

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 537-17-0287-00001A  
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS”) and **HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT** (“Grantee”), who are collectively referred to herein as the “Parties,” to that certain Contract effective April 1, 2017, and denominated DSHS Contract No. 537-17-0287-00001 (the “Contract”), now desire to amend the Contract.

**WHEREAS**, the Parties desire to make additional funds available in support of the services provided under the Contract; and

**WHEREAS**, the Parties desire to add a Statement of Work which applies to Contract activities conducted during the contract period of December 1, 2017, through September 30, 2019; and

**WHEREAS**, the Parties desire to make budget revisions to allow for successful completion of the project.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION IV** of the Contract, **BUDGET**, is amended to reflect a total amount that payments under the Contract will not exceed of **THREE HUNDRED NINETY-FIVE THOUSAND EIGHT HUNDRED THIRTY-THREE DOLLARS (\$395,833.00)**.

Total payments for the contract period of December 1, 2017, through August 31, 2018, will not exceed **ONE HUNDRED TWO THOUSAND TWO HUNDRED SEVENTY-THREE DOLLARS (\$102,273.00)** as reflected by activities in **ATTACHMENT A-1—SUPPLEMENTAL STATEMENT OF WORK.**

Total payments for the contract period of September 1, 2018, through August 31, 2019, will not exceed **ONE HUNDRED THIRTY-SIX THOUSAND THREE HUNDRED SIXTY-THREE DOLLARS (\$136,363.00)** as reflected by activities in **ATTACHMENT A-1 – SUPPLEMENTAL STATEMENT OF WORK.**

Total payments for the contract period of September 1, 2019, through September 30, 2019, will not exceed **ELEVEN THOUSAND THREE HUNDRED SIXTY-FOUR DOLLARS (\$ 11,364.00)** as reflected by activities in **ATTACHMENT A-1 –SUPPLEMENTAL STATEMENT OF WORK.**

2. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK**, is hereby supplemented with the addition of **ATTACHMENT A-1, SUPPLEMENTAL STATEMENT OF WORK**, which is attached hereto and incorporated into the Contract as if fully set forth therein, for the period of December 1, 2017, through September 30, 2019.

3. **ATTACHMENT B** of the Contract, **BUDGET**, is hereby deleted in its entirety and replaced with **ATTACHMENT B-1, REVISED BUDGET**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
4. This Amendment No. 1 shall be effective as of December 1, 2017.
5. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DSHS CONTRACT NO. 537-17-0287-00001A**

**DEPARTMENT OF STATE HEALTH SERVICES**

**HIDALGO COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT**

By: \_\_\_\_\_

By: \_\_\_\_\_

Manda Hall, M.D.  
Associate Commissioner  
Community Health Improvement

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT A-1 SUPPLEMENTAL STATEMENT OF WORK  
ATTACHMENT B -1 REVISED BUDGET**

**ATTACHMENT A-1  
SUPPLEMENTAL STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Provide System Agency with evidence of activity related to the implementation of the Community and Clinical Health Bridge (CCHB) project. The CCHB project aims to reduce the impact of obesity and related chronic diseases in the State of Texas by focusing on locally driven clinical and community systems-level enhancements.
- B. Coordinate with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.
- C. Implement, at minimum, the following two priority strategies:
  - 1. Priority Strategy 2: Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care; and
  - 2. Priority Strategy 3: Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration.
- D. Implement, at minimum, the following optional strategy:
  - 1. Optional Strategy 1: Reduce barriers to accessing healthcare for prevention of disease, increased early detection, and reduction of complications.
  - 2. Optional Strategy 3: Engage community and clinical partners to strengthen partnerships and increase sustainability.
  - 3. Optional Strategy 4: Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.
- E. Conduct activities based on the FY18 Work Plan that was previously approved by System Agency. Approved activities include:
  - 1. Engage and partner with eight (8) health systems/agencies and other clinical/community stakeholders on overweight and obesity management (Priority Strategy #2).
  - 2. Develop and implement a standardized referral system with Salud y Vida for diabetes education and case management services (Priority Strategy #2).
  - 3. Conduct Eating Smart-Being Active program (Priority Strategy #3).
  - 4. Inform clinical and community providers about the Eating Smart-Being Active program as a local resource (Priority Strategy #3).
  - 5. Promote healthy messages and local resources through Hidalgo County Health website, social media, and community events (Optional Strategy #4).
  - 6. Promote the use of parks and recreation sites, including the milestone markers and bicycle racks (Optional Strategy #4).

