will use funds from the contract to supplement any existing funds currently available for any such activities;

6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;

7. Will ensure that no officer, employee, or member of the respondent's governing body or of the respondent's contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the continued employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;

8. Has not given, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC , in connection with this solicitation or procurement; does not have nor will it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;

9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;

10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;

11. Will not require a client with limited English proficiency to provide or pay for the services of a translator or interpreter;

12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;

13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;

14. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references are available upon request;

15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;

16. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and

certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;

17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;

18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;

19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;

20. In accordance with 2 CFR Part 376 and 180 (parts A-I), as the primary participant, and any of the primary participant's principals (collectively, participants):
    A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any federal department or agency;
    B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
    C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
    D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
    E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Texas Business & Commercial Code , or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

    Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

    The respondent agrees by submitting this proposal that the respondent will include, without modification, the certifications in subparagraphs A through E of this paragraph in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

21. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and

cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93):

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;

B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent must complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and

C. The language of this certification must be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification must be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure;

22. Is in good standing with the Internal Revenue Service on any debt owed;

23. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;

24. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;

25. Will comply with all statutes and standards of general applicability. It is Respondent's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Respondent will carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to respondent, respondent will comply with the following:

a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation (where applicable), disabilities, age, substance abuse, political belief, or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107: 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91 or CFR Part 15; 8) TEX. LAB. CODE. ch. 21; 9) Food Stamp Act of 1977 (7 USC

§200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; 11) Executive Order 13279 and 45 CFR Part 87 or 7 CFR Part 16 (regarding equal treatment and opportunity for religious organizations; 12) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs; and13) any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;

b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
J) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Federal Water Pollution Control Act, 33 USC §1251 et seq.; 10) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers

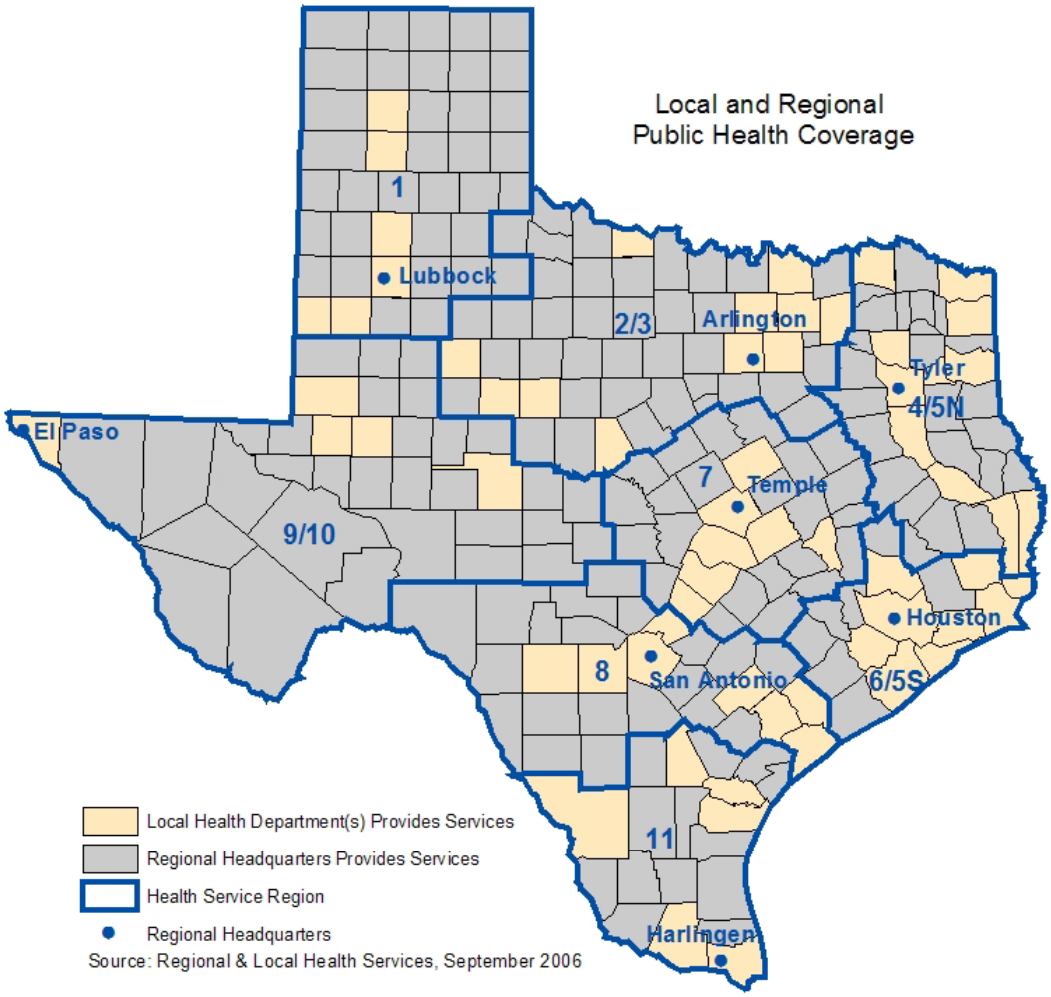
system; and 11) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;
s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations; "and
u) requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this contract is funded by a grant, additional state or federal requirements found in the Notice of Grant Award may be imposed on respondent;

26. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;

27. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense. Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available, be subject to civil penalties.

APPENDIX B
DSHS MAP OF HEALTH SERVICE REGIONS



APPENDIX C: GENERAL PROVISIONS

The Subrecipient General Provisions can be found at the following link:
http://www.dshs.state.tx.us/grants/gen-prov.shtm.

Attachment F - Grantee's Response to Solicitation No. CHS/TV 0554.1

TEXAS Department of State Health Services

Department of State Health Services

FORM A-1: FACE PAGE

Proposal for Financial Assistance – RFP # CHS/TV-0554.1

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION			
1) LEGAL BUSINESS NAME:	Hidalgo County		
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):		Check if address change	☐
	1304 S. 25th Ave. Edinburg, Hidalgo, Tx 78542		
3) PAYEE Name and Mailing Address (if different from above):		Check if address change	☐
	Norma Garcia, County Treasure 2810 S. Business 281, Edinburg, Hidalgo, Tx 78539		
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : DUNS Number	746000717 10-311-0834		

The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

5) Medicaid Provider Number: 1932146836	OR	Date Medicaid Application Submitted & TMHP Ticket #:

6) TYPE OF ENTITY (check all that apply):

	☐ City	☐	Nonprofit Organization*	☐	Individual
	X County	☐	For Profit Organization*	☐	FQHC
	☐ Other Political Subdivision	☐	HUB Certified	☐	State Controlled Institution of Higher Learning
	☐ State Agency	☐	Community-Based Organization	☐	Hospital
	☐ Indian Tribe	☐	Minority Organization	☐	Private
		☐	Faith Based (Nonprofit Org)	☐	Other (specify):

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD:	Start Date: 9/1/13	End Date: 8/31/14

8) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page per Title V funded service(s).

9) AMOUNT OF FUNDING REQUESTED	V-CH & CD: $ 34,833.00	
	V-PM & PD $ 165,909.00	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES	$ 2,384,582.00	Name: Eduardo Olivarez Phone: 956-383-6221 Fax: 956-383-3229 E-mail: eddie.olivarez@hchd.org
Does respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year (excluding amount requested in line 9 above)? ** Yes X No ☐ ***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.*		12) FINANCIAL OFFICER Name: Raymundo Eufracio Phone: 956-318-2511 Fax: 956-318-2577 E-mail: ray.eufracio@auditor.co.hidalgo.tx.us

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE	Check if change ☐	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Ramon Garcia Title: County Judge Phone: 956-318-2600 Fax: 956-318-2699 E-mail: ramon.garcia@hidalgo,tx.us		Ramon Garcia 15) DATE 4/2/13

APPROVED BY COMMISSIONERS' COURT ON: 4/2/13

FORM A-1: B Title V Child Health & Child Dental Services, Texas Counties and Regions List in Alphabetical Order

Legal Business Name of Respondent: Hidalgo County

COUNTIES SERVED BY PROJECT - This list is provided for item 8, Form A-1: Face Page

Anderson	☐ 4/5N	Culberson	☐ 9/10	Hemphill	☐ 01	Mason	☐ 9/10	Scurry	☐ 2/3		
Andrews	☐ 9/10	**-D-**		Henderson	☐ 4/5N	Matagorda	☐ 6/5S	Shackelford	☐ 2/3		
Angelina	☐ 4/5N	Dallam	☐ 01	Hidalgo	√ 11	Maverick	☐ 08	Shelby	☐ 4/5N		
Aransas	☐ 11	Dallas	☐ 2/3	Hill	☐ 07	McCulloch	☐ 9/10	Sherman	☐ 01		
Archer	☐ 2/3	Dawson	☐ 9/10	Hockley	☐ 01	McLennan	☐ 07	Smith	☐ 4/5N		
Armstrong	☐ 01	Deaf Smith	☐ 01	Hood	☐ 2/3	McMullen	☐ 11	Somervell	☐ 2/3		
Atascosa	☐ 08	Delta	☐ 4/5N	Hopkins	☐ 4/5N	Medina	☐ 08	Starr	☐ 11		
Austin	☐ 6/5S	Denton	☐ 2/3	Houston	☐ 4/5N	Menard	☐ 9/10	Stephens	☐ 2/3		
-B-		DeWitt	☐ 08	Howard	☐ 9/10	Midland	☐ 9/10	Sterling	☐ 09		
Bailey	☐ 01	Dickens	☐ 01	Hudspeth	☐ 9/10	Milam	☐ 07	Stonewall	☐ 2/3		
Bandera	☐ 08	Dimmit	☐ 08	Hunt	☐ 2/3	Mills	☐ 07	Sutton	☐ 9/10		
Bastrop	☐ 07	Donley	☐ 01	Hutchinson	☐ 01	Mitchell	☐ 2/3	Swisher	☐ 01		
Baylor	☐ 2/3	Duval	☐ 11	**-I-**		Montague	☐ 2/3	**-T-**			
Bee	☐ 11	**-E-**		Irion	☐ 9/10	Montgomery	☐ 6/5S	Tarrant	☐ 2/3		
Bell	☐ 07	Eastland	☐ 2/3	**-J-**		Moore	☐ 01	Taylor	☐ 2/3		
Bexar	☐ 08	Ector	☐ 9/10	Jack	☐ 2/3	Morris	☐ 4/5N	Terrell	☐ 9/10		
Blanco	☐ 07	Edwards	☐ 08	Jackson	☐ 08	Motley	☐ 01	Terry	☐ 01		
Borden	☐ 9/10	Ellis	☐ 2/3	Jasper	☐ 4/5N	**-N-**		Throckmorton	☐ 2/3		
Bosque	☐ 07	El Paso	☐ 9/10	Jeff Davis	☐ 9/10	Nacogdoches	☐ 4/5N	Titus	☐ 4/5N		
Bowie	☐ 4/5N	Erath	☐ 2/3	Jefferson	☐ 6/5S	Navarro	☐ 2/3	Tom Green	☐ 9/10		
Brazoria	☐ 6/5S	**-F-**		Jim Hogg	☐ 11	Newton	☐ 4/5N	Travis	☐ 07		
Brazos	☐ 07	Falls	☐ 07	Jim Wells	☐ 11	Nolan	☐ 2/3	Trinity	☐ 4/5N		
Brewster	☐ 9/10	Fannin	☐ 2/3	Johnson	☐ 2/3	Nueces	☐ 11	Tyler	☐ 4/5N		
Briscoe	☐ 01	Fayette	☐ 07	Jones	☐ 2/3	**-O-**		**-U-**			
Brooks	☐ 11	Fisher	☐ 2/3	**-K-**		Ochiltree	☐ 01	Upshur	☐ 4/5N		
Brown	☐ 2/3	Floyd	☐ 01	Karnes	☐ 08	Oldham	☐ 01	Upton	☐ 9/10		
Burleson	☐ 07	Foard	☐ 2/3	Kaufman	☐ 2/3	Orange	☐ 6/5S	Uvalde	☐ 08		
Burnet	☐ 07	Fort Bend	☐ 6/5S	Kendall	☐ 08	**-P-**		**-V-**			
-C-		Franklin	☐ 4/5N	Kenedy	☐ 11	Palo Pinto	☐ 2/3	Val Verde	☐ 08		
Caldwell	☐ 07	Freestone	☐ 07	Kent	☐ 2/3	Panola	☐ 4/5N	Van Zandt	☐ 4/5N		
Calhoun	☐ 08	Frio	☐ 08	Kerr	☐ 08	Parker	☐ 2/3	Victoria	☐ 08		
Callahan	☐ 2/3	**-G-**		Kimble	☐ 9/10	Parmer	☐ 01	**-W-**			
Cameron	☐ 11	Gaines	☐ 9/10	King	☐ 01	Pecos	☐ 9/10	Walker	☐ 6/5S		
Camp	☐ 4/5N	Galveston	☐ 6/5S	Kinney	☐ 08	Polk	☐ 4/5N	Waller	☐ 6/5S		
Carson	☐ 01	Garza	☐ 01	Kleberg	☐ 11	Potter	☐ 01	Ward	☐ 9/10		
Cass	☐ 4/5N	Gillespie	☐ 08	Knox	☐ 2/3	Presidio	☐ 9/10	Washington	☐ 07		
Castro	☐ 01	Glasscock	☐ 9/10	**-L-**		**-R-**		Webb	☐ 11		
Chambers	☐ 6/5S	Goliad	☐ 08	Lamar	☐ 4/5N	Rains	☐ 4/5N	Wharton	☐ 6/5S		
Cherokee	☐ 4/5N	Gonzales	☐ 08	Lamb	☐ 01	Randall	☐ 01	Wheeler	☐ 01		
Childress	☐ 01	Gray	☐ 01	Lampasas	☐ 07	Reagan	☐ 9/10	Wichita	☐ 2/3		
Clay	☐ 2/3	Grayson	☐ 2/3	La Salle	☐ 08	Real	☐ 08	Wilbarger	☐ 2/3		
Cochran	☐ 01	Gregg	☐ 4/5N	Lavaca	☐ 08	Red River	☐ 4/5N	Willacy	☐ 11		
Coke	☐ 9/10	Grimes	☐ 07	Lee	☐ 07	Reeves	☐ 9/10	Williamson	☐ 07		
Coleman	☐ 2/3	Guadalupe	☐ 08	Leon	☐ 07	Refugio	☐ 11	Wilson	☐ 08		
Collin	☐ 2/3	**-H-**		Liberty	☐ 6/5S	Roberts	☐ 01	Winkler	☐ 9/10		
Collingsworth	☐ 01	Hale	☐ 01	Limestone	☐ 07	Robertson	☐ 07	Wise	☐ 2/3		
Colorado	☐ 6/5S	Hall	☐ 01	Lipscomb	☐ 01	Rockwall	☐ 2/3	Wood	☐ 4/5N		
Comal	☐ 08	Hamilton	☐ 07	Live Oak	☐ 11	Runnels	☐ 2/3	**-Y-**			
Comanche	☐ 2/3	Hansford	☐ 01	Llano	☐ 07	Rusk	☐ 4/5N	Yoakum	☐ 01		
Concho	☐ 9/10	Hardeman	☐ 2/3	Loving	☐ 9/10	**-S-**		Young	☐ 2/3		
Cooke	☐ 2/3	Hardin	☐ 6/5S	Lubbock	☐ 01	Sabine	☐ 4/5N	**-Z-**			
Coryell	☐ 07	Harris	☐ 6/5S	Lynn	☐ 01	San Augustine	☐ 4/5N	Zapata	☐ 11		
Cottle	☐ 2/3	Harrison	☐ 4/5N	**-M-**		San Jacinto	☐ 4/5N	Zavala	☐ 08		
Crane	☐ 9/10	Hartley	☐ 01	Madison	☐ 07	San Patricio	☐ 11				
Crockett	☐ 9/10	Haskell	☐ 2/3	Marion	☐ 4/5N	San Saba	☐ 07				

FORM A-1: C Title V Child Health & Child Dental Services, Texas Counties and Regions List in Alphabetical Order

Legal Business Name of Respondent: Hidalgo County

COUNTIES SERVED BY PROJECT - This list is provided for item 8, Form A-1: Face Page

Anderson	☐ 4/5N	Culberson	☐ 9/10	Hemphill	☐ 01	Mason	☐ 9/10	Scurry	☐ 2/3		
Andrews	☐ 9/10	-D-		Henderson	☐ 4/5N	Matagorda	☐ 6/5S	Shackelford	☐ 2/3		
Angelina	☐ 4/5N	Dallam	☐ 01	Hidalgo	√ 11	Maverick	☐ 08	Shelby	☐ 4/5N		
Aransas	☐ 11	Dallas	☐ 2/3	Hill	☐ 07	McCulloch	☐ 9/10	Sherman	☐ 01		
Archer	☐ 2/3	Dawson	☐ 9/10	Hockley	☐ 01	McLennan	☐ 07	Smith	☐ 4/5N		
Armstrong	☐ 01	Deaf Smith	☐ 01	Hood	☐ 2/3	McMullen	☐ 11	Somervell	☐ 2/3		
Atascosa	☐ 08	Delta	☐ 4/5N	Hopkins	☐ 4/5N	Medina	☐ 08	Starr	☐ 11		
Austin	☐ 6/5S	Denton	☐ 2/3	Houston	☐ 4/5N	Menard	☐ 9/10	Stephens	☐ 2/3		
-B-		DeWitt	☐ 08	Howard	☐ 9/10	Midland	☐ 9/10	Sterling	☐ 09		
Bailey	☐ 01	Dickens	☐ 01	Hudspeth	☐ 9/10	Milam	☐ 07	Stonewall	☐ 2/3		
Bandera	☐ 08	Dimmit	☐ 08	Hunt	☐ 2/3	Mills	☐ 07	Sutton	☐ 9/10		
Bastrop	☐ 07	Donley	☐ 01	Hutchinson	☐ 01	Mitchell	☐ 2/3	Swisher	☐ 01		
Baylor	☐ 2/3	Duval	☐ 11	-I-		Montague	☐ 2/3	-T-			
Bee	☐ 11	-E-		Irion	☐ 9/10	Montgomery	☐ 6/5S	Tarrant	☐ 2/3		
Bell	☐ 07	Eastland	☐ 2/3	-J-		Moore	☐ 01	Taylor	☐ 2/3		
Bexar	☐ 08	Ector	☐ 9/10	Jack	☐ 2/3	Morris	☐ 4/5N	Terrell	☐ 9/10		
Blanco	☐ 07	Edwards	☐ 08	Jackson	☐ 08	Motley	☐ 01	Terry	☐ 01		
Borden	☐ 9/10	Ellis	☐ 2/3	Jasper	☐ 4/5N	-N-		Throckmorton	☐ 2/3		
Bosque	☐ 07	El Paso	☐ 9/10	Jeff Davis	☐ 9/10	Nacogdoches	☐ 4/5N	Titus	☐ 4/5N		
Bowie	☐ 4/5N	Erath	☐ 2/3	Jefferson	☐ 6/5S	Navarro	☐ 2/3	Tom Green	☐ 9/10		
Brazoria	☐ 6/5S	-F-		Jim Hogg	☐ 11	Newton	☐ 4/5N	Travis	☐ 07		
Brazos	☐ 07	Falls	☐ 07	Jim Wells	☐ 11	Nolan	☐ 2/3	Trinity	☐ 4/5N		
Brewster	☐ 9/10	Fannin	☐ 2/3	Johnson	☐ 2/3	Nueces	☐ 11	Tyler	☐ 4/5N		
Briscoe	☐ 01	Fayette	☐ 07	Jones	☐ 2/3	-O-		-U-			
Brooks	☐ 11	Fisher	☐ 2/3	-K-		Ochiltree	☐ 01	Upshur	☐ 4/5N		
Brown	☐ 2/3	Floyd	☐ 01	Karnes	☐ 08	Oldham	☐ 01	Upton	☐ 9/10		
Burleson	☐ 07	Foard	☐ 2/3	Kaufman	☐ 2/3	Orange	☐ 6/5S	Uvalde	☐ 08		
Burnet	☐ 07	Fort Bend	☐ 6/5S	Kendall	☐ 08	-P-		-V-			
-C-		Franklin	☐ 4/5N	Kenedy	☐ 11	Palo Pinto	☐ 2/3	Val Verde	☐ 08		
Caldwell	☐ 07	Freestone	☐ 07	Kent	☐ 2/3	Panola	☐ 4/5N	Van Zandt	☐ 4/5N		
Calhoun	☐ 08	Frio	☐ 08	Kerr	☐ 08	Parker	☐ 2/3	Victoria	☐ 08		
Callahan	☐ 2/3	-G-		Kimble	☐ 9/10	Parmer	☐ 01	-W-			
Cameron	☐ 11	Gaines	☐ 9/10	King	☐ 01	Pecos	☐ 9/10	Walker	☐ 6/5S		
Camp	☐ 4/5N	Galveston	☐ 6/5S	Kinney	☐ 08	Polk	☐ 4/5N	Waller	☐ 6/5S		
Carson	☐ 01	Garza	☐ 01	Kleberg	☐ 11	Potter	☐ 01	Ward	☐ 9/10		
Cass	☐ 4/5N	Gillespie	☐ 08	Knox	☐ 2/3	Presidio	☐ 9/10	Washington	☐ 07		
Castro	☐ 01	Glasscock	☐ 9/10	-L-		-R-		Webb	☐ 11		
Chambers	☐ 6/5S	Goliad	☐ 08	Lamar	☐ 4/5N	Rains	☐ 4/5N	Wharton	☐ 6/5S		
Cherokee	☐ 4/5N	Gonzales	☐ 08	Lamb	☐ 01	Randall	☐ 01	Wheeler	☐ 01		
Childress	☐ 01	Gray	☐ 01	Lampasas	☐ 07	Reagan	☐ 9/10	Wichita	☐ 2/3		
Clay	☐ 2/3	Grayson	☐ 2/3	La Salle	☐ 08	Real	☐ 08	Wilbarger	☐ 2/3		
Cochran	☐ 01	Gregg	☐ 4/5N	Lavaca	☐ 08	Red River	☐ 4/5N	Willacy	☐ 11		
Coke	☐ 9/10	Grimes	☐ 07	Lee	☐ 07	Reeves	☐ 9/10	Williamson	☐ 07		
Coleman	☐ 2/3	Guadalupe	☐ 08	Leon	☐ 07	Refugio	☐ 11	Wilson	☐ 08		
Collin	☐ 2/3	-H-		Liberty	☐ 6/5S	Roberts	☐ 01	Winkler	☐ 9/10		
Collingsworth	☐ 01	Hale	☐ 01	Limestone	☐ 07	Robertson	☐ 07	Wise	☐ 2/3		
Colorado	☐ 6/5S	Hall	☐ 01	Lipscomb	☐ 01	Rockwall	☐ 2/3	Wood	☐ 4/5N		
Comal	☐ 08	Hamilton	☐ 07	Live Oak	☐ 11	Runnels	☐ 2/3	-Y-			
Comanche	☐ 2/3	Hansford	☐ 01	Llano	☐ 07	Rusk	☐ 4/5N	Yoakum	☐ 01		
Concho	☐ 9/10	Hardeman	☐ 2/3	Loving	☐ 9/10	-S-		Young	☐ 2/3		
Cooke	☐ 2/3	Hardin	☐ 6/5S	Lubbock	☐ 01	Sabine	☐ 4/5N	-Z-			
Coryell	☐ 07	Harris	☐ 6/5S	Lynn	☐ 01	San Augustine	☐ 4/5N	Zapata	☐ 11		
Cottle	☐ 2/3	Harrison	☐ 4/5N	-M-		San Jacinto	☐ 4/5N	Zavala	☐ 08		
Crane	☐ 9/10	Hartley	☐ 01	Madison	☐ 07	San Patricio	☐ 11				
Crockett	☐ 9/10	Haskell	☐ 2/3	Marion	☐ 4/5N	San Saba	☐ 07				

FORM A-2: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Respondent: Hidalgo County

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. ***Except as indicated, complete and include each form, and be sure to indicate page number.***

FORM	DESCRIPTION	Included	Page #	Not Applicable
	Section II – Attachment A : Required for All Respondents			
A-1	Face Page - completed, signed & dated	√		
A-1:B	Title V Child Health & Child Dental Services, Texas Counties and Regions List behind A-1	√		☐
A-1:C	Title V Prenatal Medical & Prenatal Dental Services, Texas Counties and Regions List behind A-1	√		☐
A-2	Proposal Table of Contents and Checklist	√		
A-3	Administrative Information - with supplemental documentation attached, if required	√		
A-4	Exception Form	√		
A-5	Historically Underutilized Business (HUB) Forms including Subcontracting Plan and Progress Report			√
A-6	Child Support Certification (non-profit and governmental entities exempt)			√
A-7	Clinic Sites - complete a separate form for each clinic site	√		
A-8	Respondent Site Readiness	√		
A-9	Title V Fee for Services Program Assurances	√		
A-10	Respondent Background	√		
A-11	Assessment Narrative	√		
	Section II – Attachment B: Required for Child Health & Child Dental Services Respondents			
B-1	Contact Person Information	√		☐
B-2	Service Delivery Plan	√		☐
B-3	Ceiling Request and Performance Measures	√		☐
	Section II – Attachment C: Required for Prenatal Medical & Prenatal Dental Services Respondents			
C-1	Contact Person Information	√		☐
C-2	Service Delivery Plan	√		☐
C-3	Ceiling Request and Performance Measures	√		☐

FORM A-3: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information ***or provide the required supplemental document behind this form.*** *If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Legal Business Name of Respondent: Hidalgo County

Identifying Information

1. **The respondent must attach the following information:**

   If a Governmental Entity

   - Ramon Garcia, Hidalgo County Judge 302 W. University Drive Edinburg, Texas 78539

   If a Nonprofit or For Profit Entity

   - Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
   - Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. **Is respondent a nonprofit organization?**

   ☐ **YES** X **NO**

   If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

   ☐ (a) A copy of a currently valid IRS exemption certificate.

