

2812 S. Bus. Hwy 2811  
 Edinburg, Texas 78539  
 Phone: (956) 318-2626  
 Fax: (956) 318-2629  
 www.co.hidalgo.tx.us/purchasing

## TRANSMITTAL FORM

Today's Date:	08/09/2021	Department:	240 - Health & Human Service - Human Services Division
Contract No.:	C-20-227-06-30	Effective Date:	
Description of Project:	Amendment-#4		
Awarded Vendor:	Netsmart		
CC Approval on	07/13/2021	AI-	81564

### Routing of documents:

- \_\_\_\_\_ 1. Executive Office – Attn: Monica Salinas
- \_\_\_\_\_ 2. District Attorney's Office – Attn: Robert Viña
- \_\_\_\_\_ 3. County Judge's Office – Attn: Richard F. Cortez
- \_\_\_\_\_ 4. County Clerk's Office – Attn: Arturo Guajardo, Jr.
- \_\_\_\_\_ 5. Purchasing Department – Attn: Yolanda Velasquez ext. 4881

### ATTENTION COUNTY CLERK'S OFFICE:

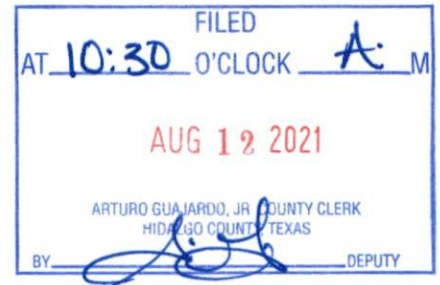
Please do not attach the following to the minutes of this agenda due to the confidential nature of the information contained herein:

- Contract/Agreement
- Exhibit A – RFB Procurement Packet
- Exhibit B – Fee Schedule/Bid Page ( Pgs. \_\_\_\_\_ to \_\_\_\_\_ )
- Exhibit C – Certificate of Liability Insurance
- Other: \_\_\_\_\_

STATE OF TEXAS

§  
§  
§

COUNTY OF HIDALGO



**4<sup>th</sup> AMENDMENT TO MASTER AGREEMENT  
BETWEEN  
THE COUNTY OF HIDALGO  
AND  
NETSMART TECHNOLOGIES, INC.  
C-20-227-06-30**

**WHEREAS**, on June 30, 2020 Netsmart Technologies, Inc. and the County of Hidalgo entered into a Master Agreement;

**WHEREAS**, the County of Hidalgo’s Health and Human Services Department (HHSD) is in need of an additional software module which would give HHSD direct communications to the State of Texas Immunizations Registry in an effort to make the immunizations program more efficient.

**WHEREAS**, the parties desire to amend the Master Agreement hereinafter provided to include such additional service.

**NOW THEREFORE**, for and in consideration of the terms and provisions of this Amendment to the Master Agreement and for good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, Netsmart Technologies, Inc. and the County of Hidalgo effective as of the 13<sup>th</sup> day of July, **2021**, hereby agrees to the following amendment to the Master Agreement:

1. Section “Master Agreement Expenditures” is hereby modified to include under “Annual Fees” the Netsmart service as follows:
  - To outline the requirements and deliverables for the clients and use of Plexus Foundations implementation methodology to continue with GO Live Support in total amount of \$100,000.00
  - The purpose is to outline deliverables for the Client's my Insight with latest release of software to include the use of Plexus Foundations Home content and recommendation and continue with GO Live Insight for TB support for a total amount of \$66,000.00
2. Except as modified herein, all terms and conditions of the Master Agreement, as amended, remain in full all other provisions in the original master agreement will remain in effect.