- F. Submit the FY19 Work Plan for review and approval by System Agency prior to conducting activities. System Agency will provide written approval and confirmation that FY19 activities may be completed.
- G. Conduct evaluation activities based on the FY18 Evaluation Plan that was previously approved by System Agency. Approved activities must assess progress in the following focus areas:
  - 1. Partnerships: The quality, contributions and impacts of the partnerships created or enhanced through this funding opportunity.
  - 2. Process: The extent to which the work plan was implemented as planned.
  - 3. Program Outcomes: The extent to which activities outlined in the work plan yielded the intended results.
- H. Develop and submit an annual Success Story with two (2) photographs and two (2) photograph release forms to System agency. A Success Story Draft must be reviewed and approved by System Agency prior to the final version submission date. Success Story draft and final due dates are as follows:

<b>Success Story</b>	<b>Period Covered</b>	<b>Due Date</b>
FY18 Draft, with 2 photographs and 2 photo release forms	12/01/17 – 09/30/18	08/01/18
FY18 Final	12/01/17 – 09/30/18	10/01/18
FY19 Draft, with 2 photographs and 2 photo release forms	10/01/18 – 09/30/19	08/01/19
FY19 Final	10/01/18 – 09/30/19	09/30/19

- I. Develop and submit an annual Project Work Plan in preparation for fiscal years 2019 and 2020 to System Agency. The Work Plan must contain activities that support the priority and optional strategies selected as well as staff/organizational responsibility and timeframe. A Project Work Plan Draft must be reviewed and approved by System Agency prior to the final version submission date. Work Plan draft and final due dates are as follows:

<b>Work Plan</b>	<b>Period Covered by the Work Plan</b>	<b>Due Date</b>
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19
FY20 Final	10/01/19 – 09/30/20	09/30/19

- J. Develop and submit an annual Evaluation Plan in preparation for fiscal years 2019 and 2020 to System Agency. The Evaluation Plan must contain activities that evaluate progress toward the priority and optional strategies and activities submitted in the Work Plan. An Evaluation Plan Draft must be reviewed and approved by System Agency prior to the final version submission date. Evaluation Plan draft and final due dates are as follows:

<b>Evaluation Plan</b>	<b>Period Covered by the Evaluation Plan</b>	<b>Due Date</b>
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19
FY20 Final	10/01/19 – 09/30/20	09/30/19

- K. Participate in monthly feedback calls (i.e., monthly project status reports) with System agency Program to be conducted on or before the 15<sup>th</sup> of each month of the contract term, unless otherwise agreed to in writing by System Agency. On the calls, Grantee will discuss the following: 1) Implementation status; 2) barriers and methods to address those barriers; 3) opportunities to enhance the activities; 4) lessons learned; and 5) next steps. Other calls may be added, as appropriate, with Grantee and System Agency Program.
- L. Submit quarterly Progress Reports to System Agency via the electronic Performance Management and Tracking System (PMATS). The information and documentation required in the Progress Reports will be based on the CCHB priority and optional strategies selected. Progress report due dates are as follows:

<b>Progress Report #</b>	<b>Period Covered</b>	<b>Due Date</b>
FY18 Quarter 1	12/01/17 - 12/31/17	01/15/18
FY18 Quarter 2	01/01/18 – 03/31/18	04/16/18
FY18 Quarter 3	04/01/18 – 06/30/18	07/16/18
FY18 Quarter 4	07/01/18 – 09/30/18	10/15/18
FY19 Quarter 1	10/01/18 - 12/31/18	01/15/19
FY19 Quarter 2	01/01/19 – 03/31/19	04/15/19
FY19 Quarter 3	04/01/19 – 06/30/19	07/15/19
FY19 Quarter 4	07/01/19 – 09/30/19	09/30/19

## **II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee's performance of the requirements in Attachment A, A-1, and compliance with the Contract's terms and conditions.