   ☐ (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

   ☐ (c) A copy of the organization's certificate of information or similar document if it clearly establishes the nonprofit status of the organization.

   ☐ (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM A-3: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

3. **Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?**

   ☐ **YES** √ **NO**

   If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

4. **Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?**

   ☐ **YES** √ **NO**

   If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

5. **Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?**

   ☐ **YES** √ **NO**

   If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

6. **Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?**

   ☐ **YES** √ **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

7. **Are any proposed personnel related to any current or former employees of DSHS or HHSC?**

   ☐ **YES** √ **NO**

   If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8 **Has any member of respondent's executive management, project management, governing board or principal officers been employed by DSHS or HHSC 24 months prior to the proposal due date?**

☐ **YES** X **NO**

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. **If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?**

☐ **YES** √ **NO**

10. **Is respondent or any member of respondent's executive management, project management, board members or principal officers:**
- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

☐ **YES** √ **NO**

If YES, please explain. (Attach no more than one additional page.)

11. **Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?**

☐ **YES** √ **NO**

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

12. **Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?**

☐ **YES** √ **NO**

If YES, please explain. (Attach no more than one additional page.)

13. **Has respondent had a contract with DSHS within the past 24 months?**

X **YES** ☐ **NO**

If YES, list the DSHS contract and attachment number(s):

DSHS Contract Number(s)

2013-041204-001	2013-041204-005
2013-041204-002	2013-041204-006
2013-041204-003	2013-042404-001
2013-041204-004	2013-042399-001

If NO, respondent must be able to demonstrate fiscal solvency. *Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. DSHS will review the*

documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM A-3, SHOULD BE INSERTED HERE.

FORM A-3-1: GOVERNMENTAL ENTITY
Authorized Officials
Legal Business Name of Hidalgo County

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name:	Eduardo Olivarez		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Administrative Officer		1304 S. 25th Ave.
Phone:	956-383-6221	Ext. 223	Edinburg, Hidalgo, Tx 78542
Fax:	956-383-3229		
Email:	eddie.olivarez@hchd.org		
Name:	Ivan Melendez		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Physician		1304 S. 25th Ave.
Phone:	956-383-6221	Ext. 235	Edinburg, Hidalgo, Tx 78542
Fax:	956-383-8864		
Email:			
Name:	Lydia Serna		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Director of Nursing		1304 S. 25th Ave.
Phone:	956-383-6221	Ext.235	Edinburg, Hidalgo, Tx 78542
Fax:	956-383-8864		
Email:	lydia.serna@hchd.org		
Name:	Miguel Escaname		**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Financial Officer		1304 S. 25th Ave.
Phone:	956-383-6221	Ext.222	Edinburg, Hidalgo, Tx 78542
Fax:	956-383-3229		
Email:	mike.escaname@hchd.org		
Name:			**Mailing Address (incl. street, city, county, state, & zip):**
Title:			
Phone:		Ext.	
Fax:			
Email:			
Name:			**Mailing Address (incl. street, city, county, state, & zip):**
Phone:		Ext.	
Fax:			
Email:			

FORM A-3-2: NONPROFIT OR FOR-PROFIT ENTITY

Board of Directors and Principal Officers

Legal Business Name of Hidalgo County

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock.

Name: N/A Title: Phone: Ext. Fax: Email:	Mailing Address (incl. street, city, county, state, & zip):
Name: Title: Phone: Ext. Fax: Email:	Mailing Address (incl. street, city, county, state, & zip):
Name: Title: Phone: Ext. Fax: Email:	Mailing Address (incl. street, city, county, state, & zip):
Name: Title: Phone: Ext. Fax: Email:	Mailing Address (incl. street, city, county, state, & zip):
Name: Title: Phone: Ext. Fax: Email:	Mailing Address (incl. street, city, county, state, & zip):

FORM A-4: EXCEPTIONS FORM

FORM E: EXCEPTIONS FORM

RFP # CHS/TV-0554.1

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:

- If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being requested, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

√ **If no exceptions are being requested, check this box and leave the table below blank**

FORM A-4: EXCEPTIONS FORM

RFP # *CHS/TV-0554.1*

TABLE OF EXCEPTIONS N/A

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				

FORM A-5: HISTORICALLY UNDERUTILIZED BUSINESS (HUB)

Rev. 02/12

QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

❖ **If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:**

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors
- ☐ Section 2 c. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less meets or exceeds the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements",**
complete:

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – Yes
- ☐ Section 4 – Affirmation
- ☐ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less does not meet or exceed the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:**

- ☐ Section 1 – Respondent and Requisition Information
- ☐ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ☐ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
- ☐ Section 2 c. – No
- ☐ Section 2 d. – No
- ☐ Section 4 – Affirmation
- ☐ GFE Method B (Attachment B) – Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.

❖ **If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:**

- √ Section 1 – Respondent and Requisition Information
- √ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources
- √ Section 3 – Self Performing Justification
- √ Section 4 – Affirmation

*__Continuous Contract:__ *Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.*

HUB SUBCONTRACTING PLAN (HSP)

In accordance with Texas Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, all respondents, including State of Texas certified Historically Underutilized Businesses (HUBs) must complete and submit this State of Texas HUB Subcontracting Plan (HSP) with their response to the bid requisition (solicitation).

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) §20.13 are:

- ***11.2 percent for heavy construction other than building contracts,***
- ***21.1 percent for all building construction, including general contractors and operative builders contracts,***
- ***32.7 percent for all special trade construction contracts,***
- ***23.6 percent for professional services contracts,***
- ***24.6 percent for all other services contracts, and***
- ***21 percent for commodities contracts.***

- - Agency Special Instructions/Additional Requirements - -

In accordance with 34 TAC §20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent's subcontracts with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which it will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

Please READ thoroughly when completing this HUB (HSP) Plan: you must: First, find the method that applies to you; see the HSP Quick Checklist to make this determination.

- If using Method B, you must comply with ALL sections of B3 and attach supporting documentation (e.g., notifications, emails, phone logs, etc.) with your bid response. If you are **awarded this contract**, you must notify all subcontractors of their selection as a subcontractor and provide a copy of the notification to the HUB Coordinator listed below within **10 days** of receiving the contract award. DSHS HUB Coordinator Contact: shawn.constancio@dshs.state.tx.us

This contract is classified as an **Other Services** contract under the CPA rule, and therefore has a Statewide Annual HUB utilization goal of **24.6%** per fiscal year. **RFP# CHS/TV-0554.1**
Respondents may search for HUB subcontractors on the CPA Centralized Master Bidders List (CMBL), HUB Directory, which is located on the CPA website: http://www2.cpa.state.tx.us/cmbl/cmblhub.html. For this procurement, DSHS has identified the following class and item codes for potential subcontracting opportunities: **615-ALL** OFFICE SUPPLIES, GENERAL **410-ALL** FURNITURE: HEALTH CARE, HOSPITAL AND/OR DOCTOR'S OFFICE **465-ALL** HOSPITAL AND SURGICAL EQUIPMENT, INSTRUMENTS, AND SUPPLIES **475-ALL** HOSPITAL, SURGICAL, AND MEDICAL RELATED ACCESSORIES AND SUNDRY ITEMS **948-ALL** HEALTH RELATED SERVICES

SECTION 1 RESPONDENT AND REQUISITION INFORMATION

a. Respondent (Company) Name: Hidalgo County Health & Human Services Department State of Texas VID #: 746000717

Point of Contact: Eduardo Olivarez, Chief Administrative Officer Phone #: 956-383-6221

E-mail Address: eddie.olivarez@hchd.org Fax #: 956-383-3229

b. Is your company a State of Texas certified HUB? ☐ - Yes ☒ - No

c. RFP #: CHS/TV -0554.1 DSHS RE: HUBD_028 Bid Open Date: _____

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

SECTION 2 SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an "Subcontractor" means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

☐ - ***Yes***, I will be subcontracting portions of the contract. (If ***Yes***, complete Item b, of this SECTION and continue to Item c of this SECTION.)

☒ - ***No***, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources. (If ***No***, continue to SECTION 3 and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs.
1	N/A	%	%	%
2		%	%	%
3		%	%	%
4		%	%	%
5		%	%	%
6		%	%	%
7		%	%	%
8		%	%	%
9		%	%	%
10		%	%	%
11		%	%	%
12		%	%	%
13		%	%	%
14		%	%	%
	Aggregate percentages of the contract expected to be subcontracted:	%	%	%

(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at **http://window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/**)

c. Check the appropriate box (Yes or No) that indicates whether you will be using **only** Texas certified HUBs to perform **all** of the subcontracting opportunities you listed in SECTION 2, Item b.

☐ - ***Yes*** (If ***Yes***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
☐ - ***No*** (If ***No***, continue to Item d, of this SECTION.)

d. Check the appropriate box (Yes or No) that indicates whether the **aggregate expected percentage** of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract* in place with for five (5) years or less **meets or exceeds** the HUB goal the contracting agency identified on page 1 in the "Agency Special Instructions/Additional Requirements".

☐ - ***Yes*** (If ***Yes***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed.)
☐ - ***No*** (If ***No***, continue to SECTION 4 **and** complete an "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed.)

**Continuous Contract:* *Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.*

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

SECTION 2 SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)

a. **This page can be used as a continuation sheet to the HSP Form's page 2, SECTION 2, Item b.** Continue listing the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

Item #	Subcontracting Opportunity Description	HUBs		Non-HUBs
		Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.	Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for more than five (5) years.	Percentage of the contract expected to be subcontracted to non-HUBs.
	N/A	%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
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		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
		%	%	%
	Aggregate percentages of the contract expected to be subcontracted:	%	%	%

*Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into "new" contracts.

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

SECTION 3 **SELF PERFORMING JUSTIFICATION (If you responded "*No*" to SECTION 2, Item a, you must complete this SECTION and continue to SECTION 4.)**

Check the appropriate box (Yes or No) that indicates whether your response/proposal contains an explanation demonstrating how your company will fulfill the entire contract with its own resources.

☑ - **Yes** (If ***Yes***, in the space provided below **list the specific page(s)/section(s)** of your proposal which explains how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

☐ - **No** (If ***No***, in the space provided below **explain how** your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

Form A-10

Form B-2

Form C-2

SECTION 4 **AFFIRMATION**

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.
- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs). (The PAR is available at ***http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentrpt.xls***).
- The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

Ramon Garcia	Ramon Garcia	Hidalgo County Judge	04/09/2013
Signature	Printed Name	Title	Date (mm/dd/yyyy)

REMINDER:

- If you responded "***Yes***" to **SECTION 2, Items c or d**, you must complete an "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed in SECTION 2, Item b.
- If you responded "***No***" **SECTION 2, Items c and d**, you must complete an "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed in SECTION 2, Item b.3

APPROVED BY COMMISSIONERS' COURT ON: 4/2/13

Rev. 02/12

HSP Good Faith Effort - Method A (HUB Attachment A)

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

IMPORTANT: If you responded "***Yes***" to **SECTION 2, Items c or d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method A (Attachment A)" for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at ***http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-A.doc***

SECTION A-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

Item #: _____ **Description:** N/A

SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
NA	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

Rev. 02/12

HSP Good Faith Effort - Method B (HUB Attachment B)

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

IMPORTANT: If you responded "***No***" to **SECTION 2, Items c and d** of the completed HSP form, you must submit a completed "HSP Good Faith Effort - Method B (Attachment B)" for **each** of the subcontracting opportunities you listed in **SECTION 2, Item b** of the completed HSP form. You may photo-copy this page or download the form at **http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-B.doc**

SECTION B-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

Item #: _____ **Description:** N/A

SECTION B-2 MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion of work you listed in SECTION B-1 to your Protégé.

☐ - **Yes** (If ***Yes***, to continue to SECTION B-4.)

☐ - **No / Not Applicable** (If ***No*** or ***Not Applicable***, continue to SECTION B-3 and SECTION B-4.)

SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you MUST comply with items **a, b, c and d**, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and minority or women trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at **http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/**

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and minority or women trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the minority or women trade organizations or development centers is considered to be "day zero" and does not count as one of the seven (7) working days.

a. Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas' Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at **http://www.window.state.tx.us/procurement//cmbl/cmblhub.html**. HUB Status code "**A**" signifies that the company is a Texas certified HUB.

b. List the three (3) Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company's Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

Company Name	VID #	Date Notice Sent (mm/dd/yyyy)	Did the HUB Respond?
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more minority or women trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to minority or women trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program's webpage at **http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/**

d. List two (2) minority or women trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

Minority/Women Trade Organizations or Development Centers	Date Notice Sent (mm/dd/yyyy)	Was the Notice Accepted?
		☐Yes ☐No
		☐Yes ☐No

Enter your company's name here: Hidalgo County RFP #: CHS/TV -0554.1

SECTION B-4 SUBCONTRACTOR SELECTION

a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

Item #: **Description:** N/A

b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in **SECTION B-1**. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

Company Name	Texas certified HUB	VID # (Required if Texas certified HUB)	Approximate Dollar Amount	Expected Percentage of Contract
N/A	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%
	☐Yes ☐No		$	%

c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in SECTION B-1 is **not** a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

REMINDER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to **all** the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency's name and its point of contact for the contract, the contract award number, the subcontracting opportunity it (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency's point of contact for the contract no later than ten (10) working days after the contract is awarded.

In accordance with Texas Gov't Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of $100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in **Section B** has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in **Section C, Item 2**, reply no later than the date and time identified in **Section C, Item 1**. Submit your response to the point-of-contact referenced in **Section A**.

Section A PRIME CONTRACTOR'S INFORMATION

Company Name: _____ **State** _____

of Texas VID #: Point-of-Contact: _____ **Phone #:** _____

E-mail Address: _____ **Fax #:** _____

Section B CONTRACTING STATE AGENCY AND REQUISITION INFORMATION

Agency Name: _____

Point-of-Contact: _____ **Phone #:** _____

Insert Title & RFP# CHS/TV -0554.1 _____ **Bid Open Date:**

Section C	SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION
1. Potential Subcontractor's Bid Response Due Date:	If you would like for our company to consider your company's bid for the subcontracting opportunity identified below in Item 2, we must receive your bid response no later than Select Central Time on Date (mm/dd/yyyy). *In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting our bid response to the contracting agency.* *(A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the minority or women trade organizations or development centers is considered to be day zero and does not count as one of the seven (7) working days.)*
2. Subcontracting Opportunity Scope of Work:	
3. Required Qualifications: - Not Applicable	
4. Bonding/Insurance Requirements: - Not Applicable	
5. Location to review plans/specifications: - Not Applicable	

TEXAS Department of State Health Services

FORM A-6: CHILD SUPPORT CERTIFICATION
(Required for all Respondents EXCEPT Non-profit and Governmental Entities)

Child Support Certification

The Texas Family Code, §231.006, VTCA places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

   ☐ An individual or sole proprietor, or

   ☐ A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

   (A) Printed Name: _____
   Social Security Number: _____
   (B) Printed Name: _____
   Social Security Number: _____

3. Under the Texas Family Code, §231.006, VTCA the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: _____
   Printed Name of Authorized Representative: _____
   Signing this Certification: _____
   Signature of Authorized Representative: _____
   Date: _____

FORM A-6: CHILD SUPPORT CERTIFICATION GUIDELINES

Form A-6 is required by Texas Family Code, §231.006, and is designed to certify that anyone applying for funds under this RFP is not a child support obligor (a person who is more than 30 days delinquent). This form is applicable to for-profit corporations, sole proprietors, individuals and partnerships. This form is NOT applicable to Governmental entities and non-profit corporations. These types of entities do not need to complete the form.

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 1 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County									
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐ WIC
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours			
	√	V – Child Health	√	V – Prenatal Medical					
	☐	V-Child Dental	☐	V – Prenatal Dental					
Subcontractor Site:	☐	Yes	√	No					
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Edinburg Clinic								

Contact Person:	Laila De Leon	Phone:	956-318-2040
Location of Site:	3105 E. Richardson	Fax:	956-316-3491
Street Address:	3105 E. Richardson		

City:	Edinburg	County:	Hidalgo	Zip Code:	78541	HSR:	11
Pharmacy License #:	07182	TPI #: 139351611		NPI#:	1932146636		

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:30	Family Planning Intakes & Returns, Immunization	4
	Afternoon			TB Visits & Newborn Assessments	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:30	Prenatal Clinic, Immunization, & Family Planning	4
	Afternoon				
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:30	Child Health Clinic, Immunizations & Family Planning	4
	Afternoon			Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:30	Pregnancy Tests, Prenatal Intakes & Returns,	4
	Afternoon			Immunizations & Walk-Ins	
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:00	Family Planning Clinic, Immunizations & Walk-Ins	4
	Afternoon				
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 2 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County									
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐ WIC
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours			
	√	V – Child Health	√	V – Prenatal Medical					
	☐	V-Child Dental	☐	V – Prenatal Dental					
Subcontractor Site:	☐	Yes	√	No					
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Elsa Clinic								
Contact Person:	Rosa Laura Reyes				Phone:	956-262-1141			
Location of Site:	708 Edinburg St.				Fax:	956-262-7842			
Street Address:	708 Edinburg St.								
City: Elsa		County: Hidalgo			Zip Code: 78538		HSR: 11		
Pharmacy License #: 07182		TPI #: 139350609			NPI#: 1932146636				

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:00	Family Planning Intakes & Returns, Newborn	4
	Afternoon			Assessments & TB Visits	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:00	5:00	Prenatal Intakes & Returns, Family Planning	
	Afternoon			& Immunizations	4
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:00	Child Health Clinic, Prenatal Clinic, Immunizations &	4
	Afternoon			Family Planning Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:00	5:00	Immunizations, Family Planning Rx's & Pregnancy	4
	Afternoon			Tests	
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:00	5:00	Family Planning Clinic, Immunizations & Family	4
	Afternoon			Planning Rx's	
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 3 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐	WIC	
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours					
	√	V – Child Health	√	V – Prenatal Medical							
	☐	V-Child Dental	☐	V – Prenatal Dental							
Subcontractor Site:	☐	Yes	√	No							
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Hidalgo Clinic										
Contact Person:	Cecilia Lopez					Phone:	956-843-7463				
Location of Site:	702 Texano					Fax:	956-843-7762				
Street Address:	702 Texano										
City:	Hidalgo		County:	Hidalgo		Zip Code:	78557		HSR:	11	
Pharmacy License #:	07182	TPI #: 139350610				NPI#:	1932146636				

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:00	Immunization, Family Planning Rx's & Newborn	4
	Afternoon			Assessments	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:00	Family Planning Intakes & Returns, Prenatal Clinic &	4
	Afternoon			Immunizations	
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:00	Child Health Clinic, Immunizations, Family Planning	4
	Afternoon			Clinic & Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:00	Family Planning Intakes, Immunizations & Walk-Ins	4
	Afternoon				
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:00	Prenatal Clinic, Immunizations & Walk-Ins	4
	Afternoon				
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 4 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County									
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐ WIC
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours			
	√	V – Child Health	√	V – Prenatal Medical					
	☐	V-Child Dental	☐	V – Prenatal Dental					
Subcontractor Site:	☐	Yes	√	No					
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- McAllen Clinic								

Contact Person:	Norma Garza	Phone:	956-682-6155
Location of Site:	300 E. Hackberry	Fax:	956-618-5979
Street Address:	300 E. Hackberry		

City:		County:	Hidalgo	Zip Code:	78501	HSR:	11
Pharmacy License #:	07182	TPI #: 139350605		NPI#:	1932146636		

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:30	STD Clinic, Immunizations, TB Visits & Prenatal	4
	Afternoon			Intakes	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:30	Prenatal Intakes & Returns, Immunizations & Family	4
	Afternoon			Planning Rx's	
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:30	Prenatal Clinic, Prenatal Intakes, Immunizations &	4
	Afternoon			Family Planning Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:30	Family Planning Clinic, Immunizations & Walk-Ins	4
	Afternoon				
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:00	Child Health Clinic, Family Planning Rx's,	4
	Afternoon			Immunizations & Walk-Ins	
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 5 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site):	Hidalgo County										
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐	WIC	
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours					
	√	V – Child Health	√	V – Prenatal Medical							
	☐	V-Child Dental	☐	V – Prenatal Dental							
Subcontractor Site:	☐	Yes	√	No							
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Mission Clinic										
Contact Person:	211 N. Schuebach Rd. Ste. 1						Phone:	956-585-2461			
Location of Site:	211 N. Schuebach Rd. Ste.1						Fax:	956-585-7144			
Street Address:											
City:	Mission			County:	Hidalgo		Zip Code:	78572	HSR:	11	
Pharmacy License #:	07182	TPI #: 139350612					NPI#:	1932146636			

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:30	Family Planning, Prenatal Intakes & Returns,	4
	Afternoon			Immunizations TB Visits & Walk-Ins	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:30	Child Health Clinic, Prenatal Clinic, Immunizations	4
	Afternoon			Family Planning Rx's	
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:30	Prenatal Clinic, Immunizations & Pregnancy Tests	4
	Afternoon				
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:30	Prenatal Clinic, Immunizations & Family Planning Clinic	4
	Afternoon			Rx's	
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:00	Family Planning Clinic, Prenatal Intakes & Returns,	4
	Afternoon			Immunizations & Pregnancy Test	
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 6 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County									
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐ WIC
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours			
	√	V – Child Health	√	V – Prenatal Medical					
	☐	V-Child Dental	☐	V – Prenatal Dental					
Subcontractor Site:	☐	Yes	√	No					
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Pharr Clinic								

Contact Person:	Lilia Velasco	Phone:	956-787-1531
Location of Site:	300 W. Hall Acres	Fax:	956-787-6310
Street Address:	300 W. Hall Acres		

City:	Pharr	County:	Hidalgo	Zip Code:	78577	HSR:	11
Pharmacy License #:	07182	TPI #: 139350604		NPI#:	1932146636		

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:30	Family Planning Intakes, TB Visits, Immunizations	4
	Afternoon			Newborn Assessments	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:30	Prenatal Intakes & Returns & Immunizations	4
	Afternoon				
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:30	Child Health Clinic, Immunizations & Family Planning	4
	Afternoon			Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:30	Pregnancy Clinic, Immunizations & Family Planning	4
	Afternoon			Rx's	
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:00	Family Planning Clinic, TB Visits & Immunizations	4
	Afternoon				
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: TITLE V CLINIC SITES

COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	Clinic Site # 7 of 7

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County									
Funding Sources Used to Support this Clinic:	☐	BCCS	☐	DSHS FP	☐	PHC	☐	Epilepsy	☐ WIC
	☐	FQHC	☐	FQHC Look-alike	√	Open Extended Hours			
	√	V – Child Health	√	V – Prenatal Medical					
	☐	V-Child Dental	☐	V – Prenatal Dental					
Subcontractor Site:	☐	Yes	√	No					
Clinic Name to Appear on Website Locator:	Hidalgo County Health & Human Services Department- Weslaco Clinic								
Contact Person:	Elva Murphy				Phone:	956-968-7541			
Location of Site:	1901 N. Bridge				Fax:	956-968-0085			
Street Address:	1901 N. Bridge								
City:	Weslaco		County:	Hidalgo	Zip Code:	78596	HSR:	11	
Pharmacy License #:	07182	TPI #: 139350607			NPI#:	1932146636			

CLINIC HOURS AND SERVICES:

DAY		HOURS OF OPERATION From	To	SERVICES PROVIDED/CLINIC TYPE	# MONTHLY CLINICS
MONDAY	Morning	7:30	5:30	Family Planning Intakes, Immunizations & Prenatal	4
	Afternoon			Intakes & Returns	
	Evening (After 5 PM)	N/A			
TUESDAY	Morning	7:30	5:30	Prenatal Clinic & Immunizations	4
	Afternoon				
	Evening (After 5 PM)	N/A			
WEDNESDAY	Morning	7:30	5:30	Child Health Clinic, Immunizations & Family Planning	4
	Afternoon			Rx's	
	Evening (After 5 PM)	N/A			
THURSDAY	Morning	7:30	5:30	Family Planning Clinic, Prenatal Intakes & Returns;	4
	Afternoon			Immunizations	
	Evening (After 5 PM)	N/A			
FRIDAY	Morning	7:30	5:30	Family Planning Rx's, TB Visits, Immunizations &	4
	Afternoon			Newborn Assessments	
	Evening (After 5 PM)	N/A			
SATURDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	Morning			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				TOTAL # CLINICS PER MONTH	20

PROGRAM SPECIFICS:

Check all that apply for TV Child Health, Child Dental, Prenatal Medical, and Prenatal Dental Services	
√ Appointment scheduling on site	√ Site does client intake and/or eligibility determination
√ Child Health services provided on site	√ Prenatal Medical services provided on site
☐ Child/Adolescent Dental services provided on site	☐ Prenatal Dental services provided on site
√ Enrolled as a Texas Health Steps Provider	√ Enrolled as a CHIP Provider
☐ Enrolled as a Texas Health Steps Dental Provider	☐ Enrolled as a CHIP Dental Provider

FORM A-7: CLINIC SITE FORM INSTRUCTIONS

Complete a separate Clinic Site Form for each clinic site. Information provided on clinic site forms is used to update DSHS websites and public databases, therefore, each clinic form must contain current and accurate information.