**SIGNATURE PAGE TO FOLLOW**

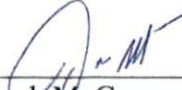
Executed and effective as of the day and year first written above:

**COUNTY OF HIDALGO, TEXAS.**  
**COUNTY JUDGE**

**NETSMART TECHNOLOGIES, INC.**



Richard F. Cortez  
Hidalgo County Judge



Joseph McGovern,  
EVP  
8/6/2021

ATTEST:

  
Hidalgo County Clerk

APPROVED BY  
COMMISSIONERS COURT  
ON: 7/13/21 BRS

**APPROVED AS TO FORM:**  
**Hidalgo County Criminal District Attorney's Office**  
**Ricardo Rodriguez, Jr.**

By:   
Robert Viña III, Assistant District Attorney

Req 436 246



Sales Order: SO78953  
Quote #: Q-08763  
Quote Date: June 8th, 2021  
Quote Expiration: July 10<sup>th</sup>, 2021

Presented to:  
Rigoberto Hinojosa  
Hidalgo County Health and Human Services  
1304 S. 25<sup>th</sup> Street  
Edinburg, TX 78539

Netsmart Contact:  
Sarah Neal (sneal@ntst.com)  
(913)-272-2133

**Expenditures**

**ONE-TIME  
CHARGES:**

<b><u>Netsmart Professional Services</u></b>	<b><u>Qty</u></b>	<b><u>Charges</u></b>	<b><u>Payment Terms</u></b>
myInsight Professional Services	1	\$100,000.00	50% due upon the effective date with the remaining 50% due 90 days after the execution date.
<b>Total Non-Recurring Charge: \$100,000.00</b>			
<b>Total Charges: \$100,000.00</b>			



**SCOPE OF WORK ("SOW")**

**Netsmart Technologies, Inc. and Hidalgo County Health and Human Services**



**Hidalgo County  
Health & Human  
Services Department**

**1. Purpose**

The purpose for this statement of work is to outline the requirements and deliverables for the Client's myInsight project. The scope is based on the latest generally available software release, project timeline, and use of Plexus Foundations implementation methodology, Plexus Home content and recommendations. The details of the scope of services are included below. This is a Fixed-Fee, Fixed Scope Statement of Work.

**2. Project Duration**

Project Duration

The project start and end dates are estimates, and are subject to adjustment based upon the Effective Date of the Agreement and both parties overall cooperation of such implementation.

**3. Scope of Services**

<b>myInsight Configuration</b>	<b>Scope of Services</b>
Netsmart will provide consulting and project management services to continue Go Live Support of myInsight implementation project	
	Well Child Form Creation (see list under #6)
	Form installation, event linking, security
	Training and Workflow review
	Testing
	Project Management
<b>Exclusions</b>	See list under #7



#### 4. Assumptions to Support a Successful Installation

- Netsmart will devote sufficient resources and timely communication to the project in order to assure its reasonable success.
- New hardware, if required, will be delivered by the date required in the Project Schedule.
- Client will provide sufficient resources as identified in the work breakdown structure of the project plan.
- If on-site training has been purchased, a training room will be available for the training sessions with working equipment and appropriate software loaded prior to the arrival of the Netsmart team if it is part of the planning and expectations for the project. In the event of state- or county-imposed travel restrictions, training will be delivered virtually, and a revised training plan will be agreed upon.
- Individuals scheduled to attend training will attend and participate in the entire session as defined by the agenda. Super User Training will be limited to up to 10 super users.
- The Client’s project manager will attend all consulting/training events.
- Netsmart delivered forms for a Program will be standard for all sites.
- Workflows and Forms will be standardized across program and sites. The Client will work with all locations to determine and finalize the go-forward single process/workflow that will be adopted by all locations. The estimates for this project are based on all locations using this single optimized workflow for the programs implemented.
- Any usage of diagnosis and/or procedure code content that is utilized within the Netsmart solutions must be fully licensed by the client. This includes Micromedex content (licensed from Netsmart), CPT, Revenue, or DSM codes.
- Client shall be responsible for the review of department(s) policy and procedures and the updates, creation or deactivation to them as required by the project as part of this implementation.
- Client will have a documented plan for level 1 and level 2 internal support.

#### 5. Location of Work & Client Responsibilities

Work by Netsmart and Client will be conducted remotely.