## **III. INVOICE AND PAYMENT**

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.state.tx.us/grants/forms/b13form.doc>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services  
 Claims Processing Unit, MC 1940  
 1100 West 49<sup>th</sup> Street  
 P.O. Box 149347  
 Austin, TX 78714-9347  
 FAX: (512) 458-7442  
 EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov)

B. Grantee will be paid in accordance with the Budget in Attachment B-1 of this Contract Amendment.

C. All invoices must reference Contract Amendment and PO numbers once issued.

**ATTACHMENT B-1**  
**REVISED BUDGET**  
 Contract No. 537-17-0287-00001A

Categorical Budget: April 1, 2017 –November 30, 2017

<b>PERSONNEL</b>	\$23,445.00
FRINGE BENEFITS	\$9,709.00
TRAVEL	\$8,151.00
EQUIPMENT	\$0.00
SUPPLIES	\$32,713.00
CONTRACTUAL	\$0.00
OTHER	\$71,815.00
TOTAL DIRECT CHARGES	\$145,833.00
INDIRECT CHARGES	\$0.00
TOTAL	\$145,833.00
Match	\$0.00
Total Budget	<b>\$145,833.00</b>

Categorical Budget: December 1, 2017 – September 30, 2019

<b>PERSONNEL</b>	\$65,400.00
FRINGE BENEFITS	\$26,762.00
TRAVEL	\$11,774.00
EQUIPMENT	\$0.00
SUPPLIES	\$95,462.00
CONTRACTUAL	\$0.00
OTHER	\$50,602.00
TOTAL DIRECT CHARGES	\$250,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$250,000.00
Match	\$0.00

Total Budget

**\$250,000.00**

## Certificate Of Completion

Envelope Id: 6C34DD489F4B4730A5EDA99617AAF64E	Status: Sent
Subject: \$250,000; 537-17-0287-00001A; Hidalgo Co. HHS Dept.; DSHS; DCPS	
Source Envelope:	
Document Pages: 75	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	William Potthoff
Time Zone: (UTC-06:00) Central Time (US & Canada)	1860 Michael Faraday Dr
	Reston, VA 20190
	william.potthoff@hhsc.state.tx.us
	IP Address: 167.137.1.16

## Record Tracking

Status: Original 10/12/2017   9:07 AM	Holder: William Potthoff william.potthoff@hhsc.state.tx.us	Location: DocuSign
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## Signer Events

Signature	Timestamp
Ramon Garcia ramon.garcia@co.hidalgo.tx.us Hidalgo County Judge Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	Sent: 10/12/2017   9:15 AM

Manda Hall, M.D.  
Manda.Hall@dshs.texas.gov  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

## In Person Signer Events

Signature

Timestamp

## Editor Delivery Events

Status

Timestamp

## Agent Delivery Events

Status

Timestamp

## Intermediary Delivery Events

Status

Timestamp

## Certified Delivery Events

Status

Timestamp

## Carbon Copy Events

Status

Timestamp

Tina Longoria  
Tina.Longoria@hhsc.state.tx.us  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

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Carolyn DeBoer  
carolyn.deboer@dshs.texas.gov  
Contract Manager  
Department of State Health Services  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

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Viewed: 10/12/2017 | 9:28 AM

Carbon Copy Events	Status	Timestamp
Mike Escaname mike.escaname@hchd.org Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 10/12/2017   9:15 AM Viewed: 10/12/2017   9:23 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/12/2017   9:15 AM
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Payment Events	Status	Timestamps
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