Legal Name of Respondent	Respondent's legal name.
Clinic Site # ___ of ___	Example: Clinic Site #1 of 5 for the first clinic site out of five clinic sites, Clinic Site #2 of 5 for the second clinic site of five, etc.
CLINIC SITE INFORMATION:	
Service Area	List counties served by that specific clinic site, NOT all counties served by the whole project.
Funding Sources Used to Support this Clinic	From the sources listed, check all sources of funds used to support that specific clinic site.
Subcontractor Site	For each clinic site, indicate whether that particular site is subcontracted by the respondent to another entity for the provision of services.
Clinic Name to Appear on Website Locator	State the name of the clinic as it will appear on the DSHS website locator. (The name should be recognizable to clients.)
Contact Person	Name of contact person for that clinic site.
Phone	Phone number for the clinic.
Location of Site	Clinic location (e.g., Texas Medical Center/Smith Tower)
Fax	Fax number for the clinic.
Street Address	Physical address of clinic.
City/County/Zip Code	City, county and zip code of clinic.
HSR	Health Service Region where clinic is located.
Pharmacy License #	Pharmacy license number for the clinic (if applicable); otherwise put N/A for Not Applicable.
TPI#	Texas Provider Identifier # for the clinic (if applicable), otherwise N/A.
NPI#	National Provider Identifier # for the clinic (if applicable), or N/A.
CLINIC HOURS AND SERVICES:	
Hours of Operation	List the operating hours of each clinic site for each day of the week broken into morning (e.g., 8:00 a.m. – Noon), afternoon (e.g. 12:01 p.m. – 5:00 p.m.), and evening hours (e.g., 5:01 p.m. – 8:00 p.m.). Indicate days of the week when the clinic is closed (e.g. Tuesday – closed).
Services Provided/Clinic Type	List the type of services provided or type of clinic for each day of the week. For example, Monday = child health clinic, Wednesday = dental clinic, etc. **Legend** -CH-child health, CD-child dental, PM-prenatal medical, PD-prenatal dental.
# Monthly Clinics	List the total number of clinics each month by the day of the week, e.g., Monday = 4 clinics per month; Tuesday = 0 clinics per month, etc.
Total Hours/Month	List the total number of hours of operation per month for each clinic site (e.g., Clinic Site 1 = 128 hours per month; Clinic Site 2 = 160 hours per month, etc.)
Total # Clinics Per Month	List the total number of clinics held per month per clinic site (e.g., Clinic Site 1 = 16, Clinic Site 2 = 20, etc.)

PROGRAM SPECIFICS:

This section of the clinic site form includes questions related to specific DSHS programs. Check the appropriate boxes to indicate what specific services are provided at each clinic site. Services generally vary between clinic sites, so it is essential that accurate service information is reported by respondent in order for DSHS to appropriately monitor services provided. *Important: Any changes in clinic information must be reported **in writing** to the appropriate DSHS Contract Manager in a timely manner. Programmatic or operational changes must be made in accordance with requirements outlined in the DSHS General Provisions at http://www.dshs.state.tx.us/grants/gen-prov.shtm.*

FORM A-8: RESPONDENT SITE READINESS

Legal Business Name of Respondent: Hidalgo County

Appropriate signage to identify funded entity.	√	Y	☐	N
Space for clinical and administrative staff?	√	Y	☐	N
Computer systems with following minimum functionality:				
• Internet Browser – minimum Internet Explorer (IE) 8 or newer	√	Y	☐	N
• Microsoft Office – minimum Office 2007 Suite or newer	√	Y	☐	N
• Email Client	√	Y	☐	N
Locked storage for charts, records, medications and medical supplies	√	Y	☐	N
Proper disposal for medical waste	√	Y	☐	N
CLIA certification for level of tests performed	√	Y	☐	N
Handicap-accessible clinic sites that are geographically close to target population	√	Y	☐	N
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait.	√	Y	☐	N
Appropriate use of interpreter services and language translation (including resources for both).	√	Y	☐	N
Compliance with Americans with Disabilities Act (ADA) requirements	√	Y	☐	N
Extended hours and weekend hours for delivery of services, as appropriate.	√	Y	☐	N

FORM A-8: RESPONDENT SITE READINESS INSTRUCTIONS

Complete the Respondent Site Readiness Form per instructions below. Complete only one form to represent readiness for all clinic sites that will provide Title V services funded through this RFP.

RESPONDENT SITE READINESS INFORMATION:	
Appropriate signage to identify funded entity.	Check if clinic sites have signage that identifies services provided at each site (Yes/No).
Space for clinical and administrative staff.	Check if clinic sites have adequate space to house clinical and administrative staff needed to run the clinics (Yes/No).
Computer systems with following minimum functionality:	This question determines whether responder has adequate computer functionality for clinic sites.
• Internet Browser (minimum IE 8)	Check if clinic computers have internet access (Yes/No).
• Microsoft office (minimum 2007 or newer)	Check if clinic computers have Office 2007 or newer (Yes/No).
• Email Client	Check if clinic computers have email access (Yes/No).
Locked storage for charts, records, medications and medical supplies	Check if there is locked storage at the clinic sites (Yes/No).
Proper Disposal for Medical Waste	Check if clinics have proper disposal for medical waste (Yes/No).
CLIA certification for level of tests performed.	Check if clinics have CLIA certification for the level of tests performed (Yes/No).
Handicap-accessible clinic sites that are geographically close to target population.	Check if clinic sites are accessible for persons with disabilities, and are located close to target population (Yes/No).
Appropriate facility(ies) where services can be delivered with clean exam rooms, space for client intake, and a place for clients to wait.	Check if respondent operates facilities with clean exam rooms, space for client intake and client waiting area (Yes/No).
Appropriate use of interpreter and language translation services (including resources for both).	Check if there are resources for interpreter and language translation services, and if services are used appropriately (Yes/No).
Compliance with Americans with ADA requirements	Check if clinic sites are ADA compliant (Yes/No).
Extended hours and weekend hours for delivery of services, as appropriate.	Check if clinics offer extended hours (i.e., before 8 a.m. or after 5 p.m. on weekdays) and weekend hours that are appropriate for the clients served (Yes/No).

FORM A-9: TITLE V FEE FOR SERVICE PROGRAM ASSURANCES

Legal Business Name of Respondent: Hidalgo County

As the duly authorized representative of the respondent, I certify that the respondent agrees to comply with the requirements and intent of the Maternal and Child Health Services Title V Block Grant and all other requirements of the Department of State Health Services (DSHS) which include, but are not limited to, the following:

1. Conduct Title V activities in a culturally sensitive and non-discriminating manner.

2. Conduct Title V activities as outlined in respondent's application, and to notify the Manager of the Contract Development and Support Branch prior to any significant departures from this plan.

3. Return 100% of any generated program income to the Title V program that generated the funds.

4. Provide services regardless of client's inability to pay.

5. Continue to serve existing Title V eligible clients even if awarded funds have been expended per the Policies and Procedures Manual for Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal.

6. Screen and refer clients for Medicaid, CHIP, or other medical services assistance programs, and refer clients to those funding sources for which they may be eligible. Title V funds must not be used to pay for services that are allowable for persons eligible for Medicaid or CHIP or who have other third party health insurance.

7. Provide DSHS with access to all data gathered or generated.

8. Agree to share data/information generated by the project, within constraints of confidentiality, with DSHS, other area local public health entities, local authorities and communities in order to eliminate duplication of effort.

9. Grant DSHS rights to all tangibles, patentable, or copyrightable products developed with Federal and State funds.

10. Make available for DSHS review, all promotional materials/media to be disseminated in conjunction with this Title V project.

11. Comply with all applicable Title V policies, procedures, and regulations.

12. Must be in compliance with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards for protection of client privacy.

13. Establish orientation and in-service training plan for all project personnel for skills

development and/or continuing education based on an assessment of training needs.

14. Ensure that Title V services will be performed under the supervision, direction, and responsibility of a qualified licensed physician, and current protocols and Standing Delegation Orders are in place.

15. Ensure that clinicians are in place who are licensed by the State of Texas to provide the type of services for which funding is requested.

16. Ensure that all registered nurses (RNs) who perform child health exams following the Texas Health Steps periodicity schedule have completed the Texas Health Steps module entitled "Overview of Best Practices and Children's Services" within 90 days of contract execution, and that RNs hired after contract execution complete the module within 90 days of hire.

Ramon Garcia
Authorized Signature

4/9/13
Date

APPROVED BY
COMMISSIONERS' COURT
ON: 4/2/13 pa

FORM A-10: RESPONDENT BACKGROUND

Legal Business Name of Respondent: Hidalgo County

Respondent must provide a narrative description of its organization, staff, systems, and oversight structure (see RESPONDENT BACKGROUND GUIDELINES). Organizational charts, resumes/curriculum vitae, and job descriptions are to be placed following Form A-9 or at the end of the proposal and are not included in the page limit. A maximum of **two (2)** additional pages may be attached if needed for a total of three (3) pages.

1. The Hidalgo County Health and Human Services Department (HCHHSD) mission statement is to promote wellness and prevent disease to the residents of Hidalgo County. Historically, the Hidalgo County Commissioners Court has been and continues to be the governing body that oversees the operations of the HCHHSD. The Commissioners Court have and continue to support the HCHHSD financially to provide Prenatal & Child Health (MCH) services to the uninsured and underinsured residents of Hidalgo County.
2. The HCHHSD has provided MCH services virtually since it came into existence (early 1950's). The HCHHSD has and continues to receive local and state funds to provide and maintain the MCH services to meet the needs of the uninsured and underinsured residents of Hidalgo County. Although fund reductions have occurred thru the years, the HCHHSD continues to provide MCH services to as many clients as possible even after the Title V cap has been reached.
3. The organizational structure of the department begins with the Commissioners Court (the County Judge & 4 Commissioners) who oversee the county departments. The County Auditor functions along side of the Commissioners Court and oversees the financial functions of the County departments. The County's Budget Officer, who functions under the direction of the Commissioners Court, is the immediate supervisor for the HCHHSD Chief Administrative Officer. The HCHHSD Chief Physician is contracted by the Commissioners Court to serve as the County's Health Authority; and is the HCHHSD Chief Physician who approves the department's formulary and standing delegation orders for the clinical services provided by the department's practitioners and nurses. The Director of Nursing (DON) functions under the direction of the Chief Physician and Chief Administrative Officer; and ensures that services are provided according to the department and DSHS standards/standing delegations/policies at all the department clinics (7). Each department clinic is managed by an RN Supervisor who is under the immediate supervision of the DON & ADON. Overall, the Chief Administrative Officer, Chief Physician and Director of Nursing develop, implement and monitor the department's service delivery programs. The HCHHSD DON, under the direction of the Chief Administrative Officer, implements and monitors the department Billing Division. Currently the department utilizes TexMed Connect for the billing of services provided at the department clinics.
4. See Attachments
5. See Attachments

FORM A-10: RESPONDENT BACKGROUND GUIDELINES

Respondent must provide a narrative description of its organization, staff, systems and oversight structure in response to the following items, numbering them as indicated:

1. Provide an executive summary describing the organization's vision, mission and values statements, along with a description of how the board of directors is involved in the operations of the organization.

2. Describe past experience(s) providing Child Health, Child Dental, Prenatal Medical, and/or Prenatal Dental services. (Respondent only needs to address the Title V funded service or services for which they are applying.)

3. Provide a detailed description of the organizational structure, management systems and lines of authority that are appropriate and adequate for the size and scope of the organization.

4. Provide a current organization chart and the resumes/curriculum vitae for the CEO, CFO, Medical Director[1] licensed to practice medicine in Texas (including his/her State of Texas Medical License Number), Dental Director[2] licensed to practice dentistry in Texas (including his/her State of Texas Dental License Number), and Clinical/Program Director. The organization chart must include the appropriate oversight structure (e.g., Board, City Council, County Commissioners, etc.), CEO, CFO, Medical Director, Dental Director and a staffing structure that will support service provision. On the chart, identify the staff who manages clinic operations.

5. Provide job descriptions for the following key employees, i.e., Medical Director[3], Dental Director[4], Clinical/Program Director, eligibility and billing staff, and clinicians.

1 Medical Director is for Child Health and/or Prenatal Medical
2 Dental Medical is for Child Dental and/or Prenatal Dental
3 Medical Director is for Child Health and/or Prenatal Medical
4 Dental Medical is for Child Dental and/or Prenatal Dental

FORM A-11: ASSESSMENT NARRATIVE

Legal Business Name of Respondent: Hidalgo County

Respondent must provide a narrative description addressing each of the assessment items (see ASSESSMENT NARRATIVE GUIDELINES) associated with the services proposed in this proposal. A maximum of **four** (4) additional pages may be attached if needed for a total of five (5) pages).

1. Hidalgo County is a metropolitan area on the Mexican border that comprises of 1570 square miles. Hidalgo County has grown from 383,545 persons in 1990 to 746,764 in 2010 (as per US Census Bureau), an increase of an average of 5% annually, and, of which 18.0% are under 18 years of age. Most of this population is located in the middle southwest of the county. The county's residents comprise of 89.9% Hispanics and a third of the total migrant and seasonal farm worker population of Texas; and 29.6% of the people are foreign born and of which less than 50% of these persons are non-citizens. In Hidalgo County, the family income of less than 185% of the federal poverty guidelines, constitute up to 34.8% of the county's population (746,764); and, over half of these are single mother families with incomes below the federal poverty threshold. In addition, the number of women, ages 13 to 44 years of age, with family income of less than 185% of the poverty guidelines constitute up to 12% of the county population. Currently, the county's projected population by the end of 2015 will be higher than 1 million people; which supports the fact that the Mission, Edinburg and McAllen is the second fastest growing metropolitan area in the US (as per US Chambers website).Other current characteristics of the county include having over 900 colonias, 15 school districts, 22 high schools, 36 middle schools and 134 elementary schools; 43 head start centers, and, over 100 childcare faculties; all of which are located through out the county.

   In Hidalgo County, according to DSHS CHS in 2010, a total of 174,390 children under the age of 18 were enrolled in Medicaid and 19,598 enrolled in CHIP. As per the 2010 census, the uninsured is 42% of the county's population (746,764); and, 30.8% are below the poverty level compared to the state's 16.0%. The per capita personal income for Hidalgo County is 19,721 compared to the state's 37,809.

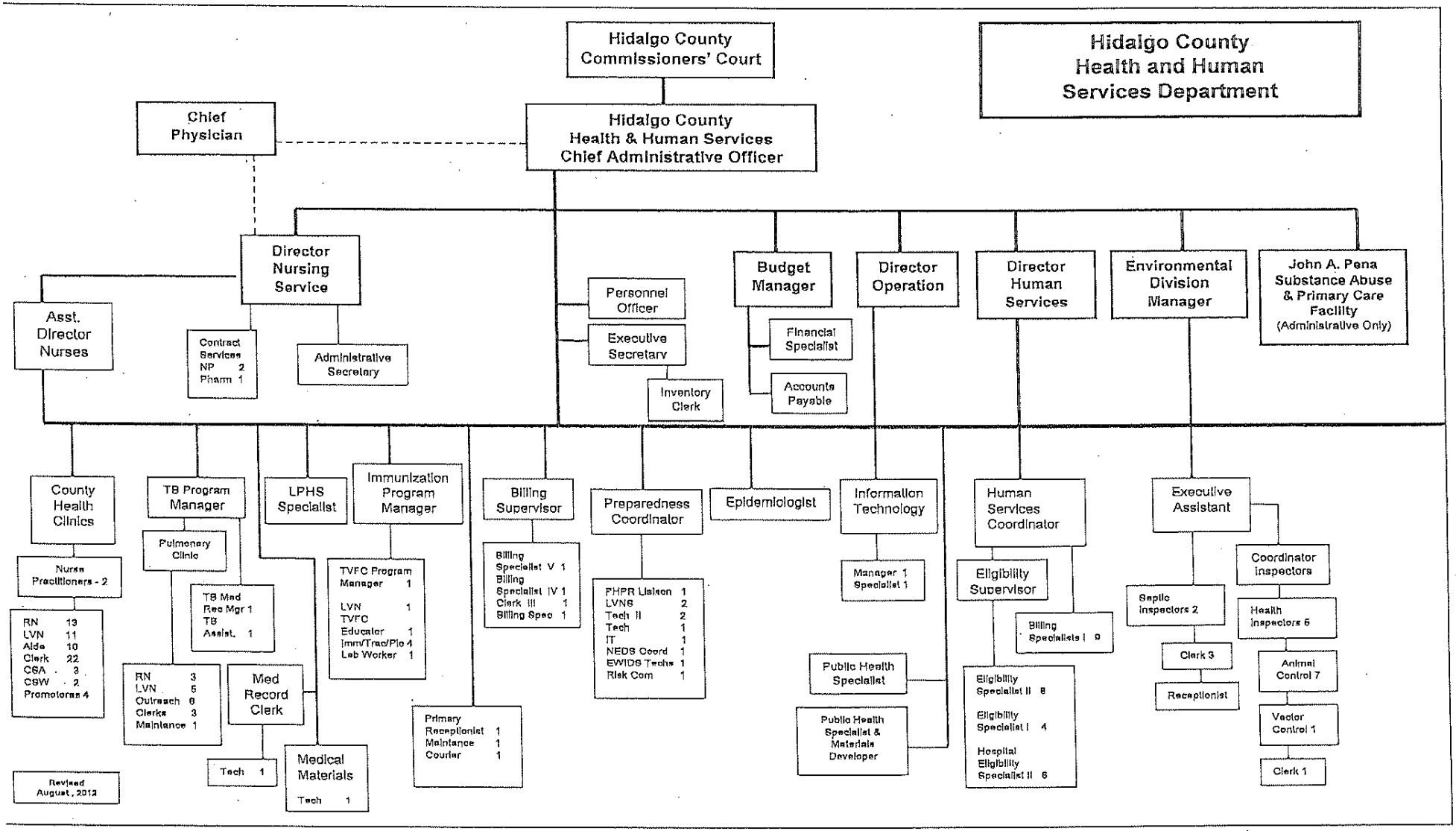
   In addition, as of 2008 DSHS Vital Statistics for the Hidalgo County, births to adolescents less than 18 years of age comprised of approximately 1116 per year; and, of the overall 17,137 pregnancies, 56.8% received prenatal care within the first trimester. Also, the low birth weight for the county constitutes 7.9% compared to the states 8.4%. The overall top health issues in the county include tuberculosis, diabetes, cardiovascular and cancer disease, and sexually transmitted diseases. In addition, Hidalgo County's fetal death rate (in 2008) was 6.6 compared to the states 5.6. These health issues contributes to the overall large high risk population in Hidalgo County.

2. The service area for Hidalgo County comprises of 1570 square miles. The HCHHSD clinics are geographically located thru out the county to provide client accessibility. The target population consist of uninsured and underinsured pregnant women, adolescents and children. A total of 34.4% of the population are children under 18 years old identified in the 2010 census for Hidalgo County; 45.1% of these children live in poverty and 20% are uninsured. Also, 1,041 births to adolescent (13 yr. to 17 yr.) were reported in Hidalgo

County in 2010. Adolescents and children in the County are burdened by some of the vaccine preventable diseases such as Pertussis, Hepatitis A and Varicella. In addition, the pregnant women served by the HCHHSD are burdened with underlying conditions such as, cardiovascular disease, cancer, diabetes & tuberculosis. These health problems contribute to the large high risk population. Historically, the HCHHSD has provided and continues to provide prevention health services such as prenatal care, Well Child TX Health Steps exams, Immunizations, Family Planning, STD Tx, and Tuberculosis prevention and control. In calendar year 2012, the department provided services to 1,500 prenatal clients, 500 children, 50,000 vaccines to children and adults, 2,800 family planning clients, 9,310 Tuberculosis clients and 100 case management clients. Overall, the department clinical staff conducted approximately 56,449 client encounters for 2012.

3. Due to the increase in population and ever increasing immigration issues, the lack of resources, affordable insurance, and other paid sources are the primary barriers. The ever increasing indigent population of Hidalgo County has also had to endure the diminishing health care provided by the HCHHSD. The HCHHSD had ten clinics through out the county, however, as a result of state and federal fund cuts, the department has had to close three clinics and reduced nursing staff by 30% in the past eight years. In addition, the increasing immigration of other than Mexican's (OTM's) will continue to make this area a significant barrier. A growing issue which cause a significant problem is the lack of transportation. The Hidalgo County area does not have public transportation nor any form of mass transit. Many of the families in need of service can not afford to buy or maintain a vehicle. A continued concern is the price of fuel and health care. With the continued DSHS financial assistance and support, the HCHHSD can continue to provide MCH services to the uninsured and underinsured at the seven health clinics located throughout Hidalgo County.

4. The HCHHSD is the only Title V provider for Prenatal Care and Child Health Services to the uninsured and underinsured women and children in Hidalgo County. In Hidalgo County, there are some FQHC's that provide some primary health care and limited prenatal services; however, no other clinic provide on-going prenatal and child health services even after state funds are exhausted free of charge. Although the department screens all clients for a co-payment, no one is refused services due to the inability to pay. The HCHHSD networks on an on-going basis with local providers (i.e. FQHC's) in referring uninsured and underinsured clients for primary health care services. It is worth repeating that with the continued DSHS financial assistance and support, the HCHHSD can continue to provide essential prenatal care and child health services to the uninsured and underinsured in Hidalgo County.