#### 6. Forms included in Build:

Program	File name w/Sample	Form Name
Well Child	DSHS CH-14	24-Hour Dietary Recall and Assessment for Children (5-9 years)
Well Child	DSHS CH-15	24-Hour Dietary Recall and Assessment for Children (10-20 years)
Well Child	DSHS CH-28	Mental Health Interview Tool/Referral Form (Ages 0-2 Years)
Well Child	DSHS CH-28	Mental Health Interview Tool/Referral Form (Ages 0-2 Years) (Spanish)
Well Child	DSHS CH-30	Mental Health Interview Tool/Referral Form (Ages 3-9 Years)
Well Child	DSHS CH-30	Mental Health Interview Tool/Referral Form (Ages 3-9 Years) (Spanish)
Well Child	DSHS CH-32	Mental Health Interview Tool/Referral Form (Ages 10-12 Years)
Well Child	DSHS CH-32	Mental Health Interview Tool/Referral Form (Ages 10-12 Years) (Spanish)
Well Child	DSHS CH-61	Abbreviated Parent Questionnaire: Risk Assessment for Lead Exposure
Well Child	DSHS CH-62	Detailed Parent Questionnaire: Risk Assessment for Lead Exposure (Spanish)

Well Child	DSHS EF12-11494	TB Questionnaire
Well Child	DSHS EF12-11494A	TB Questionnaire (Spanish Version)
Well Child	DSHS EF05-12234	Hearing Checklist for Parents
Well Child	DSHS EF05-12234	Hearing Checklist for Parents (Spanish)
Well Child	DSHS M-40	Individual Sweep-Check Screening (M-40)
Well Child	DSHS M-60	Certificate of Record for Vision Screen and/or Eye Examination
Well Child	DSHS Pb-110	Lead Risk Questionnaire
Well Child	DSHS Pb-110 Sp	Lead Risk Questionnaire
Well Child	ECHR-1	Birth through 20 years Health History
Well Child	ECHR -2M	2 Month Checkup Child Health Record
Well Child	ECHR-2W	2 Week Checkup Child Health Record
Well Child	ECHR-3Y	3 Year Checkup Child Health Record
Well Child	ECHR-4M	4 Month Checkup Child Health Record
Well Child	ECHR-4Y	4 Year Checkup Child Health Record
Well Child	ECHR-5D	Discharge to 5 Day Child Health Record
Well Child	ECHR-5Y	5 Year Checkup Child Health Record
Well Child	ECHR-6M	6 Month Checkup Child Health Record
Well Child	ECHR-6Y	6 Year Checkup Child Health Record
Well Child	ECHR-7Y	7 Year Checkup Child Health Record
Well Child	ECHR-8Y	8 Year Checkup Child Health Record
Well Child	ECHR-9M	9 Month Checkup Child Health Record
Well Child	ECHR-9Y	9 Year Checkup Child Health Record
Well Child	ECHR-10Y	10 Year Checkup Child Health Record
Well Child	ECHR-11Y	11 Year Checkup Child Health Record
Well Child	ECHR-12M	12 Month Checkup Child Health Record
Well Child	ECHR-12Y	12 Year Checkup Child Health Record
Well Child	ECHR-13Y	13 Year Checkup Child Health Record
Well Child	ECHR 14Y	14 Year Checkup Child Health Record
Well Child	ECHR-15M	15 Month Checkup Child Health Record
Well Child	ECHR-15Y	15 Year Checkup Child Health Record
Well Child	ECHR-16Y	16 Year Checkup Child Health Record
Well Child	ECHR-17Y	17 Year Checkup Child Health Record
Well Child	ECHR-18M	18 Month Checkup Child Health Record
Well Child	ECHR-18Y	18 Year Checkup Child Health Record
Well Child	ECHR-19-20Y	19 & 20 Year Checkup Child Health Record
Well Child	ECHR-19Y	19 Year Checkup Child Health Record
Well Child	ECHR-20Y	20 Year Checkup Child Health Record
Well Child	ECHR-24M	24 Month Checkup Child Health Record
Well Child	ECHR-30M	30 Month Checkup Child Health Record
Well Child	HCHD 20171	Child Health Activity Report
Well Child	HCHD 20219-A	Hidalgo County Health Department Infant/Child CPW Screening Tool

