

HHSC Contract No. HHS000687600002

**SIGNATURE DOCUMENT FOR  
TEXAS HEALTH AND HUMAN SERVICES CONTRACT NO. HHS000687600002  
UNDER THE  
TITLE V FEE FOR SERVICE CHILD HEALTH AND DENTAL GRANT PROGRAM**

**I. PURPOSE**

The Health and Human Services Commission (“**HHSC**”), an administrative agency within the executive branch of the state of Texas, and **Hidalgo County**(“**Grantee**”), each a “**Party**” and collectively the “**Parties,**” enter into the following contract for Child Health and Dental Program Services (the “**Contract**”).

**II. LEGAL AUTHORITY**

This Contract is authorized by and in compliance with the provisions of the Title V Social Security Act (1935), 42 United State Code (“**USC**”) Chapter 7, Subchapter V (1981), 42 Code of Federal Regulations (“**CFR**”) Chapter 1, Part 51a, *Texas Administrative Code* (“**TAC**”) Title 25, Part 1, Chapter 37, Subchapter A, and in accordance with *Texas Government Code* Chapter 531.

**III. STATEMENT OF SERVICES TO BE PROVIDED**

Grantee shall perform or cause to be performed Title V Child Health and Dental Program Services (“**Program**”) and other contract requirements in accordance with the Contract, including the Statement of Work , Payment for Services Provided and Budget which is attached and incorporated herein as **Attachment A, B and C** respectively.

**IV. DURATION**

The Contract is effective on **September 1, 2020** and terminates on **August 31, 2021**, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. HHSC, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed five years. Notwithstanding the limitation in the preceding sentence, HHSC, at its sole discretion, also may extend the Contract beyond five years as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by HHSC to serve the best interest of the State.

**V. PAYMENT FOR SERVICES PROVIDED**

This Contract is funded through Federal Block Grant Funds. The total reimbursement amount state fiscal year 2021 shall not exceed **\$22,047.00**. All expenditures under the Contract will be in accordance with **Attachments A, B, and C**. Grantee shall be reimbursed on a fee for service basis using established reimbursement rates.

**VI. REPORTING REQUIREMENTS**

Grantee shall satisfy all invoice and reporting requirements as set forth within in **Attachments A and B**, and the Title V Maternal & Child Health Fee-for-Service for Child Health, Dental, and

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Prenatal Policies and Procedures Manual (“**Program Manual**”). All invoice and reporting requirements will survive the termination or expiration of this Contract.

## VII. CONTRACT REPRESENTATIVES

The following will act as the designated Representative authorized to administer activities, including, but not limited to, non-legal notices, consents, approvals, requests, or other general communications provided for or permitted to be given under this Contract. The designated Party Representatives are:

### Grantee

Hidalgo County  
Attn: Judge Richard F. Cortez  
1304 South 25<sup>th</sup> Ave.  
Edinburg, Texas  
956-318-2600  
[Countyjudge@co.hidalgo.tx.us](mailto:Countyjudge@co.hidalgo.tx.us)

### HHSC

Josie Wheatfall  
1100 W. 49<sup>th</sup> Street; Mail Code 1938  
Austin, Texas 78751  
(512) 776-2017  
[Josie.Wheatfall@HHSC.state.tx.us](mailto:Josie.Wheatfall@HHSC.state.tx.us)

## VIII. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the HHSC either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

### Grantee

Hidalgo County  
Attn: Judge Richard F. Cortez  
1304 South 25<sup>th</sup> Ave.  
Edinburg, Texas 78539

### HHSC

Health and Human Services Commission  
Attn: Office of Chief Counsel  
4900 N. Lamar Boulevard; MC 1100  
Austin, Texas 78751

### *with copy to:*

Health and Human Services Commission  
Attn: Josie Wheatfall  
Title V Contract Manager  
1100 W. 49<sup>th</sup> Street; Mail Code 1938  
Austin, Texas 78751

## IX. NOTICE REQUIREMENTS

Notice given by Grantee will be deemed effective when received by HHSC. Either Party may change its address for notices by providing written notice to the other Party. All notices submitted to HHSC must:

- A. include the Contract number;
- B. be sent to the person(s) or department(s) identified in the Contract; and,
- C. comply with all terms and conditions of the Contract.

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**X. ADDITIONAL GRANT INFORMATION**

- A. Grantee Data Universal Numbering System (“**DUNS**”) Number: 103110834
- B. Federal Award Identification Number (“**FAIN**”): BO4MC30644
- C. Catalog of Federal Domestic Assistance (“**CFDA**”) Name and Number : Maternal and Child Health Services - 93.994
- D. Federal Award Date: 11/26/2018
- E. Name of Federal Awarding Agency: Health Resources and Services Administration, U.S. Department of Health and Human Services
- F. Awarding Official Contact Information:  
Michael Warren - Associate Administrator  
HSRA Headquarters  
5600 Fishers Lane  
Rockville, MD 20857  
(301) 443-2170

**XI. ADDITIONAL INSURANCE REQUIREMENTS**

Grantee shall carry insurance in the types and amounts indicated in **Attachment G, Additional Insurance Requirements**, for the duration of this Contract. The insurance shall be evidenced by delivery to HHSC of certificates of insurance executed by the insurer or its authorized agent stating coverages, limits, expiration dates, and compliance with all applicable required provisions. Upon request, HHSC, and/or its agents, shall be entitled to receive without expense, copies of the policies and all endorsements.