Hidalgo County Commissioners' Court
Hidalgo County Health and Human Services Department
Chief Physician
Hidalgo County Health & Human Services Chief Administrative Officer
Director Nursing Service
Asst. Director Nurses
Contract Services NP 2 Pharm 1
Administrative Secretary
Personnel Officer
Executive Secretary
Inventory Clerk
Budget Manager
Financial Specialist
Accounts Payable
Director Operation
Director Human Services
Environmental Division Manager
John A. Pena Substance Abuse & Primary Care Facility (Administrative Only)
County Health Clinics
Nurse Practitioners - 2
RN 13
LVN 11
Aide 10
Clerk 22
CSA 3
CSW 2
Promotoras 4
TB Program Manager
Pulmonary Clinic
TB Med Rec Mgr 1
TB Assist. 1
RN 3
LVN 5
Outreach 6
Clerks 3
Maintance 1
Med Record Clerk
Tech 1
Medical Materials
Tech 1
LPHS Specialist
Immunization Program Manager
TVFC Program Manager 1
LVN 1
TVFC Educator 1
Imm/Trac/Plo 4
Lab Worker 1
Primary Receptionist 1
Maintance 1
Courier 1
Billing Supervisor
Billing Specialist V 1
Billing Specialist IV 1
Clerk III 1
Billing Spec 1
Preparedness Coordinator
PHPR Liaison 1
LVNS 2
Tech II 2
Tech 1
IT 1
NEDS Coord 1
EWIDS Techs 1
Risk Com 1
Epidemiologist
Information Technology
Manager 1
Specialist 1
Public Health Specialist
Public Health Specialist & Materials Developer
Human Services Coordinator
Eligibility Supervisor
Billing Specialists I 9
Eligibility Specialist II 8
Eligibility Specialist I 4
Hospital Eligibility Specialist II 6
Executive Assistant
Coordinator Inspectors
Septic Inspectors 2
Health Inspectors 6
Clerk 3
Receptionist
Animal Control 7
Vector Control 1
Clerk 1
Revised August, 2012

HIDALGO COUNTY
HEALTH ADMINISTRATION DEPARTMENT

Job Title: **Chief Administrative Officer** **FLSA Status:** Exempt

Dept. Code: 340 **Civil Service Status:** Exempt

SUMMARY:
Under general and policy direction performs highly responsible administration, coordination, and liaison activities for multiple health programs. Responsible for planning, organizing, implementing and directing the County Health Department to effectively and efficiently accomplish the mission of the Department. Establishes, maintains and directs the activities of health education and promotion, environmental quality and health, disease prevention and control, health protection and promotion through media, grants and contracts, information management, intergovernmental policy and planning, budgeting and accounting, and staff management and development. Works closely with County Health Authority, Commissioner's Court, and other public officials and health professionals on matters of the public's health and reports significant events, data and concerns on a periodic and as needed basis. Provides executive leadership, management and coordination for the Hidalgo County Health Department. Reports directly to the Commissioner's Court and works closely with other elected officials and policy making bodies. Organizes and facilitates interactions between the County Health Department and other County Departments and external groups and constituents. Fosters the creation of tactical and long range plans to further the objectives of the County's strategic plan. Travel required.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Facilitates communication and interaction among Health Supervisors and other County Departments as well as external groups;
- Facilitates the setting of performance objectives, monitors performance objectives, and evaluates the performance of each program in the Department;
- Makes recommendations to the Commissioner's Court on critical issues in the Department;
- Develops and promotes the organization of successful teams to plan and accomplish major objectives;
- Conducts evaluations and analysis of various issues;
- Develops individual performance plans, monitors performance, and formally evaluates the performance of Program Supervisors in the Department;
- Hires and takes appropriate disciplinary action with Program Supervisors, with approval of Commissioners' Court;
- Works with other public entities to coordinate service delivery, improve impact of programs and/or ensure the overall mission of the Health Department is being accomplished in the community;
- Prepares final budget summary for submission to the Commissioners Court;
- Reviews the Budget on a continuous basis in order to provide feedback to the Programs on their progress;
- Provides policy decisions for the Department through everyday decisions;
- Responsible for the separate contracts and grants negotiated with various Government and private providers of services;
- Controls the purchasing of supplies and equipment to ensure budget compliance;
- Responsible for managing the Health Department building through coordination with Buildings and Grounds for housekeeping, maintenance, and utility services;

- Responsible for maintaining control of equipment assigned to the Department;
- Coordinates all outreach activities through supervision of the program managers;
- Researches grant programs and develops grant and/or proposal writing;
- Performs liaison and coordination tasks with Federal, State and local agencies, organizations and association;
- Prepares and monitors department program(s) budget and reports;
- Works in developing and implementing a strategic plan for planned approach to community health in Hidalgo County;
- Responds to complaints and requests from citizens and physicians;
- Plans for public health needs in communities and develops programs to meet those needs;
- Makes presentations to community organizations;
- Maintains up-to-date knowledge of public health issues and management techniques through formal training and reading of literature;
- Evaluates current delivery of health services;
- Hires, trains, disciplines, terminates and evaluates the performance of staff;
- Develops and directs special programs against communicable and other diseases;
- Prepares or reviews and approves a variety of reports;
- Performs a variety of administrative duties related to state, county, and federal funding of programs within the health department;
- Serves as public health liaison to other health providers in the community;
- Conducts on-site review audits of quality and quantity aspects of programs and clinics;
- Ensures that programs comply with State and Federal guidelines, standards, and regulations;
- Arranges continuing education opportunities to promote staff growth and development;
- Performs other related duties.

ADDITIONAL DUTIES AND RESPONSIBILITIES:

- Radiation Safety/Health Officer
- Chief Sanitarian
- South Texas Hospital Oversight Committee
- TDH Long Range Planning Committee
- Hidalgo County Veteran's Advisory Board
- TCID Oversight committee
- Advisory Board School of Public Health, University Texas Houston

EDUCATION AND EXPERIENCE:

- Graduation from an accredited college or university with a Bachelor's Degree in Health Care Administration , Business Administration, Public Administration or related field;
- A Master's Degree in Public Health or Public Administration is preferred but not required;
- A minimum of five (5) years experience at the senior executive level of a corporation or public entity;
- In addition, three (3) years of experience in supervising or managing a preventive health services program;

CERTIFICATES, LICENSES, REGISTRATIONS:

- Employee must have proof of a current valid Texas Motor Vehicle Operator's License
- Must be able to be insured by County Insurance carrier

OTHER SKILLS AND ABILITIES:

- Knowledge of public health principles and practices, laws and regulations; management information systems; social marketing strategies; public and private insurance; current social and scientific concepts and trends in field(s) related to the health service area; civil service systems; organizational development; model building and systems analysis; city,

county, state, and federal organization, administration, and relations; community problems and resources and epidemiology of communities;

- Ability to report and correspondence writing; implementing change; conflict and problem-solving; motivating employees; public speaking leadership (formal and informal); consulting consensus-making; and delegating duties to subordinates;
- Ability to bring concensus or lead on various problems, issues, goals, etc.;
- Demonstrated ability to develop creative programs which increased efficiency and effectiveness;
- Demonstrated ability to conduct research and evaluation of programs and resources.
- May be required, and must have ability, to work more than 40 hours during the workweek.

Goals and Objective:

- Assure that prevention and Health Promotion are integral parts of all services.
- To intervene in the most significant identified consumer, environmental, occupational, and community hazards by 2001. Example: Food and Water Safety
- To decrease the level of preventable diseases, injuries, conditions, and deaths to within 75% of Healthy Texas 2000 Objectives. Example: Shots Across Texas/Immunization Clinics; Rabies Vaccine Clinics; TB Prevention and Control Communicable Disease Control Surveillance Chronic Disease Education & Outreach Early Prenatal Care Education & Outreach.
- Assure availability of highest quality services to all Hidalgo County residents across the care continuum.
- To ensure that health care clinics meet state and federal regulations and that all health care professionals who are licensed/certified, meet and abide by all applicable department and state regulations.
- To provide an orientation program to new employees, and provide staff development opportunities consistently.
- To provide continuous and adequate monitoring of all personnel providing services.
- Minimize disparities in health status among all populations.
- Provide increased access to quality preventive and comprehensive diagnostic/treatment services for eligible clients by maximizing the use of primary prevention, early detection, and management of health care. Example: Prenatal Services; Family Planning Services; Teen Parenting Services; Texas Health Steps; STD Clinic.
- Ensure that the consumer is the focus of all public health policy and service delivery decisions.
- Consumer satisfaction will be measured and used as an outcome in the delivery of all public services.
- An advisory committee with consumer participation will be implemented and utilized to address community health issues

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk; sit, use hands and fingers, handle or feel objects tools or controls; reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee

encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:

Employees may be required to receive immunizations recommended by the ACIP, ACP, and TDH based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:

- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- handling financial affairs effectively and honestly
- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:

- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:

- making observations
- reading and writing
- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:

Required to follow all department safety regulations.

HIDALGO COUNTY
HEALTH ADMINISTRATION DEPARTMENT

Job Title:	Director of Nursing	**FLSA Status:**	Non-Exempt
Dept. Code:	340	**Civil Service Status:**	Non-Exempt

SUMMARY:
The Director of Public Health Services functions under the direction of the Department Chief Administrative Officer and in collaboration with the Chief Physician. Functions as a public health program specialist and supervisor to eight (8) clinic sites, including personnel assignments, training and hiring. Is responsible for analyzing, developing, implementing and coordinating new and existing programs (Title V, MCH, TB, Immunization, Family Planning & Community Health OPH). Maintains Quality Assurance of existing programs, record keeping, and filing of all necessary reports both to County and Department of State Health Services. Establishes, maintains and directs the activities of public health education and promotion and disease prevention and control in the community. Schedules and staffs specialty community clinics; and supervises Central Office personnel associated with those clinics including but not limited to Family Planning, Prenatal, _____ Health TB, Immunizations and Communicable Diseases and the reporting of these clinics. Writes new and renewal grant applications in coordination with Budget Officer.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, the Director of Nursing must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Provides administrative services that include delegation of work appropriate throughout the eight (8) clinics. Reviews and evaluates reports of programs that are implemented. Develops and maintains acceptable methods of recording and reporting that provide proper service control, uniform accounting and measurement of program results (i.e. Performed Based Objective Committees).
- Assists in development of policies and procedures by utilizing existing program guidelines/standards. Shares responsibility for quality assurance programs. Responsible for staff development of nursing service personnel. Devises tools and methods of assessment of knowledge and skill areas of nursing personnel. Responsible for recruiting personnel and making recommendations for selection and assignments.
- Supervises the required OPH grant scope of work targeting prevention of cardiac and cancer disease. Assures quarterly reports are submitted to DSHS as scheduled.
- Writes & submits grants renewals in coordination with Budget Officer yearly. Applies for new grants as approved by CAO.
- Responsible for the oversight of the TB & Immunization Programs.
- Supervises the Billing Division staff to assure proper billing of services.
- Responsible for the over sight of the processing and submissions of the Health Managed Care (HMO's) applications.
- Will assist with special projects and/or pilot programs which are requested by the state or the CAO.
- Other duties as assigned.

EDUCATION AND EXPERIENCE:

- Licensed to practice as an RN in Texas, plus
- 10 yrs or more experience as a Director of Nursing in public health, plus
- 10 years or more experience in community health grant writing
- 20 years or more experience of full time paid employed as a practicing RN in a supervisory capacity in Public Health.

CERTIFICATES, LICENSES, REGISTRATIONS:

- Employee must have proof of a current valid Texas Motor Vehicle Operator's License;
- Must be able to be insured by County Insurance carrier.

OTHER SKILLS AND ABILITIES:

- Knowledge of professional nursing theory, nursing process, including cultural social and economic forces in family, community and group dynamics. Broad knowledge of principles and practices in management, supervision and intra disciplinary collaboration. Knowledge of organizational structure, administrative process, and projected program expectations. Ability to communicate in oral, written form. Ability to apply principles of leadership, education, long range planning and evaluation. Ability to perform essential job functions with or without reasonable accommodations.
- Maybe be required to work other than normal or scheduled hours including weekends and holidays

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk, sit, use hands and fingers, handle or feel objects tools or controls, reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:

Employees may be required to receive immunizations recommended by the ACIP, ACP, and TDH based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may be required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:

- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- handling financial affairs effectively and honestly
- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:
- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:
- making observations
- reading and writing
- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:
Required to follow all department safety regulations.

Revised 04/01

HIDALGO COUNTY
HEALTH CLINIC DEPARTMENT

Job Title: Practitioner **FLSA Status:** Exempt

Dept. Code: 340 **Civil Service Status:** Non-Exempt

SUMMARY:
Provides public health nursing services in the Hidalgo County Health Department Clinic under the direction of the Chief Physician and Director of Nursing. Participates in assessing, planning, coordinating, implementing and evaluating public health nursing services to individuals, families and communities. Provides Family Planning, Prenatal, STD, tuberculosis and Adult Health services in the Hidalgo County Health Department Clinics, in the capacity of a Nurse Practitioner.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities..

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Provides Family Planning, Prenatal and Adult Health nursing services under the direction of the Chief Physician and Director of Nursing. Provides assessments and treatments on STD clients under the direction of the Chief Physician.
- Provides TB services under the direction of the TB Physician, and/or Chief Physician, to TB suspects/cases and LTBI's as per DSHS TB Program guidelines.
- Complies with DSHS Title V, Family Planning, Maternity and Child Health program standards that are provided in accordance with DSHS Title V policies and procedures. Also, complies with CDC STD and department STD protocols/standards. Participates in discussions to promote efficiency in clinic services.
- Collaborates with the RN Clinic Supervisor, Director of Nursing and Chief Physician, as well as other health care providers, professionals and community representatives in assessing, planning, implementing and evaluating programs of community health.
- Provides staff development activities as assigned.
- Other duties as assigned.

EDUCATION AND EXPERIENCE:
- Formal education and training as Registered Nurse and recognized as a Family Nurse Practitioner by the Texas Board of Nurse Examiners in a specialty approved for use in the Texas Department of Health, plus three (3) years of full-time experience as a Nurse Practitioner.

CERTIFICATIONS, LICENSES, REGISTRATIONS:

- Certified as a family nurse practitioner
- Licensed to practice as a Registered Nurse in Texas.
- Employee must have proof of a current valid Texas Motor Vehicle Operator's License;
- Must be able to be insured by County Insurance carrier.

OTHER SKILLS AND ABILITIES:
- Knowledge of professional nursing theory, nursing process, nursing services and advance clinical skills, Pharmacy Act, Medical Practice Act., Nurse Practice Act., legal

implications of the advanced practice of nursing, state and federal laws and health codes which effect patient/client care. Knowledge of principles of teaching and learning.

- Skills in communication. Advanced skills in assessment of families, individuals and communities. Skill in providing primary care. Skill in counseling and educating persons concerning their health needs.
- Ability to functions in the expanded role of a Nurse Practitioner specialty, utilize supervisory and consultative skills, and may function as a resource person and role model. Uses the nursing process to document findings approximately and refer for further services as indicated.
- Maybe be required to work other than normal or scheduled hours including weekends and holidays.

SPECIAL INSTRUCTIONS AND/OR REMARKS:

- Bilingual required (English/Spanish);
- Able to provide services in other assigned clinics as needed;
- Willingness to work unusual hours as needed.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk; sit, use hands and fingers, handle or feel objects tools or controls; reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:

Employees may be required to receive immunizations recommended by the ACIP, ACP, and TDH based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:

- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- handling financial affairs effectively and honestly
- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:

- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:

- making observations
- reading and writing
- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:
Required to follow all department safety regulations.

HIDALGO COUNTY
HEALTH CLINIC DEPARTMENT

Job Title: RN Clinic Supervisor **FLSA Status:** Exempt

Dept. Code: 340 **Civil Service Status:** Non-Exempt

SUMMARY:
Performs responsible public health services and supervises the professional and ancillary staff working under their direction. Responsible for analyzing, developing, implementing, and coordinating public health nursing services. Works under the direction of the ADON, DON and Chief Physician.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Provides comprehensive public health services to clients requiring professional nursing services in clinics and home settings. Works under the supervision of the ADON, DON and Chief Physician;
- Provides administrative services. Assures that the clinic services meet DSHS and HCHHSD standards and are provided in accordance with the HCHHSD policies and procedures. Is responsible for comprehensive and accurate collection of statistical nursing data. Is responsible for quality assurance of client records and laboratory specimen collection. Assures that accurate inventory supplies/medications/vaccines are kept to avoid expiration. Assures that her/his assigned reports are submitted by due dates;
- Supervises the staff of his/her assigned HCHHSD clinic. Is responsible for compliance with DSHS and HCHHSD personnel policies and performance evaluations. Supervises maintenance of the physical facility;
- Collaborates with the Director of Nursing, WIC Nutritionist, TB Program Coordinator, as well as other health care providers, professionals, and community representatives in assessing, planning, implementing and evaluating programs for community health.
- Other duties as assigned.

EDUCATION AND EXPERIENCE:
- Currently licensed in the State of Texas as a Registered Nurse
- Formal education and training as an RN plus one year of full-time employment as a practicing RN.

CERTIFICATIONS, LICENSES, REGISTRATIONS:
- Licensed to practice as an RN in Texas.
- Current CPR certification;
- Certification for Pedi Assessments, and HIV counselor is a plus;
- Employee must have proof of a Texas Motor Vehicle Operator's License;
- Must be able to be insured by County Insurance carrier.

OTHER SKILLS AND ABILITIES:
- Knowledge of professional nursing theory, nursing process, nursing sciences and clinical skills;

- Knowledge of Public Health Case/Management skills; skilled in assessment of clients with complex health problems; communicate effectively orally and in writing; incorporate principles and teaching, planning and evaluations in case/management.
- Maybe be required to work other than normal or scheduled hours including weekends and holidays.

SPECIAL INSTRUCTIONS AND/OR REMARKS:

- Bilingual required (English/Spanish);
- Able to provide services to other assigned clinics as needed;
- Willingness to work unusual hours as needed.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk; sit, use hands and fingers, handle or feel objects tools or controls; reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:

Employees may be required to receive immunizations recommended by the ACIP, ACP, and DSHS based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:

- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- handling financial affairs effectively and honestly
- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:

- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:

- making observations
- reading and writing

- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:
Required to follow all department safety regulations.

HIDALGO COUNTY
HEALTH CLINIC DEPARTMENT

Job Title: Billing Supervisor **FLSA Status:** Non-Exempt

Dept. Code: 340 **Civil Service Status:** Non-Exempt

SUMMARY:
Under the direction of the Director of Nursing, will interpret and implement agency eligibility guidelines according to DSHS contract requirements. Develops & Implements billing procedures for billing of Maternity, Family Planning, TxHealth Steps, Immunizations, Case Management and TB services in accordance to proper payor source such as Medicaid, Medicare & Title V eligible clients. Supervises Billing Division Staff to assure proper billing of services & lab submission. Provide technical assistance and training for both supportive and professional staff in eligibility and billing procedures. Responsible for Medicaid, Medicaid HMO's, & Medicare HMO's credentialing application process. Maintains knowledge current on programs & HMO's updates/changes.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Interprets and implements agency's eligibility guidelines and billing procedures according to DSHS yearly contract requirements in the billing of Maternity, Family Planning, Child Health, Case Management, and other allowable services;
- Implements billing procedures for billing of Maternity, Family Planning, TxHealth Steps, Immunizations, Case Management, and TB services as needed in accordance with NHIC to Medicaid eligible clients;
- Assures the clinics properly bill for all program services(to include all lab screens); assures the clinics Co-Pay collection procedures are implemented correctly;
- Keeps accurate records of NHIC payments for services rendered;
- Conducts QA on all Lab statements & ensures proper billing before submitting to accounts payable.
- Assures monthly cumulative collection reports are compiled by Billing Division Personnel and dispersed accordingly;
- Completes and maintains current all applicable HMO's credentialing applications.
- Maintains knowledge of updates on all programs & HMO's, & ensures all Billing & clinic staff are trained & updated as applicable.
- Provides technical assistance and training for both supportive and professional staff in program eligibility and billing procedures as requested;
- Assures all Case Management Program billing procedures are followed.
- Other duties: Participates in conducting job interviews for both professional and supportive staff. Participates in Quality Assurance In-house monitoring activities. Attend program related workshops and in-service.
- Other duties as assigned.

EDUCATION AND EXPERIENCE:
- Bachelor's Degree in Business, accounting, Health Administration or related field from an accredited college or university; and
- Four (4) years full-time experience in public health or health related program administration or delivery may be substituted for college education.

CERTIFICATES, LICENSES, REGISTRATIONS:

- Employee must have proof of a current valid Texas Motor Vehicle Operator's License;
- must be able to be insured by County Insurance carrier.

OTHER SKILLS AND ABILITIES:

- Knowledge of Medicaid/Medicare claims payments, provider enrollment and billing procedures;
- Knowledge of Medicaid eligibility services and other related programs;
- Knowledge of DSHS Title V program goals, and provider requirements;
- Ability to teach and train both professional and non-professional staff on program eligibility and billing procedures;
- Ability to communicate effectively orally and in writing;
- Ability to interpret, develop and implement program policies and procedures.
- Ability to readily adapt to program changes and additional work related responsibilities.

SPECIAL INSTRUCTIONS AND/OR REMARKS:

- Able to provide services to other assigned duties as needed;
- Required to work other than normal or scheduled hours including weekends and holidays

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk; sit, use hands and fingers, handle or feel objects tools or controls; reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:

Employees may be required to receive immunizations recommended by the ACIP, ACP, and TDH based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:

- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- handling financial affairs effectively and honestly

- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:
- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:
- making observations
- reading and writing
- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:
Required to follow all department safety regulations.

HIDALGO COUNTY
HEALTH CLINIC DEPARTMENT

Job Title:	Clerk III (Clerk Manager)	**FLSA Status:**	Non-Exempt
Dept. Code:	340	**Civil Service Status:**	Non-Exempt

SUMMARY:
Performs receptionist & minor secretarial duties which involve compiling & tabulating data, opening records, registering clients, keeping appointment schedule, recording, sorting & dispatching incoming & outgoing mail. Screens telephone calls and gives basic information requiring knowledge of agency functions. Works is performed according to established procedures. As Clerk Manager, supervises clerical support staff and assures all reports are compiled and submitted to C.O. on schedule. Assures that all billing is completed correctly & on a timely manner. Completes performance evaluations on clerical support staff. Works under the supervision of the R.N. Supervisor and Billing Supervisor.

ESSENTIAL DUTIES AND RESPONSIBILITIES:
- Supervises clerical support staff. Works under the immediate supervision of the RN Supervisor and in collaboration with the Billing Supervisor. Works in collaboration with all clinic staff in providing efficient and safe services to all clients. Is responsible for support clerical staff performance evaluations.
- Performs clerical duties: Greets clients in person & by telephone courteously. Secures appointment to new & return clients. Reschedules appropriately. Provides basic information requiring knowledge of agency functions.
- Performs duties before & during clinic: Opens records using proper forms with all necessary data. Completes all client information in Core 1. Screens clients for eligibility according to department screening procedures. Updates client information on return visits appropriately. Calls clients the day before clinic to remind them of appointment for all services.
- Duties after Clinic: Indexes all new records opened in the master indexed & in current software program. Reviews client registration list for completion. Compiles & completes Co-Pay report at end of each day. Files all records back in file. Performs data entry for all programs. Follows up pending Medicaid.
- Other duties: Order office supplies, records, & forms for all services on a timely manner. Posts all lab reports reviewed & initialed by RN. Pulls all abnormal reports with records for nurses to follow-up. Assures that mail co-pay, & lab specimens are mailed out on time & to proper destination. Submits financial and statistical reporting documents to C.O. on scheduled dates. Follows channel of command for problems.
- Other duties as assigned.

QUALIFICATION REQUIREMENTS:
To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential duties and responsibilities.

EDUCATION AND EXPERIENCE:
- High School Diploma or GED certificate, plus three (3) years experience on similar work preferably in a Public Health setting.

CERTIFICATIONS, LICENSES, REGISTRATIONS:
- Employee must have proof of a current valid Texas Motor Vehicle Operator's License;
- Must be able to be insured by County Insurance carrier.

OTHER SKILLS AND ABILITIES:

- Basic clerical/secretarial skills;
- Ability to communicate effectively orally and in writing;
- Ability to plan work and meet deadlines;
- Skills on computer data entry (Windows, TWICES, Word Processing);
- Ability to perform cashier and bookkeeping work;
- Basic supervisory skills;
- Ability to screen clients for program eligibility using correct software.
- Maybe be required to work other than normal or scheduled hours including weekends and holidays.

SPECIAL INSTRUCTIONS AND/OR REMARKS:
- Bilingual required (English/Spanish);
- Able to provide services to other assigned clinics as needed;
- Willingness to work unusual hours as needed.

PHYSICAL DEMANDS:
The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to speak and listen. The employee frequently is required to stand, walk; sit, use hands and fingers, handle or feel objects tools or controls; reach, climb or balance, bend, stoop and kneel.

The employee must occasionally lift and/or move objects weighing up to 25 pounds. Visual acuity required by this job includes near and distant vision, depth perception, color perception, and the ability to adjust focus/vision to equal or be corrected to 20/20.

WORK ENVIRONMENT:
The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually low.