Well Child	HCHHSD 20219-A	Hidalgo County Health & Human Services Department Infant/Child SPW Screening Tool
Well Child	M-CHAT Questionnaire	M-CHAT
Well Child	M-CHAT Questionnaire	M-CHAT (Spanish)
Well Child	Pediatric Symptom Checklist - (PSC)	Pediatric Symptom Checklist (PSC)
Well Child	Pediatric Symptom Checklist (PSC) Spanish	Pediatric Symptom Checklist (PSC) Spanish
Well Child	Pediatric Symptom Checklist - Youth Report (YPSC)	Pediatric Symptom Checklist - Youth Report (Y-PSC)
Well Child	Pediatric Symptom Checklist - Youth Report (YPSC) Spanish	Pediatric Symptom Checklist - Youth Report (Y-PSC) (Spanish)

**7. Forms Excluded from Build:**

Program	File name w/Sample	Form Name	Exclusion Note
Well Child	Child Health Forms	Texas Health Steps Child Health Record Forms	Instructions
Well Child	DSHS CH-54	Screening Schedule for Elevated Blood Lead Levels	Instructions
Well Child	ECHR-30M (1)	Duplicate	Duplicate
Well Child	Instruct M-CHAT	Instructions and Permissions for Use of the M-CHAT	Instructions
Well Child	Instructions YPSC	Instructions for use Pediatric Symptom Checklist	Instructions



Sales Order: SO78322  
Quote #: Q-04018  
Quote Date: June 8th, 2021  
Quote Expiration: July 10<sup>th</sup>, 2021

Presented to:  
Rigoberto Hinojosa  
Hidalgo County Health and Human Services  
1304 S. 25<sup>th</sup> Street  
Edinburg, TX 78539

Netsmart Contact:  
Sarah Neal (sneal@ntst.com)  
(913)-272-2133

Expenditures

**ONE-TIME  
CHARGES:**

<b>Netsmart Professional Services</b>	<b>Qty</b>	<b>Charges</b>	<b>Payment Terms</b>
myInsight Professional Services	1	\$66,000.00	50% due upon the effective date with the remaining 50% due 90 days after the execution date.
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<b>Total Charges: \$66,000.00</b>			

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### Netsmart Technologies, Inc. and Hidalgo County Health and Human Services



### Hidalgo County Health & Human Services Department

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	Testing
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- Client will have a documented plan for level 1 and level 2 internal support.

#### 5. Location of Work & Client Responsibilities

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#### 6. Forms included in Build:

Program	File name w/Sample	Form Name
TB	Targeted TB Screening Form	Tuberculin Skin Test Consent Form
TB	Targeted TB Screening Form	General Consent and Disclosure
TB	Targeted TB Screening Form	General Consent and Disclosure (Spanish)
TB	Targeted TB Screening Form	Targeted Tuberculin/IGRA Testing Screening Form

Program	File name w/Sample	Form Name
TB	TB Case Forms	Tuberculosis Case and Suspect Management Plan
TB	TB Case Forms	Hurricane/Natural Disaster Questionnaire
TB	TB Case Forms	Directions to Patients Home
TB	TB Case Forms	Report of Serious Adverse Drug Reaction Resulting in Therapeutic Changes, Hospitalization, or Death
TB	TB Case Forms	Tuberculosis Directly Observed Therapy Log
TB	TB Case Forms	Clinical Assessment for Tuberculosis Medication Toxicity
TB	TB Case Forms	Vision/Hearing Screening Form
TB	TB Case Forms	Tuberculosis Forms/Literature Checklist
TB	TB Case Forms	Tuberculosis Education/Counseling Record
TB	TB Case Forms	Tuberculosis Initial Health Risk Assessment/History
TB	TB Case Forms	Interjurisdictional TB Notification (IJN) Form
TB	TB Case Forms	Interjurisdictional TB Notification (IJN) Form Follow-Up Form
TB	TB Case Forms	Safety Questions for Clients in Preparation for Home/Field Visits Pulmonary Clinic
TB	TB Case Forms	Contact Investigation Interview Worksheet
TB	TB Case Forms	False Positive TB Culture Investigation Worksheet
TB	TB Case Forms	Disclosure and Consent Drug Therapy for Treatment of Tuberculosis Disease
TB	TB Case Forms	Disclosure and Consent Drug Therapy for Treatment of Tuberculosis Disease (Spanish)
TB	TB Case Forms	Consent to Release Confidential Medical Information
TB	TB Case Forms	Consent to Release Confidential Medical Information (Spanish)
TB	TB Case Forms	Acknowledgment of Understanding Provision of Antituberculous Drugs Limited to Clients with MTB
TB	TB Case Forms	Acknowledgment of Understanding Provision of Antituberculous Drugs Limited to Clients with MTB (Spanish)
TB	TB Case Forms	Consent to be Photographed
TB	TB Case Forms	Consent to be Photographed (Spanish)
TB	TB Encounter Form	TB Encounter
TB	TB LTBI Forms	Tuberculosis Contact Screening Form