**XII. PRIVACY, SECURITY, AND BREACH NOTIFICATION**

Grantee certifies that it is, and shall remain for the term of this Contract, in compliance with all applicable state and federal laws and regulations with respect to privacy, security, and breach notification in accordance with the Texas Health and Human System Data Use Agreement, attached as **Attachment K** and incorporated in this Contract by reference.

**XIII. SIGNATURE AUTHORITY**

Each Party represents and warrants that the person executing this Contract on its behalf has full power and authority to enter into this Contract. Any Services or Work performed by Grantee before this Contract is effective or after it ceases to be effective are performed at the sole risk of Grantee.

**SIGNATURE PAGE FOLLOWS**

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**SIGNATURE PAGE FOR SYSTEM AGENCY  
CONTRACT NO. HHS000687600002**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

**HIDALGO COUNTY HEALTH DEPARTMENT**

By: DocuSigned by:  
Lindsay Rodgers  
29D47C49FD07403...

By: DocuSigned by:  
Richard Cortez  
48B14348AA3D4D3...

Name: Lindsay Rodgers

Name: Richard Cortez

Title: Associate Commissioner, Health and Developmental Services

Title: Hidalgo County Judge

Date of execution: August 26, 2020

Date of execution: August 26, 2020

**The following Attachments to this Contract are attached and incorporated by reference:**

- Attachment A- Statement of Work**
- Attachment B - Payment for Services Provided**
- Attachment C- Budget**
- Attachment D- HHSC Uniform Terms and Conditions - Grant (Version 2.16.1)**
- Attachment E- HHSC Title V MCH Program Supplemental Conditions**
- Attachment F- HHSC Additional Provisions Conditions – Title V MCH Program**
- Attachment G- Additional Insurance Requirements**
- Attachment H- Contract Affirmations (Version 1.6)**
- Attachment I- Federal Assurances for Non-Construction Programs**
- Attachment J- Federal Certification Regarding Lobbying**
- Attachment K- Texas HHS Data Use Agreement**
- Attachment L- Clarification Form R-1 Ceiling Request and Performance Measures**

**Attachments Follow**

### Certificate Of Completion

Envelope Id: C591EDB7E1D44245A8D9092052F1B271	Status: Completed
Subject: NEW \$88,188.00; HHS000687600002; Hidalgo County; HHSC/HDS/HDIS/OPSH	
Source Envelope:	
Document Pages: 13	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Texas Health and Human Services Commission
Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
	IP Address: 167.137.1.13

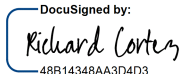
### Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
8/13/2020 12:54:33 PM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

### Signer Events

Richard Cortez  
 countyjudge@co.hidalgo.tx.us  
 Hidalgo County Judge  
 Hidalgo County  
 Security Level: Email, Account Authentication (None)

### Signature

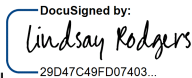
DocuSigned by:  
  
 48B14348AA3D4D3...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 97.77.105.5

### Timestamp

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 Viewed: 8/26/2020 9:24:32 AM  
 Signed: 8/26/2020 9:24:44 AM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Lindsay Rodgers  
 Lindsay.Rodgers@hhsc.state.tx.us  
 Associate Commissioner, Health and Developmental Services  
 Texas Health and Human Services Commission  
 Security Level: Email, Account Authentication (None)

DocuSigned by:  
  
 29D47C49FD07403...  
 Signature Adoption: Pre-selected Style  
 Using IP Address: 45.19.198.53

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 Signed: 8/26/2020 9:33:58 AM

**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

Josie Wheatfall  
 josie.wheatfall@hhsc.state.tx.us  
 Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 8/13/2020 1:01:08 PM  
 Viewed: 8/25/2020 1:31:41 PM

**Electronic Record and Signature Disclosure:**  
 Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
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Marissa Acosta  
marissa.acosta05@hhsc.state.tx.us  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**COPIED**

Sent: 8/13/2020 1:01:09 PM  
Viewed: 8/13/2020 3:10:55 PM

Eduardo Olivarez  
eduardo.olivarez@hchd.org  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**COPIED**

Sent: 8/13/2020 1:01:09 PM  
Viewed: 8/17/2020 8:10:02 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	8/26/2020 9:24:45 AM
Certified Delivered	Security Checked	8/26/2020 9:33:17 AM
Signing Complete	Security Checked	8/26/2020 9:33:58 AM
Completed	Security Checked	8/26/2020 9:33:58 AM

Payment Events	Status	Timestamps
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