IMMUNIZATION/TB SCREENING REQUIREMENTS:
Employees may be required to receive immunizations recommended by the ACIP, ACP, and TDH based on anticipated disease exposure (e.g. hepatitis B or rabies vaccines) TB skin testing may required.

SAFETY REQUIREMENTS:

Maintain physical condition appropriate to the performance of assigned duties and

Responsibilities which may include the following:
- sitting for extended periods of time
- frequent standing, bending and reaching
- operating assigned equipment

Maintain mental capacity which permits:
- making sound decisions and using good judgment
- handling financial affairs effectively and honestly
- maintaining confidentiality
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve:
- working closely with others

- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for:
- making observations
- reading and writing
- operating assigned equipment
- communicating with others

ACCIDENT PREVENTION PROGRAM:
Required to follow all department safety regulations.

FORM A-11: ASSESSMENT NARRATIVE GUIDELINES

Specifically address each of the assessment items listed below associated with the services proposed in this proposal, numbering them as indicated. Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form.

1. Provide brief synopsis of the community as a whole describing in general:
    a. Geographic boundaries (urban or rural, physical environment);
    b. General demographic data (age, gender, ethnicity, etc.);
    c. General socioeconomic data (per capita income, poverty levels, uninsured/underinsured, unemployment, occupational data, etc.); and
    d. General description of community-wide health status (e.g., low birth weight, obesity of children, adolescents and pregnant women, immunization rate, and morbidity/mortality statistics).

2. Describe the target population(s) including:
    a. Geographic service area;
    b. Characteristics of target population (including demographic and socioeconomic data specific to each population);
    c. Target population's health status (including population data related to health indicators, behavioral data, and community opinion data); and
    d. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).

3. Describe gaps in resources and potential barriers to improving health status.

4. Describe any other characteristics of the population(s) you propose to serve or of the proposed service area(s) which make Title V support particularly important?

Section II
Attachment B

Title V Child Health & Child Dental Services Forms

To Be Completed by Child Health & Child Dental Services Respondents Only

FORM B-1: CONTACT PERSON INFORMATION
TITLE V CHILD HEALTH SERVICES

Legal Business Name of Respondent: Hidalgo County

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Administrative Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.223	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	eddie.olivarez@hchd.org		
Medical Director:	Ivan Melendez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Physician	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-8864		
E-mail:	N/A		
Program Coordinator:	Lydia Serna	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Director of Nursing	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-8864		
E-mail:	lydia.serna@hchd.org		
Financial Officer:	Miguel Escaname	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Financial Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.222	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	mike.escaname@hchd.org		
Quality Assurance Contact:	Lydia Serna	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Director of Nursing	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-8864		
E-mail:	lydia.serna@hchd.org		
Public Information Contact*:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Administrative Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.223	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	eddie.olivarez@hchd.org		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM B-1: CONTACT PERSON INFORMATION
TITLE V CHILD DENTAL SERVICES

Legal Business Name of Respondent: N/A

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Dental Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM B-2 SERVICE DELIVERY PLAN FOR CHILD HEALTH AND CHILD DENTAL SERVICES

Legal Business Name of Respondent: Hidalgo County

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see SERVICE DELIVERY PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of **five (5)** additional pages may be attached if needed for a total of six (6) pages.

1. The Hidalgo County Health and Human Services Department will continue to provide Child Health services to uninsured and underinsured clients at all seven (7) clinics located throughout Hidalgo County. The department does not propose to provide Child Health services outside the Hidalgo County area.
2. The Hidalgo County Health and Human Services Department (HCHHSD) has provided Child Health services for more than 30 years to the indigent residents of Hidalgo County. Besides state funds (DSHS), the HCHHSD also receives local funds (County) to support Child Health services. The HCHHSD funds are monitored closely by the Chief Financial Officer to ensure Child Health services are provided on an ongoing basis each year. The HCHHSD will continue to provide the existing Child Health services during FY 2014. The HCHHSD conducts Child Health services under the guidance of a Chief Physician. The Chief Physician and Practitioners update the department's standing delegation orders yearly; and provide staff education and quality assurance activities on an on going basis to all nursing staff.
   The HCHHSD has 7 clinics throughout the county that facilitate client accessibility for Child Health services. Each clinic is staffed with RN's, LVN's and support staff. The Chief Physician and Practitioners are accessible to the clinic nurses to ensure Child Health services are provided to clients safely, timely, and as per DSHS/HCHHSD policies and procedures. The HCHHSD utilizes an EMR System for client data and reports; and for eligibility screening for services; and the Imm Trac Registry for vaccine documentation. The HCHHSD adheres to the confidentiality policy (HIPAA) for all of these programs. The department utilizes county funds to promote the clinic services thru PSA's in TV, radio & newspaper. Also, the department's Outreach Specialists and educators promote and educate the community on the services provided, specifically Child Health, in Health Fairs, community group presentations and coalition meetings. The HCHHSD partners with local providers in assisting Child Health clients and their families with medical health care needs and social needs. These providers include private physicians that provide delivery services; the Nuestra Clinica de Valle clinics and El Milagro Clinic assist in providing medical health care services; and, County Indigent Health Care and State Department of Human Services assist in providing financial support. There are no other clinics in Hidalgo County that provide Child Health services to the uninsured free of charge as does the HCHHSD. Thus, DSHS support is detrimental to the HCHHSD to continue providing Child Health services to the population in need in Hidalgo County.
3. The HCHHSD nurses assess each child for family violence, substance abuse, and mental needs in every client visit; by collecting the history (family & client), completing a mental screening tool, and conducting the physical assessment.
4. The HCHHSD partners with local providers (FQHC's) in referring children for medical health care needs. As stated before, the HCHHSD is the only agency in the county that provides Child Health services to the uninsured at no cost. Every child and family seen at

the department are screened for resources and referred accordingly. This includes referring families for medical financial assistance. The HCHHSD also has a LBSW on staff that assist and provide case management services to children and families in need.

5. The HCHHSD nursing staff are all bilingual (English & Spanish). The HCHHSD also contract with a Sign Language Company and Language Line contract services to clients needing interpreting services. Also, all of the HCHHSD clinics are ADA compliant and are located through out the county providing accessibility to the community in need. In addition, the department provides some extended hours to accommodate working families. Overall, the department assesses the client's and family needs yearly thru client satisfaction surveys, to improve service delivery.
6. The HCHHSD does not plan to subcontract Title V services for this contract period.
7. Quality assurance/quality improvement (QA/QI) process for the HCHHSD is as follows:
   a. The role of the QA Committee is to write and monitor the Quality Assurance Plan of the HCHHSD. The members of the committee include the RN Supervisor, Clerk Managers, Practitioners, LBSW, Chief Physician, Chief Administrative Officer, Billing Supervisor, DON & ADON.
   b. The Chief Physician's role is to review and update the department's standing delegations yearly, and as needed.
   c. The assigned QA Committee members conduct on site observation of services and client staff interactions provided by clinic staff for all programs at least quarterly; and, by using the appropriate observation tool. Findings and recommendations are reported to the committee at the next Committee meeting. The Committee conducts client record reviews (audits) from all programs and clinics to evaluate compliance of standards, standing delegation orders, policies and procedures.
   d. The Committee review records that are not compliant with standards and conduct appropriate actions as recommended on the record audit tool corrective action plan and follow up plan. The Committee evaluates the observations and record audit findings to determine staff development needs. The QA Committee also evaluates client records for compliance of nursing standards and refer to the Peer Review Committee, as applicable.
   e. The HCHHSD Director Of Nursing ensures client satisfaction surveys are conducted at all Health Department Clinics at least yearly. The summarized report is reviewed with the QA Committee on the next quarterly meeting. The Committee utilizes these findings to assure that quality and appropriate services are provided at all the health department clinics.
   f. The HCHHSD Director of Nursing and the Chief Physician review all written client and providers complaints, as well as all adverse outcomes in the clinic setting and develop a safeguard to prevent recurrence. Adverse outcomes are written in the appropriate incident report form and a conference with the provider is conducted, with plan of action written, and correction date set. The Committee conducts follow up on recommendations made to ensure resolution of problems:

      1. recommendations to record audits.
      2. recommendations to adverse outcomes.

The committee assures standards compliance and address recurrent deficiencies by providing necessary educational training, in-services, and management functions expeditiously to nursing and support staff to correct problems identified. Monitoring of all clinics services are conducted by the DON & ADON to all clinics on a quarterly basis. The Committee also recommends administrative action if the deficiencies continue.

g. The Committee maintains program objectives and updates them at least yearly. These program objectives are developed by utilizing state morbity data, state Healthy 2020 Objectives and local community assessments to determine essential and appropriate program objectives. The committee assures this by appointing eligible members to participate in the Performance Based Program Objectives Committees (PBO). These committees are Prenatal, Family Planning, Child Health, Immunizations, C/M, STD and TB. The PBO committee members appointed consist of clinic nurses, LBSW and Practitioners. The members for each PBO committee are appointed based on their expertise and training background. Example: for C/M, only certified case managers participate in that committee. The Program Objectives Committee's meet quarterly to conduct record reviews and identify outcomes. Outcomes identified are submitted to the QA Committee in the quarterly reports. The RN Supervisor also presents the audit outcomes and follow up plan to all nursing staff at each monthly clinic staff meeting.

h. The HCHHSD Chief Physician and department Practitioners maintain department standing delegation orders current. This staff ensure that they stay updated on medical practices/standards by attending trainings, conferences and researching medical information. The HCHHSD Chief Physician and Practitioners also refer to and ensure that standing delegation orders are within CDC and DSHS guidelines.

FORM B-2: SERVICE DELIVERY PLAN FOR CHILD HEALTH & CHILD DENTAL SERVICES
GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. The service delivery plan must include a Table of Contents from respondent's operating policies and procedures manual. The service delivery plan must:

1. Summarize the proposed **child health and/or child dental** services. Also, address if and how the respondent will serve individuals from counties outside the stated service area.

2. Describe service delivery systems, workforce (attach organization chart), policies, support systems (i.e., training, research, technical assistance), outreach and informing, financial and administrative systems including confidential data storage, staff development (i.e., eligibility, billing, clinical training) and other infrastructure elements available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered? Describe any existing partnerships with Texas certified Community Health Workers and/or Promotoras(es) and how they are utilized in the respondent's outreach and information efforts.

3. Describe the process of assessing client risk factors associated with family violence, substance abuse, and mental health needs.

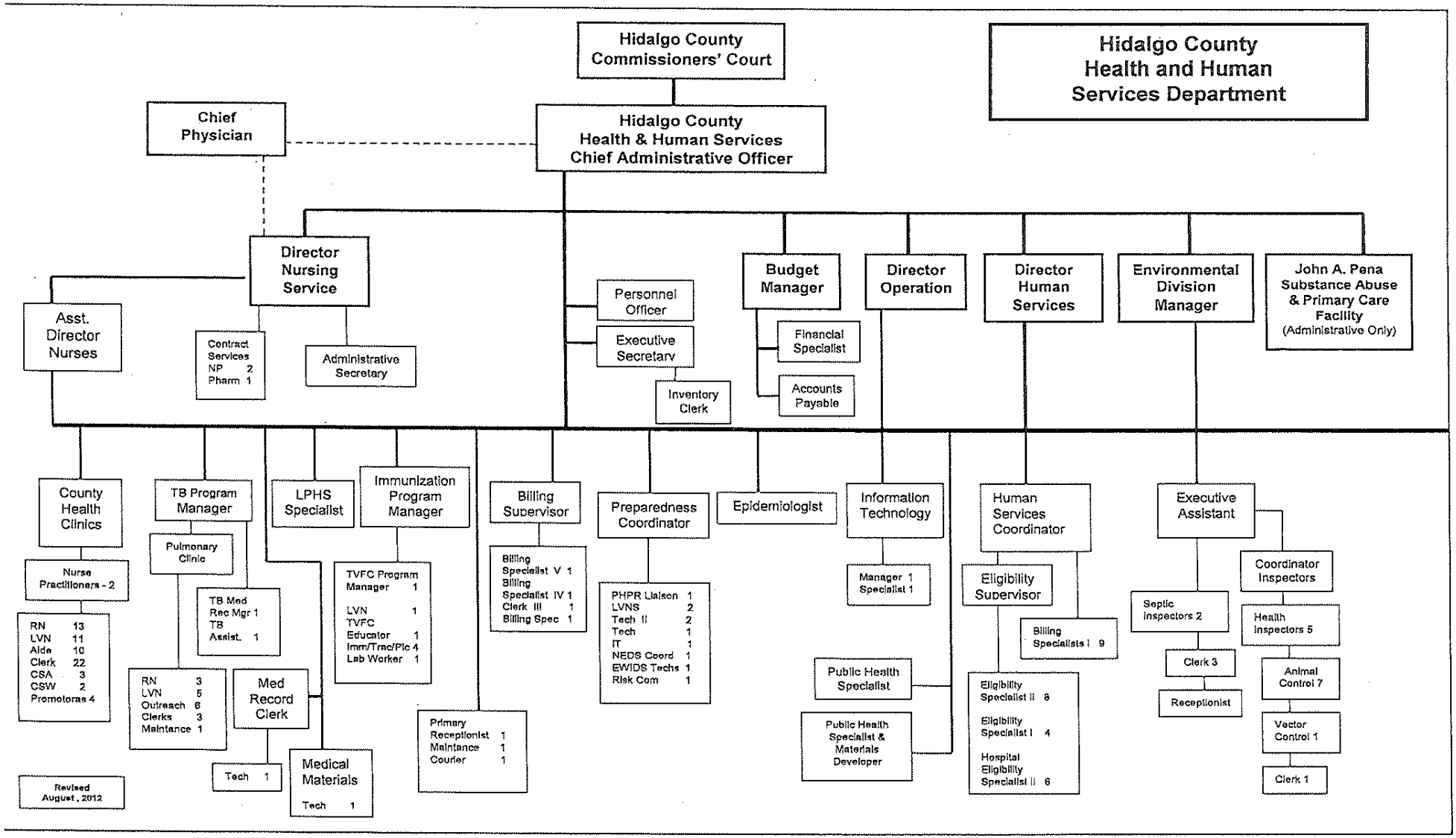
4. Describe coordination with the other state and/or local health and human service providers in the service area(s), define how duplication of services is to be avoided, and describe the procedures in place to ensure clients are referred to other appropriate community resources, as needed.

5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

6. If respondent plans to subcontract any Title V reimbursable services, describe:
   - Experience subcontracting with other agencies/providers;
   - Experience performing program monitoring of subcontractors; and
   - Experience providing technical assistance to subcontractors.

7. Describe internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff responsible for ensuring that the identified processes are implemented, and who is responsible for ensuring they are updated. The description must include the following:
   - Role of the QA/QI Committee;
   - Medical and/or Dental Director's involvement in the QA/QI activities;
   - Activities utilized to identify trends of needed improvement and the frequency of those activities;
   - Activities to ensure correction and follow-up to findings identified;
   - Utilization and frequency of client satisfaction surveys;
   - System utilized to identify and monitor adverse outcomes;

- Process for identifying performance and outcome measures; and
- Process utilized to develop protocols and Standing Delegation Orders.


Hidalgo County Commissioners' Court
Hidalgo County Health and Human Services Department
Chief Physician
Hidalgo County Health & Human Services Chief Administrative Officer
Director Nursing Service
Asst. Director Nurses
Contract Services NP 2 Pharm 1
Administrative Secretary
Personnel Officer
Executive Secretary
Inventory Clerk
Budget Manager
Financial Specialist
Accounts Payable
Director Operation
Director Human Services
Environmental Division Manager
John A. Pena Substance Abuse & Primary Care Facility (Administrative Only)
County Health Clinics
Nurse Practitioners - 2
RN 13
LVN 11
Aide 10
Clerk 22
CSA 3
CSW 2
Promotoras 4
TB Program Manager
Pulmonary Clinic
TB Med Rec Mgr 1
TB Assist. 1
RN 3
LVN 5
Outreach 6
Clerks 3
Maintance 1
Med Record Clerk
Tech 1
LPHS Specialist
Medical Materials
Tech 1
Immunization Program Manager
TVFC Program Manager 1
LVN 1
TVFC Educator 1
Imm/Trac/Plc 4
Lab Worker 1
Primary Receptionist 1
Maintance 1
Courier 1
Billing Supervisor
Billing Specialist V 1
Billing Specialist IV 1
Clerk III 1
Billing Spec 1
Preparedness Coordinator
PHPR Liaison 1
LVNS 2
Tech II 2
Tech 1
IT 1
NEDS Coord 1
EWIDS Techs 1
Risk Com 1
Epidemiologist
Information Technology
Manager 1
Specialist 1
Public Health Specialist
Public Health Specialist & Materials Developer
Human Services Coordinator
Eligibility Supervisor
Billing Specialists I 9
Eligibility Specialist II 8
Eligibility Specialist I 4
Hospital Eligibility Specialist II 6
Executive Assistant
Septic Inspectors 2
Clerk 3
Receptionist
Coordinator Inspectors
Health Inspectors 5
Animal Control 7
Vector Control 1
Clerk 1
Revised August, 2012

FORM B-3: TITLE V CHILD HEALTH & CHILD DENTAL CEILING REQUEST and PERFORMANCE MEASURES

Legal Business Name of Respondent: Hidalgo County

This page should reflect all services projected to be delivered during the contract period for those service categories described in your Service Deliver Plan and for which you intend to bill and expect to be paid (See Form B-3 Guidelines).

If you provide services in counties located in different DSHS regions, complete a separate form for each Health Service Region (HSR). Do not complete a separate for each county.

FY14 PROJECTED
Estimated Number of Unduplicated Clients

HSR: ☐ 1 ☐ 2/3 ☐4/5N ☐6/5S ☐ 7 ☐ 8 ☐9/10 √ 11	Infants 0 - 11 months Children & Adolescents 1 – 21 years	
	Number of Clients	Total $ Amount for all services provided
Child Health (include costs for laboratory and case management)	82	$ 34,833.00
Child Dental	-0-	$ -0-
GRAND TOTAL* Number of Clients and Dollars Requested	82	$ 34,833.00
Title V Case Management for Children and Pregnant Woman (TV CPW)	Currently a provider and interested in continuing: ☐Yes √No	Not currently a provider, but am interested in applying: ☐Yes √No

***Grand Total amount must match amount requested on Form A-1: Face Page, #9.**

FORM B-3: TITLE V CHILD HEALTH & CHILD DENTAL CEILING REQUEST and PERFORMANCE MEASURES GUIDELINES

FORM B-3 must be used for Title V proposed child health and dental services only. The form reflects the estimated unduplicated number of the Title V child health and/or child dental eligible clients the respondent proposes to serve, and the total amount estimated to be billed to the Title V Child Health & Child Dental Services program. Complete a separate FORM B-3 for each Health Service Region in which services will be provided.

Steps to complete form:

1. Identify the Health Service Region (HSR) in the first column, row 1.

2. For Child Health, enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

3. For Child Dental enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

4. Enter the Grand Total number of clients and total dollar amount (rounded to the nearest dollar). The Grand Total must equal the amount of funding requested for Title V Child Health & Child Dental Services on FORM A-1: FACE PAGE, #9.

5. Concerning Title V Case Management for Children and Pregnant Women (Title V CPW), indicate if the respondent is a current provider and wants to continue to provide Title V CPW services by checking "Yes" or "No. If the respondent is not a current provider, check "Yes" or "No" if interested in applying to be a provider. **Note:** A contractor cannot bill Title V for case management codes G9012-U5-U2, G9012-U5-TS, or G9012-TS if not registered as a Title V CPW provider.

FORM B-4: TITLE V CHILD HEALTH SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Child Health worksheet is included for informational purposes in order to assist respondents in completing Form B-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr, Quantity of Services, Estimated Total 1-21 yr Reimbursement, FY14 <1 yr, Quantity of Service, and Estimated Total < 1 yr Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for 1-21 yr and total reimbursement for < 1 yr will be noted at the bottom of the worksheet.

FORM B-5: TITLE V CHILD DENTAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Child Dental worksheet is included for informational purposes in order to assist respondents in completing Form B-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr, Quantity of Services, Estimated Total 1-21 yr Reimbursement, FY14 <1 yr, Quantity of Service, and Estimated Total < 1 yr Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for 1-21 yr and total reimbursement for < 1 yr will be noted at the bottom of the worksheet.

Section II
Attachment C

Title V Prenatal Medical & Prenatal Dental Services Forms

To Be Completed by Prenatal Medical & Prenatal Dental Services Respondents Only

FORM C-1: CONTACT PERSON INFORMATION
TITLE V PRENATAL MEDICAL SERVICES

Legal Business Name of Respondent: Hidalgo County

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Administrative Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.223	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	eddie.olivarez@hchd.org		
Medical Director:	Ivan Melendez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Physician	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-8864		
E-mail:	N/A		
Program Coordinator:	Lydia Serna	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Director Of Nursing	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext. 235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-8864		
E-mail:	lydia.serna@hchd.org		
Financial Officer:	Miguel Escaname	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Financial Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext. 222	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	mike.escaname@hchd.org		
Quality Assurance Contact:	Lydia Serna	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Director of Nursing	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.235	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	lydia.serna@hchd.org		
Public Information Contact*:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**	
Title:	Chief Administrative Officer	1304 S. 25th Ave.	
Phone:	956-383-6221 Ext.223	Edinburg, Hidalgo, Texas 78542	
Fax:	956-383-3229		
E-mail:	eddie.olivarez@hchd.org		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM C-1: CONTACT PERSON INFORMATION
TITLE V PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: N/A

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Dental Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Public Information Contact*:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS website, and other health information resources.

FORM C-2: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: Hidalgo County

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. Address the required elements (see SERVICE DELIVERY PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of **five (5)** additional pages may be attached if needed for a total of six (6) pages.

1. The Hidalgo County Health and Human Services Department will continue to provide Prenatal services to uninsured and underinsured clients at all seven (7) clinics located throughout Hidalgo County. The department does not propose to provide prenatal services outside the Hidalgo County area.
2. The Hidalgo County Health and Human Services Department (HCHHSD) has provided Prenatal services for more than 30 years to the indigent residents of Hidalgo County. Besides state funds (DSHS), the HCHHSD also receives local funds (County) to support Prenatal services. The HCHHSD funds are monitored closely by the Chief Financial Officer to ensure Prenatal services are provided on an ongoing basis each year. The HCHHSD will continue to provide the existing Prenatal services during FY 2014. The HCHHSD conducts Prenatal services under the guidance of a Chief Physician. This Chief Physician and Practitioners update standing delegations orders yearly and provide staff education and quality assurance activities on an on going basis to all nursing staff. The HCHHSD has 7 clinics throughout the county that facilitate client accessibility for Prenatal services. Each clinic is staffed with RN's, LVN's and support staff. The Chief Physician and Practitioners are accessible to the clinic nurses to ensure Prenatal services are provided to clients safely, timely, and as per DSHS/HCHHSD policies and procedures. The departments LBSW assist in providing case management services to eligible clients and assist the nursing staff in referring clients to the local Title V Genetic services, as applicable. The HCHHSD utilizes an EMR System for client data entry and reports; and, for eligibility screening for services; and the Imm Trac Registry for vaccine documentation. The HCHHSD adheres to the confidentiality policy (HIPAA) for all of these programs. The department utilizes county funds to promote the clinic services thru PSA's in TV, radio & newspaper. Also, the department's Outreach Specialist's and educators promote and educate the community on the services provided, specifically Prenatal, in Health Fairs, community group presentations and coalition meetings. The HCHHSD partners with local providers in assisting Prenatal clients with medical health care needs and social needs. These providers include private physicians that provide delivery services; the Nuestra Clinica de Valle clinics and El Milagro Clinic assist in providing medical health care services; and, County Indigent Health Care and State Department of Human Services assist in providing financial support. There are no other clinics that provide Prenatal services to the uninsured and free of charge as does the HCHHSD in Hidalgo County. Thus, DSHS support is detrimental to the HCHHSD to continue providing Prenatal services to the population in need in Hidalgo County.
3. The HCHHSD assesses each prenatal client for family violence, substance abuse, and mental needs in every client visit; by collecting the history (family & client) and conducting the physical assessment.