**7. Forms Excluded from Build:**

Program	File name w/Sample	Form Name	Exclusion Note
TB	Targeted TB Screening Form	Targeted Tuberculin/IGRA Testing Screening Form Instructions	Instructions

my. 124200

Program	File name w/Sample	Form Name	Exclusion Note
TB	TB Case Forms	Patient Picture	System Functionality
TB	TB Case Forms	Copy of Medicaid/Insurance	System Functionality
TB	TB Case Forms	Referral Form	System Functionality
TB	TB Case Forms	Tuberculosis Referral Form	System Functionality
TB	TB Case Forms	Flow Sheet Immunizations	System Functionality
TB	TB Case Forms	Tuberculosis Bacteriology Monitoring Log	System Functionality
TB	TB Case Forms	Medications	System Functionality
TB	TB LTBI Forms	General Consent and Disclosure	Duplicate
TB	TB LTBI Forms	Tuberculosis Initial Health Risk Assessment/History	Duplicate
TB	TB LTBI Forms	Clinical Assessment for Tuberculosis Medication Toxicity	Duplicate
TB	TB LTBI Forms	Vision/Hearing Screening Form	Duplicate
TB	TB LTBI Forms	Tuberculosis Directly Observed Therapy Log	Duplicate
TB	TB LTBI Forms	Tuberculosis Forms/Literature Checklist	Duplicate
TB	TB LTBI Forms	Tuberculosis Education/Counseling Record	Duplicate
TB	TB LTBI Forms	Flow Sheet Immunizations	Duplicate
TB	TB Skin Test Screening Form	Tuberculosis Skin Test Consent Form	Duplicate
TB	TB Skin Test Screening Form	Tuberculosis Contact Screening Form	Duplicate
TB	TB Skin Test Screening Form	General Consent and Disclosure	Duplicate

Req 436258

FORM 213 - Resource Request

1. Incident Name	COVID-19				
2. To	RICARDO SALDANA, EMERGENCYMANAGEMENT				
3. From	EDUARDO OLIVAREZ, HEALTH & HUMAN SERVICES				
4. Message:	Emergency Purchase Notification	5. Date	6/25/21	6. Time	10:00 AM

7. State the reason for your emergency request

The additional forms for TB and Child Health are needed to expand our EMR system to provide additional services to our clients further expanding the services available during the current pandemic.

8. List and describe the items and quantities (supplies/resources) being requested to procure

REQUISITION - 436258  
AMOUNT - \$66,000  
VENDOR - NETSMART TECHNOLOGIES  
MYINSIGHT PROFESSIONAL SERVICES

*Approved*

9. Acknowledged by

Name	<i>Ricardo Saldana</i>
Signature	<i>[Signature]</i>
Position/Title	<i>EMC</i>
Date	<i>6/25/2021</i>

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY  
 CERTIFICATION OF FILING**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Netsmart Technologies, Inc.  
 Overland Park, KS United States

Certificate Number:  
 2021-772811

Date Filed:  
 06/29/2021

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Hidalgo County

Date Acknowledged:  
 07/07/2021

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

436258  
 436258 - myInsight Professional Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity  
 (Declarant)

Reg 436258

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

### OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2021-772811

Date Filed:  
06/29/2021

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Netsmart Technologies, Inc.  
Overland Park, KS United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Hidalgo County

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436258  
436258 - myInsight Professional Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

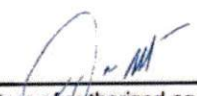
**6 UNSWORN DECLARATION**

My name is Joseph McGovern, and my date of birth is 8/3/59.

My address is 3500 Sunrise Hwy., Suite D122, Great River, NY, 11739, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Suffolk County, State of NY, on the 29th day of June, 2021.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)