4. The HCHHSD partners with local providers (FQHC's) in referring prenatal clients for medical health care needs. As stated before, the HCHHSD is the only agency in the county that provides prenatal services to the uninsured at no cost. Every prenatal client and family seen at the department are screened for resources and referred accordingly. This includes referring families to the internal department, Human Services Division for medical financial assistance. In addition, the clients eligible and approved for the CHIP Prenatal Program are referred to a provider of their choice for delivery services. The department nursing staff and Outreach Specialist assist in the follow-up of the client and the newborn for Child Health & Family Planning services after delivery.
5. The HCHHSD nursing staff are all bilingual (English & Spanish). The HCHHSD also contract with A Sign Language Company and Language Line Contract Services to clients needing interpreting services. Also, all of the HCHHSD clinics are ADA compliant and are located through out the county providing accessibility to the community in need. In addition, the department provide some extended hours to accommodate working families. Overall, the department assesses the client's families needs yearly thru client satisfaction surveys to improve service delivery.
6. The HCHHSD does not plan to sub-contract Title V services during this contract period.
7. The Quality assurance/quality improvement (QA/QI) process for the HCHHSD is as follows:
    a. The role of the QA Committee is to write and monitor the Quality Assurance Plan of the HCHHSD. The members of the committee include the RN Supervisors, Clerk Managers, Practitioners, LBSW, Chief Physician, Chief Administrative Officer, Billing Supervisor, DON & ADON.
    b. The Chief Physician's role is to review and update the department's standing delegation orders yearly and as needed.
    c. The assigned QA Committee members conduct on site observation of services and client staff interactions provided by clinic staff for all programs at least quarterly; and, by using the appropriate observation tool. Findings and recommendations are reported to the committee at the next Committee meeting. The Committee conducts client record reviews (audits) from all programs and clinics to evaluate compliance of standards, standing delegation orders, policies and procedures.
    d. The Committee review records that are not compliant with standards and conduct appropriate actions as recommended on the record audit tool corrective action plan and follow up plan. The Committee evaluates the observations and record audit findings to determine staff development needs. The QA Committee also evaluates client records for compliance of nursing standards and refer to the Peer Review Committee, as applicable.
    e. The HCHHSD Director Of Nursing ensures client satisfaction surveys are conducted at all Health Department Clinics at least yearly. The summarized report is reviewed with the QA Committee on the next quarterly meeting. The Committee utilizes these findings to assure that quality and appropriate services are provided at all the health department clinics.
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1. recommendations to record audits.
2. recommendations to adverse outcomes.

The committee assures standards compliance and address recurrent deficiencies by providing necessary educational training, in-services, and management functions expeditiously to nursing and support staff to correct problems identified. Monitoring of all clinics services are conducted by the DON & ADON to all the clinics on a quarterly basis. The Committee recommends administrative action if the deficiencies continue.

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h. The HCHHSD Chief Physician and department Practitioners maintain department standing delegation orders current. This staff ensure that they stay updated on medical practices/standards by attending trainings, conferences and researching medical information. The HCHHSD Chief Physician and Practitioners also refer to and ensure that standing delegation orders are within CDC and DSHS guidelines.

FORM C-2: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. The service delivery plan must include a Table of Contents from respondent's operating and procedures manual. The service delivery plan must:

1. Summarize the proposed **prenatal medical and/or prenatal dental** services and how respondent will assist patient with the CHIP Perinatal Program application process. Also, address if and how the respondent will serve individuals from counties outside the stated service area.

2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance), outreach and informing, financial and administrative systems including confidential data storage, staff development (i.e., eligibility, billing, clinical training) and other infrastructure elements available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered? Describe any existing partnerships with Texas certified Community Health Workers and/or Promotoras(es) and how they are utilized in the respondent's outreach and information efforts.

3. Describe process of assessing risk factors associated with family violence, substance abuse and mental health needs.

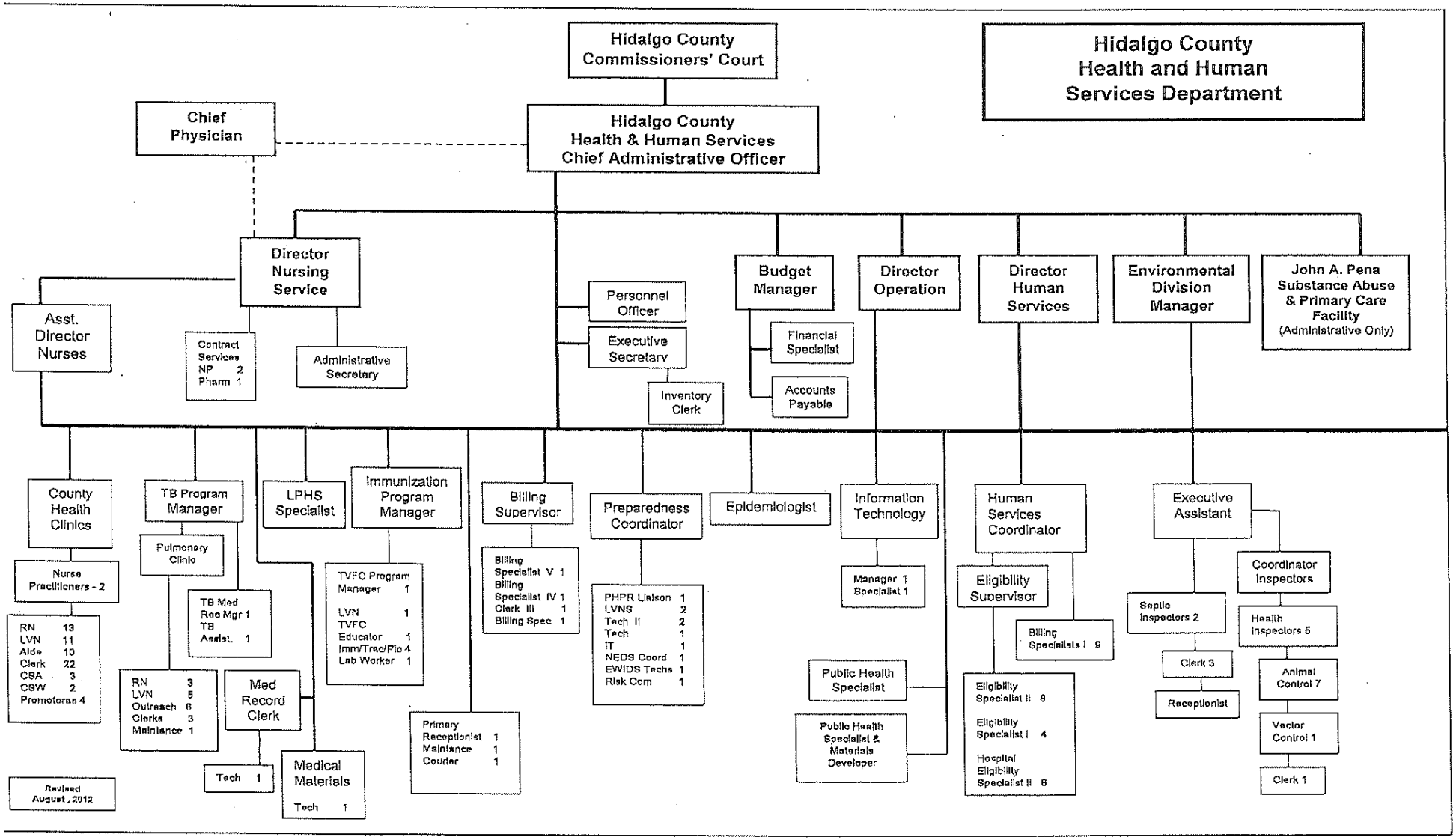
4. Describe coordination with the other state and/or local health and human service providers in the service area(s), define how duplication of services is to be avoided, and describe the procedures in place to ensure clients are referred to other appropriate community resources, as needed.

5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

6. If respondent plans to subcontract out any Title V reimbursable services, describe:
   - Experience subcontracting with other agencies/providers;
   - Experience performing program monitoring of subcontractors; and
   - Experience providing technical assistance to subcontractors.

7. Describe internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff responsible for ensuring that the identified processes are implemented, and who is responsible for ensuring they are updated. The description must include the following:
   - Role of the QA/QI Committee;
   - Medical and/or Dental Director's involvement in the QA/QI activities;
   - Activities utilized to identify trends of needed improvement and the frequency of those activities;
   - Activities to ensure correction and follow-up to findings identified;
   - Utilization and frequency of client satisfaction surveys;

- System utilized to identify and monitor adverse outcomes;
- Process for identifying performance and outcome measures; and
- Process utilized to develop protocols and Standing Delegation Orders.


Hidalgo County Commissioners' Court
Hidalgo County Health and Human Services Department
Chief Physician
Hidalgo County Health & Human Services Chief Administrative Officer
Director Nursing Service
Asst. Director Nurses
Contract Services NP 2 Pharm 1
Administrative Secretary
Personnel Officer
Executive Secretary
Inventory Clerk
Budget Manager
Financial Specialist
Accounts Payable
Director Operation
Director Human Services
Environmental Division Manager
John A. Pena Substance Abuse & Primary Care Facility (Administrative Only)
County Health Clinics
Nurse Practitioners - 2
RN 13
LVN 11
Aide 10
Clerk 22
CSA 3
CSW 2
Promotoran 4
TB Program Manager
Pulmonary Clinic
TB Med Rec Mgr 1
TB Assist. 1
RN 3
LVN 5
Outreach 6
Clerks 3
Maintance 1
Tech 1
Med Record Clerk
LPHS Specialist
Medical Materials
Tech 1
Immunization Program Manager
TVFC Program Manager 1
LVN 1
TVFC Educator 1
Imm/Trac/Pic 4
Lab Worker 1
Primary Receptionist 1
Maintance 1
Courier 1
Billing Supervisor
Billing Specialist V 1
Billing Specialist IV 1
Clerk III 1
Billing Spec 1
Preparedness Coordinator
PHPR Liaison 1
LVNS 2
Tech II 2
Tech 1
IT 1
NEDS Coord 1
EWIDS Techs 1
Risk Com 1
Epidemiologist
Information Technology
Manager 1
Specialist 1
Public Health Specialist
Public Health Specialist & Materials Developer
Human Services Coordinator
Eligibility Supervisor
Billing Specialists I 9
Eligibility Specialist II 8
Eligibility Specialist I 4
Hospital Eligibility Specialist II 6
Executive Assistant
Septic Inspectors 2
Clerk 3
Receptionist
Coordinator Inspectors
Health Inspectors 5
Animal Control 7
Vector Control 1
Clerk 1
Revised August, 2012

FORM C-3: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL CEILING REQUEST and PERFORMANCE MEASURES

Legal Business Name of Respondent: Hidalgo County

This page should reflect all services projected to be delivered during the contract period for those service categories described in your Service Deliver Plan and for which you intend to bill and expect to be paid (See Form C-3 Guidelines).

If you provide services in counties located in different DSHS regions, complete a separate form for each Health Service Region (HSR). Do not complete a separate for each county.

FY14 PROJECTED
Estimated Number of Unduplicated Clients

HSR: ☐ 1 ☐ 2/3 ☐4/5N ☐6/5S ☐ 7 ☐ 8 ☐9/10 √ 11	Pregnant Women	
	Number of Clients	Total $ Amount for all services provided
Prenatal Medical (include costs for laboratory and case management)	1027	$ 165,909.00
Prenatal Dental	-0-	$ -0-
GRAND TOTAL* Number of Clients and Dollars Requested	1027	$ 165,909.00
Title V Case Management for Children and Pregnant Woman (TV CPW)	Currently a provider and interested in continuing: ☐Yes √ No	Not currently a provider, but am interested in applying: ☐Yes √ No

***Grand Total amount must match amount requested on Form A-1: Face Page, #9.**

FORM C-3: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL SERVICES CEILING REQUEST AND PERFORMANCE MEASURES GUIDELINES

FORM C-3 must be used for Title V proposed prenatal medical and prenatal dental services only. The form reflects the estimated unduplicated number of Title V prenatal medical and/or prenatal dental eligible clients the respondent proposes to serve and the total amount estimated to be billed to the Title V Prenatal Medical Services program. Complete a separate FORM C-3 for each Health Service Region (HSR) in which services will be provided.

Steps to complete form:

1. Identify the Health Service Region (HSR) in the first column, row 1.

2. For Prenatal Medical services, enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

3. For Prenatal Dental service enter the projected number of unduplicated clients to be served and the corresponding dollar amounts.

4. Enter the Grand Total number of clients and total dollar amount (rounded to the nearest dollar). The Grand Total must equal the amount of funding requested for Title V Prenatal Medical & Prenatal Dental Services on FORM A-1: FACE PAGE, #9.

5. Concerning Title V Case Management for Children and Pregnant Women (Title V CPW), indicate if the respondent is a current provider and wants to continue to provide Title V CPW services by checking "Yes" or "No. If the respondent is not a current provider, check "Yes" or "No" if interested in applying to be a provider. **Note:** A contractor cannot bill Title V for case management codes G9012-U5-U2, G9012-U5-TS, or G9012-TS if not registered as a Title V CPW provider.

FORM C-4: TITLE V PRENATAL MEDICAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Prenatal Medical worksheet is included for informational purposes in order to assist respondents in completing Form C-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY14 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.

FORM C-5: TITLE V PRENATAL DENTAL SERVICES AND REIMBURSEMENT RATES

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. These worksheets are posted at http://www.dshs.state.tx.us/chscontracts/default.shtm. The Title V Prenatal Dental worksheet is included for informational purposes in order to assist respondents in completing Form C-3. ***The worksheet should not be returned with the RFP response.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY14 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY14 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.

Attachment G - Grantee's FY 2018 Renewal Application

Health and Human Services Commission

FORM A-1: FACE PAGE – FY18 Prenatal Medical and Prenatal Dental Renewal Application as authorized under Community Health Services (RFP # CHS/TV-0554.1)

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION			
1) LEGAL BUSINESS NAME:	Hidalgo County		
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):		**Check if address change**	☐
1304 S. 25th Ave Edinburg, Texas 78542			
3) PAYEE Name and Mailing Address (if different from above):		**Check if address change**	☐
Norma Garcia, County Treasurer, 2810 South Business Hwy 281, Edinburg, Texas 78542			
4) Federal Tax ID No. (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) **or Social Security Number** (9 digit): **DUNS Number:**	74-6000717 10-311-0834		
The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.			
5) Medicaid Provider Number: 1932146836	**OR**	**Date Medicaid Application Submitted & TMHP Ticket #:**	

6) TYPE OF ENTITY (check all that apply):

☐	City	☐	Nonprofit Organization*	☐	Individual
☒	County	☐	For Profit Organization*	☐	FQHC
☐	Other Political Subdivision	☐	HUB Certified	☐	State Controlled Institution of Higher Learning
☐	State Agency	☐	Community-Based Organization	☐	Hospital
☐	Indian Tribe	☐	Minority Organization	☐	Private
		☐	Faith Based (Nonprofit Org)	☐	Other (specify):

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD:	**Start Date:**	09/01/2017	**End Date:**	08/31/2018

8) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page per Title V funded service(s).

9) AMOUNT OF FUNDING	**V-PM & PD** $ 144,029.00
10) PROJECTED	$ 2,700,000.00

Does respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☒ No ☐

***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related HHSC funds.*

11) PROJECT CONTACT PERSON

Name:	Eduardo Olivarez
Phone:	956-383-6221
Fax:	956-383-3229
E-mail:	eddie.olivarez@hchd.org

12) FINANCIAL OFFICER

Name:	Raymundo Eufracio
Phone:	956-318-2511
Fax:	956-318-2577
E-mail:	ray.eufracio@auditor.co.hidalgo.tx.us

Health and Human Services Commission

FORM A-1: FACE PAGE – FY18 Prenatal Medical and Prenatal Dental Renewal Application as authorized under Community Health Services (RFP # CHS/TV-0554.1)

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION			
1) LEGAL BUSINESS NAME:	Hidalgo County		
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):		**Check if address change**	☐
1304 S. 25th Ave Edinburg, Texas 78542			
3) PAYEE Name and Mailing Address (if different from above):		**Check if address change**	☐
Norma Garcia, County Treasurer, 2810 South Business Hwy 281, Edinburg, Texas 78542			
4) Federal Tax ID No. (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) **or Social Security Number** (9 digit): **DUNS Number:**		74-6000717 10-311-0834	
The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.			
5) Medicaid Provider Number: 1932146836	**OR**	**Date Medicaid Application Submitted & TMHP Ticket #:**	

6) TYPE OF ENTITY (check all that apply):

☐	City	☐	Nonprofit Organization*	☐	Individual
☒	County	☐	For Profit Organization*	☐	FQHC
☐	Other Political Subdivision	☐	HUB Certified	☐	State Controlled Institution of Higher Learning
☐	State Agency	☐	Community-Based Organization	☐	Hospital
☐	Indian Tribe	☐	Minority Organization	☐	Private
		☐	Faith Based (Nonprofit Org)	☐	Other (specify):

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD:	**Start Date:**	09/01/2017	**End Date:**	08/31/2018

8) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page per Title V funded service(s).

9) AMOUNT OF FUNDING	**V-PM & PD** $ 144,029.00
10) PROJECTED	$ 2,700,000.00

Does respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☒ No ☐

***Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related HHSC funds.*

11) PROJECT CONTACT PERSON

Name:	Eduardo Olivarez
Phone:	956-383-6221
Fax:	956-383-3229
E-mail:	eddie.olivarez@hchd.org

12) FINANCIAL OFFICER

Name:	Raymundo Eufracio
Phone:	956-318-2511
Fax:	956-318-2577
E-mail:	ray.eufracio@auditor.co.hidalgo.tx.us

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: HHSC Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE		**Check if change** ☐	**14) SIGNATURE OF AUTHORIZED REPRESENTATIVE**
Name:	Ramon Garcia		
Title:	County Judge		**15) DATE**
Phone:	956-318-2600		
Fax:	956-318-2699		
E-mail:	ramon.garcia@co.hidalgo.tx.us		

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: HHSC Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE		**Check if change** ☐	**14) SIGNATURE OF AUTHORIZED REPRESENTATIVE**
Name:	Ramon Garcia		Ramon Garcia
Title:	County Judge		**15) DATE**
Phone:	956-318-2600		3/7/17
Fax:	956-318-2699		
E-mail:	ramon.garcia@co.hidalgo.tx.us		

APPROVED BY COMMISSIONERS' COURT ON: 3/7/17

FORM A-1: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Health and Human Services Commission (HHSC), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in **HHSC Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

1. **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.

2. **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.

3. **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.

4. **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
   DUNS Number – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving **ANY** federal funds and can be obtained at: http://fedgov.dnb.com/webform
5. **MEDICAID PROVIDER NUMBER OR DATE MEDICAID APPLICATION SUBMITTED** – Enter the Medicaid provider number used by the organization to bill Medicaid. If the organization does not have a Medicaid number, enter the date an application was submitted to obtain a Medicaid number and TMPH Ticket #.

6. **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.
   - HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.
   - MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
   - If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

7. **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.

8. **COUNTIES SERVED BY PROJECT** – Check off counties to be served from the list of Texas counties on Page 3 (below) and include behind the Face Page. Do not write counties on line 8. Do check the counties to be served on the counties list page.

9. **AMOUNT OF FUNDING** - Contractor to enter the contract award amount from the renewal application notice. The amount and the Grand Total of Form E must match.

10. **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed $500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).

11. **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.

12. **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.

13. **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to HHSC.

14. **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.

15. **DATE** - Enter the date the authorized representative signed this form.

FORM B: Title V Prenatal Medical & Prenatal Dental Services, Texas Counties and Regions List in Alphabetical Order
Legal Business Name of Respondent:
COUNTIES SERVED BY PROJECT - This list is provided for item 8, Form A-1: Face Page

Anderson	☐	4/5N	Collin	☐	2/3	Galveston	☐	6/5S
Andrews	☐	9/10	Collingsworth	☐	1	Garza	☐	1
Angelina	☐	4/5N	Colorado	☐	6/5S	Gillespie	☐	8
Aransas	☐	11	Comal	☐	8	Glasscock	☐	9/10
Archer	☐	2/3	Comanche	☐	2/3	Goliad	☐	8
Armstrong	☐	1	Concho	☐	9/10	Gonzales	☐	8
Atascosa	☐	8	Cooke	☐	2/3	Gray	☐	1
Austin	☐	6/5S	Coryell	☐	7	Grayson	☐	2/3
-B-			Cottle	☐	2/3	Gregg	☐	4/5N
Bailey	☐	1	Crane	☐	9/10	Grimes	☐	7
Bandera	☐	8	Crockett	☐	9/10	Guadalupe	☐	8
Bastrop	☐	7	Culberson	☐	9/10	**-H-**		
Baylor	☐	2/3	**-D-**			Hale	☐	1
Bee	☐	11	Dallam	☐	1	Hall	☐	1
Bell	☐	7	Dallas	☐	2/3	Hamilton	☐	7
Bexar	☐	8	Dawson	☐	9/10	Hansford	☐	1
Blanco	☐	7	Deaf Smith	☐	1	Hardeman	☐	2/3
Borden	☐	9/10	Delta	☐	4/5N	Hardin	☐	6/5S
Bosque	☐	7	Denton	☐	2/3	Harris	☐	6/5S
Bowie	☐	4/5N	DeWitt	☐	8	Harrison	☐	4/5N
Brazoria	☐	6/5S	Dickens	☐	1	Hartley	☐	1
Brazos	☐	7	Dimmit	☐	8	Haskell	☐	2/3
Brewster	☐	9/10	Donley	☐	1	Hemphill	☐	1
Briscoe	☐	1	Duval	☐	11	Henderson	☐	4/5N
Brooks	☐	11	**-E-**			Hidalgo	☒	11
Brown	☐	2/3	Eastland	☐	2/3	Hill	☐	7
Burleson	☐	7	Ector	☐	9/10	Hockley	☐	1
Burnet	☐	7	Edwards	☐	8	Hood	☐	2/3
-C-			Ellis	☐	2/3	Hopkins	☐	4/5N
Caldwell	☐	7	El Paso	☐	9/10	Houston	☐	4/5N
Calhoun	☐	8	Erath		2/3	Howard	☐	9/10
Callahan	☐	2/3	**-F-**	☐		Hudspeth	☐	9/10
Cameron	☐	11	Falls	☐	7	Hunt	☐	2/3
Camp	☐	4/5N	Fannin	☐	2/3	Hutchinson	☐	1
Carson	☐	1	Fayette	☐	7	**-I-**		
Cass	☐	4/5N	Fisher	☐	2/3	Irion	☐	9/10
Castro	☐	1	Floyd	☐	1	**-J-**		
Chambers	☐	6/5S	Foard	☐	2/3	Jack	☐	2/3
Cherokee	☐	4/5N	Fort Bend	☐	6/5S	Jackson	☐	8
Childress	☐	1	Franklin	☐	4/5N	Jasper	☐	4/5N
Clay	☐	2/3	Freestone	☐	7	Jeff Davis	☐	9/10
Cochran	☐	1	Frio	☐	8	Jefferson	☐	6/5S
Coke	☐	9/10	**-G-**			Jim Hogg	☐	11
Coleman	☐	2/3	Gaines	☐	9/10	Jim Wells	☐	11

Johnson	☐	2/3
Jones	☐	2/3
-K-		
Karnes	☐	8
Kaufman	☐	2/3
Kendall	☐	8
Kenedy	☐	11
Kent	☐	2/3
Kerr	☐	8
Kimble	☐	9/10
King	☐	1
Kinney	☐	8
Kleberg	☐	11
Knox	☐	2/3
-L-		
Lamar	☐	4/5N
Lamb	☐	1
Lampasas	☐	7
La Salle	☐	8
Lavaca	☐	8
Lee	☐	7
Leon	☐	7
Liberty	☐	6/5S
Limestone	☐	7
Lipscomb	☐	1
Live Oak	☐	11
Llano	☐	7
Loving	☐	9/10
Lubbock	☐	1
Lynn	☐	1
-M-		
Madison	☐	7
Marion	☐	4/5N
Mason	☐	9/10
Matagorda	☐	6/5S
Maverick	☐	8
McCulloch	☐	9/10
McLennan	☐	7
McMullen	☐	11
Medina	☐	8
Menard	☐	9/10
Midland	☐	9/10
Milam	☐	7
Mills	☐	7
Mitchell	☐	2/3
Montague	☐	2/3
Montgomery	☐	6/5S
Moore	☐	1
Morris	☐	4/5N
Motley	☐	1
-N-		
Nacogdoches	☐	4/5N
Navarro	☐	2/3
Newton	☐	4/5N
Nolan	☐	2/3
Nueces	☐	11
-O-		
Ochiltree		1
Oldham	☐	1
Orange	☐	6/5S
-P-	☐	
Palo Pinto	☐	2/3
Panola	☐	4/5N
Parker	☐	2/3
Parmer	☐	1
Pecos	☐	9/10
Polk	☐	4/5N
Potter	☐	1
Presidio	☐	9/10
-R-		
Rains	☐	4/5N
Randall	☐	1
Reagan	☐	9/10
Real	☐	8
Red River	☐	4/5N
Reeves	☐	9/10
Refugio	☐	11
Roberts	☐	1
Robertson	☐	7
Rockwall	☐	2/3
Runnels	☐	2/3
Rusk	☐	4/5N
-S-		
Sabine	☐	4/5N
San Augustine	☐	4/5N
San Jacinto	☐	4/5N
San Patricio	☐	11
San Saba	☐	7
Scurry	☐	2/3
Shackelford	☐	2/3
Shelby	☐	4/5N
Sherman	☐	1
Smith	☐	4/5N
Somervell	☐	2/3
Starr	☐	11
Stephens	☐	2/3
Sterling	☐	9
Stonewall	☐	2/3
Sutton	☐	9/10
Swisher	☐	1
-T-	☐	
Tarrant	☐	2/3
Taylor	☐	2/3
Terrell	☐	9/10
Terry	☐	1
Throckmorton	☐	2/3
Titus	☐	4/5N
Tom Green	☐	9/10
Travis	☐	7
Trinity	☐	4/5N
Tyler	☐	4/5N
-U-		
Upshur	☐	4/5N
Upton	☐	9/10
Uvalde	☐	8
-V-		
Val Verde	☐	8
Van Zandt	☐	4/5N
Victoria	☐	8
-W-		
Walker	☐	6/5S
Waller	☐	6/5S
Ward	☐	9/10
Washington	☐	7
Webb	☐	11
Wharton	☐	6/5S
Wheeler	☐	1
Wichita	☐	2/3
Wilbarger	☐	2/3
Willacy	☐	11
Williamson	☐	7
Wilson	☐	8
Winkler	☐	9/10
Wise	☐	2/3
Wood	☐	4/5N
-Y-		
Yoakum	☐	1
Young	☐	2/3
-Z-		
Zapata	☐	11
Zavala	☐	8

FORM C: CONTACT PERSON INFORMATION
TITLE V PRENATAL MEDICAL SERVICES

Legal Business Name of Respondent: Hidalgo County

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. Complete all information for all contacts within your agency. Mark N/A if a contact does not apply to your agency. *All phone numbers should be a direct line to the designated individual.* *If any of the following information changes during the term of the contract, please send written notification to the Contract Manager in the **Contract Management Unit.***

Please ensure that all information is accurate.

Executive Director:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Administrative Officer	1304 S. 25th Ave
Phone:	956-383-6221 Ext. 7211	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-3229	
E-mail:	eddie.olivarez@hchd.org	
Medical Director:	Ivan Melendez, M.D.	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Physician	1304 S. 25th Ave
Phone:	956-383-6221 Ext.	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	planetmed4@gmail.com	
Program Coordinator:	Connie Sanchez, RN	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Director of Clinical Care Services	1304 S. 25th Ave
Phone:	956-383-6221 Ext.7212	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	connie.sanchez@hchd.org	
Financial Officer:	Mike Escaname	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Budget Manager	1304 S. 25th Ave
Phone:	956-383-6221 Ext. 7210	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	mike.escaname@hchd.org	
Quality Assurance Contact:	Connie Sanchez, RN	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Director of Clinical Care Services	1304 S. 25th Ave
Phone:	956-383-6221 Ext. 7212	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	connie.sanchez@hchd.org	
Billing Contact:	Maveli Martinez	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Health Services Billing Supervisor	1304 S. 25th Ave
Phone:	956-383-6221 Ext. 7392	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	maveli.martinez@hchd.org	
Public Information Contact*:	Eduardo Olivarez	**Mailing Address (incl. street, city, county, state, & zip):**
Title:	Chief Administrative Officer	1304 S. 25th Ave
Phone:	956-383-6221 Ext. 7211	Edinburg, Hidalgo, Texas 78542
Fax:	956-383-8864	
E-mail:	eddie.olivarez@hchd.org	

*Will be provided as referral information to the public by 2-1-1, the DSHS/HHSC website, and other health information resources.

FORM C: CONTACT PERSON INFORMATION
TITLE V PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: N/A

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A-1: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the ***Performance Management Unit.***

Executive Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Dental Director:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Program Coordinator:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Financial Officer:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Billing Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	
Fax:		
E-mail:		
Quality Assurance Contact:		**Mailing Address (incl. street, city, county, state, & zip):**
Title:		
Phone:	Ext.	

Fax:		
E-mail:		

		Mailing Address (incl. street, city, county, state, & zip):
Public Information Contact*:		
Title:		
Phone:	Ext.	
Fax:		
E-mail:		

*Will be provided as referral information to the public by 2-1-1, the DSHS/HHSC website, and other health information resources.

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _1_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Edinburg Clinic**										
Contact Person:	**Laura Martinez, RN**					**Phone:**	**956-318-2040**				
Location of Site:	**3105 E. Richardson**					**Fax:**	**956-316-3491**				
Street Address:	**3105 E. Richardson**										
City:	**Edinburg**		**County:**	**Hidalgo**		**Zip Code:**	**78541**		**HSR:**	**11**	
Pharmacy License #:	**07182**	**TPI #:**		**139351611**		**NPI#:**	**1932146636**				

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
TUESDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
WEDNESDAY	**Morning**	7:30	12:00	Child Health Clinic, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	7:30	12:00	Pregnancy Tests, Prenatal Intakes & Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
FRIDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _2_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Elsa Clinic**										
Contact Person:	**Elva Murphy, RN**				**Phone:**	**956-262-1141**					
Location of Site:	**708 Edinburg St.**				**Fax:**	**956-262-7842**					
Street Address:	**708 Edinburg St.**										
City:	**Elsa**	**County:**	**Hidalgo**	**Zip Code:**	**78538**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350609**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	8:00	12:00	Family Planning Intakes & Returns, Immunizations, Newborn, Assessments & TB Visits	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
TUESDAY	**Morning**	8:00	12:00	Child Health Clinic, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
WEDNESDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	8:00	12:00	Immunizations, Family Planning Clinic, Rx's & Pregnancy Tests	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
FRIDAY	**Morning**	8:00	12:00	Maternity Intakes, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _3_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Hidalgo Clinic**										
Contact Person:	**Norma Garza, RN**				**Phone:**	**956-843-7463**					
Location of Site:	**702 E. Texano**				**Fax:**	**956-843-7762**					
Street Address:	**702 E. Texano**										
City:	**Hidalgo**	**County:**	**Hidalgo**	**Zip Code:**	**78557**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350610**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	8:00	12:00	Immunizations, Family Planning Rx's & TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
TUESDAY	**Morning**	8:00	12:00	Child Health Clinic, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
WEDNESDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	8:00	12:00	Family Planning Intakes & Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
FRIDAY	**Morning**	8:00	12:00	Prenatal Intakes, Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _4_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- McAllen Clinic**										
Contact Person:	**Victoria Garza, RN**					**Phone:**	**956-682-6155**				
Location of Site:	**300 E. Hackberry**					**Fax:**	**956-618-5979**				
Street Address:	**300 E. Hackberry**										
City:	**McAllen**	**County:**	**Hidalgo**	**Zip Code:**	**78501**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350605**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	7:30	12:00	STD Clinic, Immunizations, TB Visits & Prenatal Intakes	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
TUESDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
WEDNESDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
FRIDAY	**Morning**	7:30	12:00	Child Health Clinic, Family Planning Rx's, Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _5_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Mission Clinic**										
Contact Person:	**Cecilia Lopez, RN**				**Phone:**	**956-585-2461**					
Location of Site:	**211 N. Schuerbach Rd. Ste.1**				**Fax:**	**956-585-7144**					
Street Address:	**211 N. Schuerbach Rd. Ste.1**										
City:	**Mission**	**County:**	**Hidalgo**	**Zip Code:**	**78572**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350612**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY	**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
	From	**To**		
MONDAY Morning	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
Afternoon	12:00	5:00		
Evening (After 5 PM)	5:00	5:30		
TUESDAY Morning	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
Afternoon	12:00	5:00		
Evening (After 5 PM)	5:00	5:30		
WEDNESDAY Morning	7:30	12:00	Child Health Clinic, Family Planning Rx's, Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
Afternoon	12:00	5:00		
Evening (After 5 PM)	5:00	5:30		
THURSDAY Morning	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
Afternoon	12:00	5:00		
Evening (After 5 PM)	5:00	5:30		
FRIDAY Morning	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
Afternoon	12:00	5:00		
Evening (After 5 PM)				
SATURDAY Morning			N/A	
Afternoon				
Evening (After 5 PM)				
SUNDAY Morning			N/A	
Afternoon				
Evening (After 5 PM)				
TOTAL HOURS/MONTH			**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _6_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Pharr Clinic**										
Contact Person:	**Hermelinda Lopez, RN**					**Phone:**	**956-787-1531**				
Location of Site:	**300 W. Hall Acres**					**Fax:**	**956-787-6310**				
Street Address:	**300 W. Hall Acres**										
City:	**Pharr**	**County:**	**Hidalgo**	**Zip Code:**	**78577**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350604**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
TUESDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
WEDNESDAY	**Morning**	7:30	12:00	Child Health Clinic, Family Planning Rx's, Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
FRIDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: TITLE V CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH CLINIC SITE

Legal Business Name of Respondent: Hidalgo County	**Clinic Site # _7_ of _7__**

CLINIC SITE INFORMATION:

Service Area (counties to be served by this clinic site): Hidalgo County											
Funding Sources Used to Support this Clinic:	☐	**BCCS**	☐		☐	**PHC**	☐	**HTW**	☐	**Epilepsy**	
	☐	**FQHC**	☐	**FQHC Look-alike**	☐	**Open Extended Hours**					
	☒	**V – Child Health**	☒	**V – Prenatal Medical**							
	☐	**V-Child Dental**	☐	**V – Prenatal Dental**							
Subcontractor Site:	☐	**Yes**	☒	**No**							
Clinic Name to Appear on Website Locator:	**HCHHSD- Weslaco Clinic**										
Contact Person:	**Elva Murphy, RN**				**Phone:**	**956-968-7541**					
Location of Site:	**1901 N. Bridge**				**Fax:**	**956-968-0085**					
Street Address:	**1901 N. Bridge**										
City:	**Weslaco**	**County:**	**Hidalgo**	**Zip Code:**	**78596**	**HSR:**	**11**				
Pharmacy License #:	**07182**	**TPI #:**	**139350607**	**NPI#:**	**1932146636**						

CLINIC HOURS AND SERVICES:

DAY		**HOURS OF OPERATION**		**SERVICES PROVIDED/CLINIC TYPE**	**# MONTHLY CLINICS**
		From	**To**		
MONDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
TUESDAY	**Morning**	7:30	12:00	Child Health Clinic, Family Planning Rx's, Immunizations & Walk-Ins, TB Visits, Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
WEDNESDAY	**Morning**	7:30	12:00	Prenatal & Family Planning Clinic, Immunizations & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
THURSDAY	**Morning**	7:30	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	12:00	5:00		
	Evening (After 5 PM)	5:00	5:30		
FRIDAY	**Morning**	8:00	12:00	Maternity & Family Planning Intakes Returns, Immunizations, TB Visits & Newborn Assessments	4
	Afternoon	5:00	5:30		
	Evening (After 5 PM)				
SATURDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
SUNDAY	**Morning**			N/A	
	Afternoon				
	Evening (After 5 PM)				
TOTAL HOURS/MONTH				**TOTAL # CLINICS PER MONTH**	20

PROGRAM SPECIFICS:

Check all that apply for TV Prenatal Medical and Prenatal Dental Services	
☒ **Appointment scheduling on site**	☒ **Site does client intake and/or eligibility determination**
☒ **Prenatal Medical services provided on site**	☒ **Enrolled as a CHIP Perinatal Provider**
☐ **Prenatal Dental services provided on site**	☒ **Enrolled as a Medicaid Provider**

FORM D: CLINIC SITE FORM INSTRUCTIONS

Complete a separate Clinic Site Form for each clinic site. Information provided on clinic site forms is used to update DSHS/HHSC websites and public databases, therefore, each clinic form must contain current and accurate information.

Legal Name of Respondent	Respondent's legal name.
Clinic Site # ___ of ___	Example: Clinic Site #1 of 5 for the first clinic site out of five clinic sites, Clinic Site #2 of 5 for the second clinic site of five, etc.
CLINIC SITE INFORMATION:	
Service Area	List counties served by that specific clinic site, NOT all counties served by the whole project.
Funding Sources Used to Support this Clinic	From the sources listed, check all sources of funds used to support that specific clinic site.
Subcontractor Site	For each clinic site, indicate whether that particular site is subcontracted by the respondent to another entity for the provision of services.
Clinic Name to Appear on Website Locator	State the name of the clinic as it will appear on the DSHS/HHSC website locator. (The name should be recognizable to clients.)
Contact Person	Name of contact person for that clinic site.
Phone	Phone number for the clinic.
Location of Site	Clinic location (e.g., Texas Medical Center/Smith Tower)
Fax	Fax number for the clinic.
Street Address	Physical address of clinic.
City/County/Zip Code	City, county and zip code of clinic.
HSR	Health Service Region where clinic is located.
Pharmacy License #	Pharmacy license number for the clinic (if applicable); otherwise put N/A for Not Applicable.
TPI#	Texas Provider Identifier # for the clinic (if applicable), otherwise N/A.
NPI#	National Provider Identifier # for the clinic (if applicable), or N/A.
CLINIC HOURS AND SERVICES:	
Hours of Operation	List the operating hours of each clinic site for each day of the week broken into morning (e.g., 8:00 a.m. – Noon), afternoon (e.g. 12:01 p.m. – 5:00 p.m.), and evening hours (e.g., 5:01 p.m. – 8:00 p.m.). Indicate days of the week when the clinic is closed (e.g. Tuesday – closed).
Services Provided/Clinic Type	List the type of services provided or type of clinic for each day of the week. For example, Monday = child health clinic, Wednesday = dental clinic, etc. **Legend** -CH-child health, CD-child dental, PM-prenatal medical, PD-prenatal dental.
# Monthly Clinics	List the total number of clinics each month by the day of the week, e.g., Monday = 4 clinics per month; Tuesday = 0 clinics per month, etc.
Total Hours/Month	List the total number of hours of operation per month for each clinic site (e.g., Clinic Site 1 = 128 hours per month; Clinic Site 2 = 160 hours per month, etc.)
Total # Clinics Per Month	List the total number of clinics held per month per clinic site (e.g., Clinic Site 1 = 16, Clinic Site 2 = 20, etc.)

PROGRAM SPECIFICS:

This section of the clinic site form includes questions related to specific HHSC programs. Check the appropriate boxes to indicate what specific services are provided at each clinic site. Services generally vary between clinic sites, so it is essential that accurate service information is reported by respondent in order for HHSC to appropriately monitor services provided. *Important: Any changes in clinic information must be reported **in writing** to the appropriate HHSC Contract Manager in a timely manner. Programmatic or operational changes must be made in accordance with requirements outlined in the HHSC General Provisions at http://www.dshs.state.tx.us/grants/gen-prov.shtm.*

FORM E: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL CEILING REQUEST and PERFORMANCE MEASURES

Legal Business Name of Respondent: Hidalgo County _____

	This page should reflect all services projected to be delivered during the contract period for those service categories described in your Service Deliver Plan and for which you intend to bill and expect to be paid (See Form E Guidelines). If you provide services in counties located in different HHSC regions, complete a separate form for <u>each Health Service Region (HSR).</u> Do not complete a separate for each county.
	FY18 PROJECTED **<u>Estimated Number of Unduplicated Clients</u>**

HSR:	☐ 1	☐ 2/3		Pregnant Women
☐ 4/5N	☐ 6/5S	☐ 7		
☐ 8	☐ 9/10	☒ 11		

	<u>Number of Clients</u>	<u>Average Cost Per Client</u>	<u>Total $ Amount for all services provided</u>
Prenatal Medical (include costs for laboratory and case management)	688	$209.34	$144,029.00
Prenatal Dental	0	$0	$0
GRAND TOTAL Number of Clients and Dollars	688	$209.34	$144,029.00
Will Copay be Assessed?	☒Yes ☐No		
Title V Case Management for Children and Pregnant Woman (TV CPW)	Currently a provider and interested in continuing: ☐Yes ☐No		Not currently a provider, but am interested in applying: ☐Yes ☒No

FORM E: TITLE V PRENATAL MEDICAL & PRENATAL DENTAL SERVICES CEILING REQUEST AND PERFORMANCE MEASURES GUIDELINES

FORM E must be used for Title V proposed prenatal medical and prenatal dental services only. The form states the estimated unduplicated number of the Title V prenatal medical and/or prenatal dental eligible clients the respondent proposes to serve and the amount to be billed to the Title V Prenatal Medical & Prenatal Dental Services Program. The Grand Total dollars is the contract award amount on the renewal application notice.

Complete a separate FORM E for each Health Service Region in which services will be provided.

For blocks 1-8, note the block number, its instructions below, and location eon the form.
Steps to complete form:

1. Identify the Health Service Region (HSR) in the first column, row 1.

2. Block 8: Enter your **contract award amount** from the renewal application notice. This must match the Amount of Funding on Form A-1: Face Page, #9.

3. Blocks 3 and 6: Divide the amount in block 8 between blocks 3 and 6 for services provided. **Note:** Blocks 3 and 6 added together equal block 8.

4. Block 1: Divide amount in block 3 by your average cost per client in block 2 to determine Number of Prenatal Medical Clients.

5. Block 4: Divide amount in block 6 by your average cost per client in block 5 to determine Number of Prenatal Dental Clients.

6. Block 7: Add blocks 1 and 4 and place the grand total number of clients in this block.

7. Indicate whether respondent will be assessing copay by checking “Yes” or “No”.

8. Concerning Title V Case Management for Children and Pregnant Women (Title V CPW), indicate if the respondent is a current provider and wants to continue to provide Title V CPW services by checking “Yes” or “No. If the respondent is not a current provider, check “Yes” or “No” if interested in applying to be a provider. **Note:** A contractor cannot bill Title V for case management codes G9012-U5-U2, G9012-U5-TS, or G9012-TS if not registered as a Title V CPW provider.

FORM F: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES GUIDELINES

☐ Updated Organization chart attached

Contractors should describe their plans for service delivery (work plan) answering in full the questions below. Work plans should be submitted as a separate attachment along with their renewal application. Contractors do not need to repeat the question with their response.

Contractors should note any changes in their work plan document, from the FY14 Competitive RFP, in a different color font so that modifications can be easily identified by HHSC.

A maximum of six (6) pages may be submitted for the work plan.

1. Summarize the proposed **prenatal medical and/or prenatal dental** services and how respondent will assist patient with the CHIP Perinatal Program application process. Also, address if and how the respondent will serve individuals from counties outside the stated service area.

2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance), outreach and informing, financial and administrative systems including confidential data storage, staff development (i.e., eligibility, billing, clinical training) and other infrastructure elements available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered? Describe any existing partnerships with Texas certified Community Health Workers and/or Promotoras(es) and how they are utilized in the respondent's outreach and information efforts.

3. Describe process of assessing risk factors associated with family violence, substance abuse and mental health needs.

4. Describe coordination with the other state and/or local health and human service providers in the service area(s), define how duplication of services is to be avoided, and describe the procedures in place to ensure clients are referred to other appropriate community resources, as needed.

5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

6. If respondent plans to subcontract out any Title V reimbursable services, describe:
   - Experience subcontracting with other agencies/providers;
   - Experience performing program monitoring of subcontractors; and
   - Experience providing technical assistance to subcontractors.

7. Describe internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff responsible for ensuring that the identified processes are implemented, and who is responsible for ensuring they are updated. The description must include the following:
   - Role of the QA/QI Committee;
   - Medical and/or Dental Director's involvement in the QA/QI activities;
   - Activities utilized to identify trends of needed improvement and the frequency of those activities;
   - Activities to ensure correction and follow-up to findings identified;
   - Utilization and frequency of client satisfaction surveys;
   - System utilized to identify and monitor adverse outcomes;
   - Process for identifying performance and outcome measures; and
   - Process utilized to develop protocols and Standing Delegation Orders.

8. Describe agency's process in preparing for the release of a web-based system, **Integrated Business Information System (IBIS).** This system will do the process of client screening for eligibility and claims reimbursement. PC requirement for IBIS is a broadband connection capable of running the Internet Explorer web browser version 8.0 or higher. Document needs identified and action steps to address those needs before the IBIS launch date in FY18.

FORM F: SERVICE DELIVERY PLAN FOR PRENATAL MEDICAL & PRENATAL DENTAL SERVICES

Legal Business Name of Respondent: Respondent: Hidalgo County

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments, numbering them as indicated. Address the required elements (see SERVICE DELIVERY PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of **five (5)** additional pages may be attached if needed for a total of six (6) pages.

1. The Hidalgo County Health and Human Services Department will continue to provide Prenatal Care Services to uninsured and underinsured clients at all seven (7) clinics located throughout Hidalgo County. The department does not propose to provide Prenatal Services outside the Hidalgo County area. The department clerical staff continues to assist prenatal clients in completing and submitting CHIP applications on their prenatal intake day.
2. The Hidalgo County Health and Human Services Department (HCHHSD) has provided prenatal services for more than 33 years to the indigent residents of Hidalgo County. HCHHSD also receives state and local funds (County) to support prenatal services. The HCHHSD funds are monitored closely by the Budget Manager to ensure Prenatal Services are provided on an ongoing basis each year. The HCHHSD will continue to provide prenatal health care services, as per DSHS Title V Prenatal Services Guidelines. The HCHHSD conducts Prenatal Services under the guidance of a Chief Physician. This Chief Physician and Practitioners update standing delegations orders yearly and provide staff education and quality assurance activities on an on going basis to all nursing staff. The HCHHSD has 7 clinics throughout the county that facilitate client accessibility for Prenatal Services. Each clinic is staffed with RN's, LVN's and support staff. The Chief Physician and Practitioners are accessible to the clinic nurses to ensure Prenatal Services are provided to clients safely, timely, and as per DSHS/HCHHSD Policies and Procedures. The HCHHSD utilizes an EMR System for client data entry and reports; and, for screening and eligibility; and the Imm Trac Registry for vaccine documentation. The HCHHSD adheres to the confidentiality policy (HIPAA) for all of these programs. The department utilizes county funds to promote the clinic services thru PSA's in TV, radio & newspaper. Also, the department's educators promote and educate the community on the services provided, specifically Prenatal Services, in Health Fairs, community group presentations and coalition meetings. The HCHHSD also partners with the South Texas Promotora Association (STPA) Promotora's in promoting Prenatal Care Services to the community. In addition, the HCHHSD partners with local providers in assisting prenatal clients with medical health care needs and social needs. These providers include private physicians that provide delivery services, Nuestra Clinica del Valle and El Milagro Clinic. Hidalgo County Indigent Health Care and State Department of Human Services assist in providing financial support. DSHS support continues to be essential to the HCHHSD to continue providing prenatal services to the population in need in Hidalgo County.
3. The HCHHSD screens each prenatal client for family violence, substance abuse, and mental needs in every client visit; by collecting history (client/family) and conducting the physical assessment.
4. The HCHHSD partners with local providers (FQHC's) in referring prenatal clients for medical health care needs. The HCHHSD continues to be the only agency that provides prenatal services to the uninsured at no cost. Every prenatal client and family seen at the department are screened for resources and referred accordingly. This includes referring families to the internal department, Human Services Division for medical financial assistance. In addition, the clients eligible and approved for the CHIP Prenatal Program are referred to a provider of their choice for delivery services. The department nursing staff assist in the follow-up of the post-partum client and the newborn for Child Health & Family Planning services after delivery. The HCHHSD also has a LBSW on staff that assist and provide case management services to children and families in need.
5. The HCHHSD nursing & support staff are all bilingual (English & Spanish). The HCHHSD also contract with South Texas Interpreters for the Deaf LLC and Language Line Contract Services Inc. to clients needing interpreting services. Also, all of the HCHHSD clinics are ADA compliant and are located throughout the county providing accessibility to the community in need. In addition, the department provides some extended hours to accommodate working families. Overall, the department assesses the client's family's needs yearly thru client satisfaction surveys to improve service delivery.
6. The HCHHSD does not plan to sub-contract Title V services during this contract period.
7. The Quality Assurance/Quality Improvement (QA/QI) process for the HCHHSD is as follows:
    a. The role of the QA Committee is to write and monitor the Quality Assurance Plan of the HCHHSD. The members of the committee include the RN Supervisors, Clerk Managers, Practitioners, LBSW, Chief Physician, Chief Administrative Officer, Billing Supervisor, Director of Clinical Care Services (DCCS) & Assistant Director of Clinical Care Services (ADCCS).
    b. The Chief Physician's role is to review and update the department's Standing Delegation Orders yearly and as needed.

c. The assigned QA Committee members conduct on site observation of services and client staff interactions provided by clinic staff for all programs at least quarterly; and, by using the appropriate observation tool. Findings and recommendations are reported to the committee at the next Committee meeting. The Committee conducts client record reviews (audits) from all programs and clinics to evaluate compliance of standards, Standing Delegation Orders, Policies and Procedures.

d. The Committee review records that are not compliant with Standards of Conduct appropriate actions as recommended on the record audit tool corrective action plan and follow up plan. The Committee evaluates the observations and record audit findings to determine staff development needs. The QA Committee also evaluates client records for compliance of Nursing Standards and refer to the Peer Review Committee, as applicable.

e. The HCHHSD DCCS ensures client satisfaction surveys are conducted at all Health Department Clinics at least yearly. The summarized report is reviewed with the QA Committee on the next quarterly meeting. The Committee utilizes these findings to assure that quality and appropriate services are provided at all the health department clinics.

f. The HCHHSD DCCS and the Chief Physician review all written client and providers complaints, as well as all adverse outcomes in the clinic setting and develop a safeguard to prevent recurrence. Adverse outcomes are written in the appropriate incident report form and a conference with the provider is conducted, with plan of action written, and correction date set. The Committee conducts follow up on recommendations made to ensure resolution of problems:

1. Recommendations to record audits.
2. Recommendations to adverse outcomes.

The committee assures standards compliance and address recurrent deficiencies by providing necessary educational training, in-services, and management functions expeditiously to nursing and support staff to correct problems identified. Monitoring of all clinics services are conducted by the DCCS & ADCCS to all the clinics on a quarterly basis. The Committee recommends administrative action if the deficiencies continue.

g. The HCHHSD Chief Physician and department Practitioners maintain department Standing Delegation Orders current. This staff ensures that they stay updated on medical practices/standards by attending trainings, conferences and researching medical information. The HCHHSD Chief Physician and Practitioners also refer to and ensure that Standing Delegation Orders are within CDC and DSHS Guidelines.

8. HCHHSD has a fully functional IT Division. Once DSHS releases additional information on the availability of the IBIS system, the HCHHSD I.T. Director and division staff will facilitate the training of appropriate staff on the IBIS system's functionality, access, security and processes. The accessibility of an IBIS help desk for technical systems support would be most helpful, once the IBIS system is implemented.

FORM G: Title V Prenatal Medical and Prenatal Dental Subcontractor Information

Complete a separate Title V Subcontractor Information Form for each subcontractor. Please provide the following information on the subcontractor(s) that provide direct services to HHSC Title V Child Health and Dental clients. A subcontractor is one who does all or part of the work required in the original contract. Meaning our contractor would reimburse the subcontractor for the services provided with the reimbursement rate or agreed amount.

☒ **This form is not applicable because we do not subcontract Title V services.**

Subcontractor Name:		
	Contact Name:	
	Subcontractor's Physical Address (incl. street, city, county, state, & zip):	
	Subcontractor's Mailing Address (incl. street, city, county, state, & zip):	
Phone:		Ext.
Fax:		
Contact Email:		

FORM H: TITLE V FEE FOR SERVICE PROGRAM ASSURANCES

Legal Business Name of Respondent: Respondent: Hidalgo County

As the duly authorized representative of the respondent, I certify that the respondent agrees to comply with the requirements and intent of the Maternal and Child Health Services Title V Block Grant and all other requirements of the Health and Human Services Commission (HHSC) which include, but are not limited to, the following:

1. Conduct Title V activities in a culturally sensitive and non-discriminating manner.
2. Conduct Title V activities as outlined in respondent's application, and to notify the Manager of the Contract Development and Support Branch prior to any significant departures from this plan.
3. Return 100% of any generated program income to the Title V program that generated the funds.
4. Provide services regardless of client's inability to pay.
5. Continue to serve existing Title V eligible clients even if awarded funds have been expended per the Policies and Procedures Manual for Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal.
6. Screen and refer clients for Medicaid, CHIP, or other medical services assistance programs, and refer clients to those funding sources for which they may be eligible. Title V funds must not be used to pay for services that are allowable for persons eligible for Medicaid or CHIP or who have other third party health insurance.
7. Provide HHSC with access to all data gathered or generated.
8. Agree to share data/information generated by the project, within constraints of confidentiality, with HHSC, other area local public health entities, local authorities and communities in order to eliminate duplication of effort.
9. Grant HHSC rights to all tangibles, patentable, or copyrightable products developed with Federal and State funds.
10. Make available for HHSC review, all promotional materials/media to be disseminated in conjunction with this Title V project.
11. Comply with all applicable Title V policies, procedures, and regulations.
12. Must be in compliance with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards for protection of client privacy.
13. Establish orientation and in-service training plan for all project personnel for skills development to include eligibility, billing, and Integrated Business Information System (IBIS) data entry and/or continuing education based on an assessment of training needs.
14. Ensure that Title V medical services will be performed under the supervision, direction, and responsibility of a qualified licensed physician, and current protocols and Standing Delegation Orders are in place.
15. Ensure that Title V dental services will be performed under the supervision, direction and responsibility of a qualified licensed dentist, and current procedures and Standing Delegation Orders are in place.
16. Ensure that clinicians are in place who are licensed by the State of Texas to provide the type of services for which funding is requested.
17. Ensure that all registered nurses (RNs) who perform child health exams following the Texas Health Steps periodicity schedule have completed the Texas Health Steps online education modules and maintain documentation that the required modules were completed prior to providing checkup services.

Authorized Signature **Date**

FORM H: TITLE V FEE FOR SERVICE PROGRAM ASSURANCES

Legal Business Name of Respondent: Respondent: Hidalgo County

As the duly authorized representative of the respondent, I certify that the respondent agrees to comply with the requirements and intent of the Maternal and Child Health Services Title V Block Grant and all other requirements of the Health and Human Services Commission (HHSC) which include, but are not limited to, the following:

1. Conduct Title V activities in a culturally sensitive and non-discriminating manner.
2. Conduct Title V activities as outlined in respondent's application, and to notify the Manager of the Contract Development and Support Branch prior to any significant departures from this plan.
3. Return 100% of any generated program income to the Title V program that generated the funds.
4. Provide services regardless of client's inability to pay.
5. Continue to serve existing Title V eligible clients even if awarded funds have been expended per the Policies and Procedures Manual for Title V Maternal & Child Health Fee-for-Service for Child Health, Dental and Prenatal.
6. Screen and refer clients for Medicaid, CHIP, or other medical services assistance programs, and refer clients to those funding sources for which they may be eligible. Title V funds must not be used to pay for services that are allowable for persons eligible for Medicaid or CHIP or who have other third party health insurance.
7. Provide HHSC with access to all data gathered or generated.
8. Agree to share data/information generated by the project, within constraints of confidentiality, with HHSC, other area local public health entities, local authorities and communities in order to eliminate duplication of effort.
9. Grant HHSC rights to all tangibles, patentable, or copyrightable products developed with Federal and State funds.
10. Make available for HHSC review, all promotional materials/media to be disseminated in conjunction with this Title V project.
11. Comply with all applicable Title V policies, procedures, and regulations.
12. Must be in compliance with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) established standards for protection of client privacy.
13. Establish orientation and in-service training plan for all project personnel for skills development to include eligibility, billing, and Integrated Business Information System (IBIS) data entry and/or continuing education based on an assessment of training needs.
14. Ensure that Title V medical services will be performed under the supervision, direction, and responsibility of a qualified licensed physician, and current protocols and Standing Delegation Orders are in place.
15. Ensure that Title V dental services will be performed under the supervision, direction and responsibility of a qualified licensed dentist, and current procedures and Standing Delegation Orders are in place.
16. Ensure that clinicians are in place who are licensed by the State of Texas to provide the type of services for which funding is requested.
17. Ensure that all registered nurses (RNs) who perform child health exams following the Texas Health Steps periodicity schedule have completed the Texas Health Steps online education modules and maintain documentation that the required modules were completed prior to providing checkup services.

Ramon Garcia
Authorized Signature

3/7/17
Date

APPROVED BY COMMISSIONERS' COURT ON: 3/7/17

FORM I: CHILD SUPPORT CERTIFICATION
(Required for all Respondents EXCEPT Non-profit and Governmental Entities)

Child Support Certification

The Texas Family Code, §231.006, VTCA places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

   ☐ An individual or sole proprietor, or

   ☐ A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

   (A) Printed Name: _____
   Social Security Number: _____
   (B) Printed Name: _____
   Social Security Number: _____

3. Under the Texas Family Code, §231.006, VTCA the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: _____
   Printed Name of Authorized Representative: _____
   Signing this Certification: _____
   Signature of Authorized Representative: _____
   Date: _____

FORM A-6: CHILD SUPPORT CERTIFICATION
GUIDELINES

Form A-6 is required by Texas Family Code, §231.006, and is designed to certify that anyone applying for funds under this RFP is not a child support obligor (a person who is more than 30 days delinquent). This form is applicable to for-profit corporations, sole proprietors, individuals and partnerships. This form is NOT applicable to Governmental entities and non-profit corporations. These types of entities do not need to complete the form.

PROGRAM SPECIFIC APPENDICES

Appendix A: Attached Title V Prenatal Medical Worksheet

Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the Renewal Application. The Title V Prenatal Medical worksheet is attached for informational purposes in order to assist respondents in completing Form E. ***The worksheet should not be returned with the application.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY18 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY18 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.

PROGRAM SPECIFIC APPENDICES

Appendix B: Attached Title V Prenatal Dental Worksheet

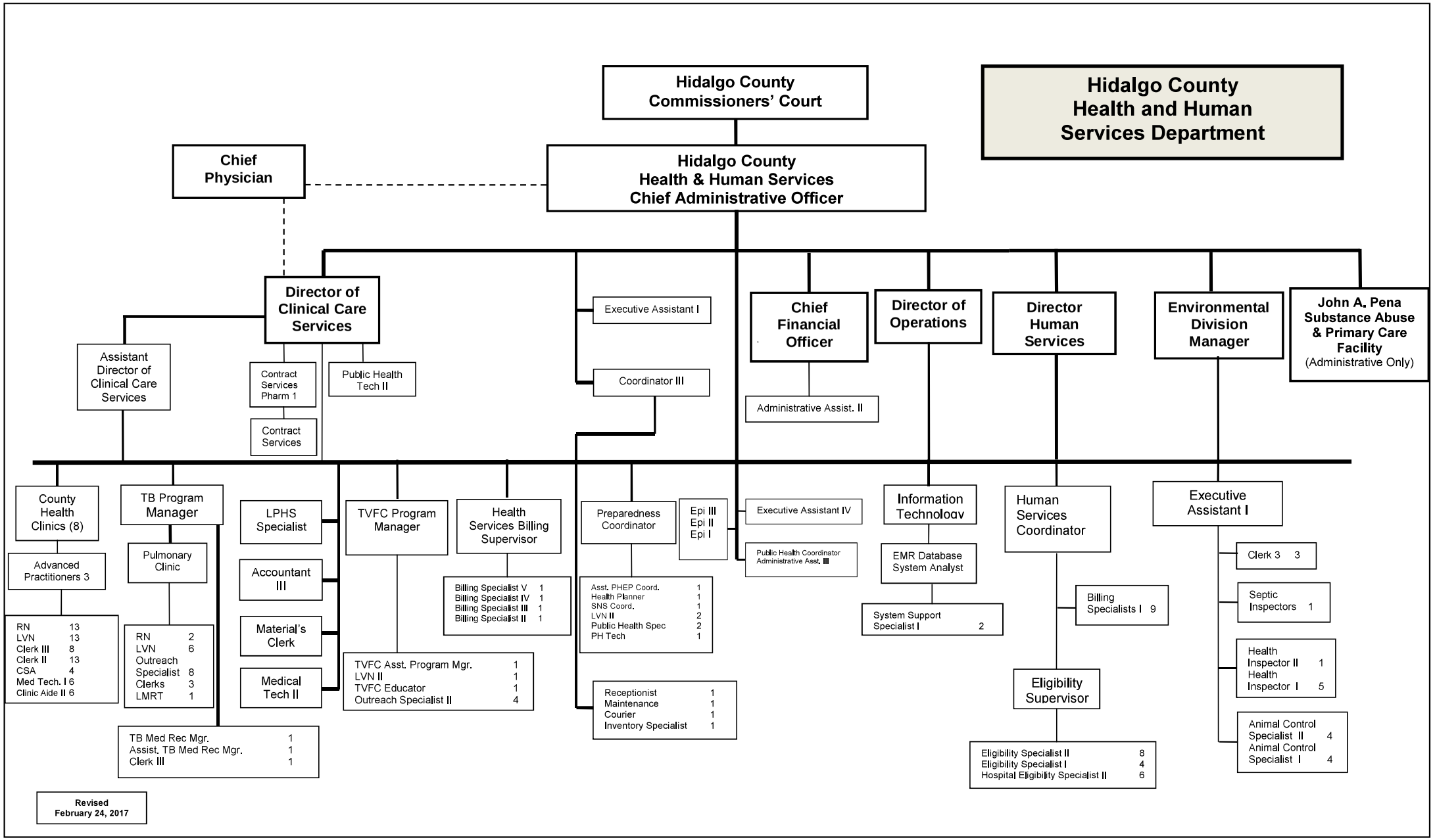
Excel worksheets are provided that show the Title V Services and Reimbursement Rates for each of the funding sources in the RFP. The Title V Prenatal Dental worksheet is attached for informational purposes in order to assist respondents in completing Form E. ***The worksheet should not be returned with the application.***

Instructions for completing the worksheet:

1. The worksheet has columns entitled: Code, Brief Descriptor, FY18 1-21 yr Code 185, Quantity of Services, Estimated Total 185 Reimbursement, FY18 <1 yr Code 185, Quantity of Service, and Estimated Total 186 Reimbursement.

2. A formula is in the spreadsheet for the quantity of service. When this data is entered, the estimated reimbursement amount will automatically be figured and entered into the reimbursement column.

3. The total reimbursement for pregnant women will be noted at the bottom of the worksheet.


Hidalgo County Health and Human Services Department
Hidalgo County Commissioners' Court
Chief Physician
Hidalgo County Health & Human Services Chief Administrative Officer
Director of Clinical Care Services
Assistant Director of Clinical Care Services
Contract Services Pharm 1
Contract Services
Public Health Tech II
Executive Assistant I
Coordinator III
Chief Financial Officer
Administrative Assist. II
Director of Operations
Director Human Services
Environmental Division Manager
John A. Pena Substance Abuse & Primary Care Facility (Administrative Only)
County Health Clinics (8)
Advanced Practitioners 3
RN 13
LVN 13
Clerk III 8
Clerk II 13
CSA 4
Med Tech. I 6
Clinic Aide II 6
TB Program Manager
Pulmonary Clinic
RN 2
LVN 6
Outreach Specialist 8
Clerks 3
LMRT 1
TB Med Rec Mgr. 1
Assist. TB Med Rec Mgr. 1
Clerk III 1
LPHS Specialist
Accountant III
Material's Clerk
Medical Tech II
TVFC Program Manager
TVFC Asst. Program Mgr. 1
LVN II 1
TVFC Educator 1
Outreach Specialist II 4
Health Services Billing Supervisor
Billing Specialist V 1
Billing Specialist IV 1
Billing Specialist III 1
Billing Specialist II 1
Preparedness Coordinator
Asst. PHEP Coord. 1
Health Planner 1
SNS Coord. 1
LVN II 2
Public Health Spec 2
PH Tech 1
Epi III
Epi II
Epi I
Receptionist 1
Maintenance 1
Courier 1
Inventory Specialist 1
Executive Assistant IV
Public Health Coordinator Administrative Asst. III
Information Technology
EMR Database System Analyst
System Support Specialist I 2
Human Services Coordinator
Billing Specialists I 9
Eligibility Supervisor
Eligibility Specialist II 8
Eligibility Specialist I 4
Hospital Eligibility Specialist II 6
Executive Assistant I
Clerk 3 3
Septic Inspectors 1
Health Inspector II 1
Health Inspector I 5
Animal Control Specialist II 4
Animal Control Specialist I 4
Revised February 24, 2017

Attachment H – General Affirmation

ATTACHMENT H
GENERAL AFFIRMATIONS

By entering into this Contract, Contractor affirms, without exception, as follows:

1. Contractor represents and warrants that these General Affirmations apply to Contractor and all of Contractor's principals, officers, directors, shareholders, partners, owners, agents, employees, Subcontractors, independent contractors, and any other representatives who may provide services under, who have a financial interest in, or otherwise are interested in this Contract.

2. Contractor represents and warrants that all statements and information provided to the System Agency are current, complete, and accurate. This includes all statements and information relating in any manner to this Contract and any solicitation resulting in this Contract.

3. Contractor has not given, has not offered to give, and does not intend to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with this Contract.

4. Under Section 2155.004, Texas Government Code (relating to financial participation in preparing solicitations), Contractor certifies that it is not ineligible to receive this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.

5. Under Section 2155.006, Texas Government Code (relating to convictions and penalties regarding Hurricane Rita, Hurricane Katrina, and other disasters), Contractor certifies that it is not ineligible to receive this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.

6. Under Section 2261.053, Texas Government Code (relating to convictions and penalties regarding Hurricane Rita, Hurricane Katrina, and other disasters), Contractor certifies that it is not ineligible to receive this Contract and acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate.

7. Under Section 231.006, Texas Family Code (relating to delinquent child support), Contractor certifies that it is not ineligible to receive the specified grant, loan, or payment and acknowledges that this Contract may be terminated and payment may be withheld if this certification is inaccurate.

8. Contractor certifies that: (a) the entity executing this Contract; (b) its principals; (c) its Subcontractors; and (d) any personnel designated to perform services related to this Contract are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal Department or Agency. This certification is made pursuant to the regulations implementing Executive Order 12549 and Executive Order 12689, Debarment and Suspension, 2 C.F.R. Part 376, and any relevant regulations promulgated by the Department or Agency funding this project. This provision shall be included in its entirety in Contractor's Subcontracts if payment in whole or in part is from federal funds.

9. Contractor certifies that it, its principals, its Subcontractors, and any personnel designated to perform services related to this Contract are eligible to participate in this transaction and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity.

10. Contractor certifies it is in compliance with all State of Texas statutes and rules relating to procurement; and that (a) the entity executing this Contract; (b) its principals; (c) its Subcontractors; and (d) any personnel designated to perform services related to this Contract are not listed on the federal government's terrorism watch list described in Executive Order 13224. Entities ineligible for federal procurement are listed at **https://www.sam.gov/portal/public/SAM/**, which Contractor may review in making this certification. Contractor acknowledges that this Contract may be terminated and payment withheld if this certification is inaccurate. This provision shall be included in its entirety in Contractor's Subcontracts if payment in whole or in part is from federal funds.

ATTACHMENT
GENERAL AFFIRMATIONS

11. In accordance with Texas Government Code Section 669.003 (relating to contracting with the executive head of a state agency), Contractor certifies that it (1) is not the executive head of the System Agency; (2) was not at any time during the past four years the executive head of the System Agency; and (3) does not employ a current or former executive head of the System Agency.

12. Contractor represents and warrants that it is not currently delinquent in the payment of any franchise taxes owed the State of Texas under Chapter 171 of the Texas Tax Code.

13. Contractor represents and warrants that payments to Contractor and Contractor's receipt of appropriated or other funds under this Contract are not prohibited by Sections 556.005, 556.0055, or 556.008 of the Texas Government Code (relating to use of appropriated money or state funds to employ or pay lobbyists, lobbying expenses, or influence legislation).

14. Contractor represents and warrants that it will comply with Texas Government Code Section 2155.4441, relating to the purchase of products produced in the State of Texas under service contracts.

15. Pursuant to Section 2252.901, Texas Government Code (relating to prohibitions regarding contracts with and involving former and retired state agency employees), Contractor will not allow any former employee of the System Agency to perform services under this Contract during the twelve (12) month period immediately following the employee's last date of employment at the System Agency.

16. Contractor acknowledges that, pursuant to Section 572.069 of the Texas Government Code, a former state officer or employee of the System Agency who during the period of state service or employment participated on behalf of the System Agency in a procurement or contract negotiation involving Contractor may not accept employment from Contractor before the second anniversary of the date the officer's or employee's service or employment with the System Agency ceased.

17. Contractor understands that the System Agency does not tolerate any type of fraud. The System Agency's policy is to promote consistent, legal, and ethical organizational behavior by assigning responsibilities and providing guidelines to enforce controls. Violations of law, agency policies, or standards of ethical conduct will be investigated, and appropriate actions will be taken. All employees or contractors who suspect fraud, waste or abuse (including employee misconduct that would constitute fraud, waste, or abuse) are required to immediately report the questionable activity to both the Health and Human Services Commission's Office of the Inspector General at 1-800-436-6184 and the State Auditor's Office. Contractor agrees to comply with all applicable laws, rules, regulations, and System Agency policies regarding fraud including, but not limited to, HHS Circular C-027.

18. Contractor represents and warrants that it has not violated state or federal antitrust laws and has not communicated its bid for this Contract directly or indirectly to any competitor or any other person engaged in such line of business. Contractor hereby assigns to System Agency any claims for overcharges associated with this Contract under 15 U.S.C. § 1, *et seq.*, and Texas Business and Commerce Code § 15.01, *et seq.*

19. Contractor represents and warrants that it is not aware of and has received no notice of any court or governmental agency proceeding, investigation, or other action pending or threatened against Contractor or any of the individuals or entities included numbered paragraph 1 of these General Affirmations within the five (5) calendar years immediately preceding the execution of this Contract that would or could impair Contractor's performance under this Contract, relate to the contracted or similar goods or services, or otherwise be relevant to the System Agency's consideration of entering into this Contract. If Contractor is unable to make the preceding representation and warranty, then Contractor instead represents and warrants that it has provided to the System Agency a complete, detailed disclosure of any such court or governmental agency proceeding, investigation, or other action that would or could impair Contractor's performance under this Contract, relate to the contracted or similar goods or services, or otherwise be relevant to the System Agency's consideration of entering

into this Contract. In addition, Contractor represents and warrants that it shall notify the System Agency in writing within five (5) business days of any changes to the representations or warranties in this clause and understands that failure to so timely update the System Agency shall constitute breach of contract and may result in immediate termination of this Contract.

20. Contractor understands, acknowledges, and agrees that any false representation or any failure to comply with a representation, warranty, or certification made by Contractor is subject to all civil and criminal consequences provided at law or in equity including, but not limited to, immediate termination of this Contract.

21. Contractor represents and warrants that it will comply with all applicable laws and maintain all permits and licenses required by applicable city, county, state, and federal rules, regulations, statues, codes, and other laws that pertain to this Contract.

22. Contractor represents and warrants that the individual signing this Contract is authorized to sign on behalf of Contractor and to bind Contractor.

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Attachment I – Supplemental Conditions

ATTACHMENT I
SUPPLEMENTAL CONDITIONS

The Uniform Terms and Conditions - Grant, Version 2.14, Attachment B to this Contract, are hereby revised as follows:

A. Section 2.04, Debt to State and Corporate Status, is deleted in its entirety and replaced with the following:

2.04 Debt to State and Corporate Status. Omitted.

B. Section 2.05, Application of Payment Due, is deleted in its entirety and replaced with the following:

2.05 Application of Payment Due. Omitted.

C. Section 9.02 Insurance is deleted in its entirety and replaced with the following:

Section 9.02 Insurance
Pursuant to Chapter 2259 of the Texas Government Code entitled, "Self-Insurance by Governmental Unity," each Party is self-insured and, therefore, is not required to purchase insurance.

D. Section 9.05, Indemnity, is hereby amended by adding the following:

System Agency acknowledges that Grantee has been organized pursuant to the Constitution and laws of the State of Texas, possesses certain rights and privileges, is subject to certain limitations and restrictions, and only has such authority as is granted to it under the Constitution and laws of the State of Texas. No provision of this Contract extends Grantee's liability beyond the liability or authority provided in the Constitution and the laws of the State of Texas.

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