



INTERIM COMMISSIONER
Jon Weizenbaum

September 25, 2012

Certified Mail – 7011 2000 0001 9781 5509 Return Receipt Requested

Michael Morris
City of Corpus Christi
Senior Community Services
P.O. Box 9277
Corpus Christi, TX 78469

Re: Approval of Amendment Number 11-6 for Contract Number(s) 167400 Home Delivered Meals

Dear Mr. Morris:

Enclosed is an original signed contract amendment from the Department of Aging and Disability Services (DADS), along with other information regarding an amendment for the above-referenced program(s). The effective date for this amendment is October 1, 2012.

If you have any questions about your Home Delivered Meals contract in Region 11 or any questions regarding this letter, please contact Teresa Saenz, Contract Manager at 956-316-8141.

Sincerely,

A handwritten signature in cursive script, appearing to read "Teresa Saenz".

Teresa Saenz
Contract Manager
Contract Division

Enclosures

State of Texas §

County of Travis §

Community Services Contract Amendment**Section 1. Contractor Information**

Legal Name of Entity (Contractor) City of Corpus Christi	Contract No. 167400	Contract Type CCAD HDM
Doing Business As (d/b/a) Name, if applicable Senior Community Services	Amendment No. 11-6	Region No. 11
Address of Contractor (street, city, state, ZIP) P.O. Box 9277, Corpus Christi, TX 78469	Waiver Contract Area Nueces	Component Code HCS

Section 2. Change Information

The Department of Aging and Disability Services (Department) and the legal entity (Contractor) named above agree to amend contract number 167400 as follows:

Check all applicable changes:

- ☐ The following provision is added to the contract:

The Department represents the Health and Human Services Commission (HHSC), the Texas Medicaid agency, for any Medicaid services provided under this Contract. The Department, as the representative for HHSC, administers community services programs under Title XIX, including Section 1915(c); Title XX of the Social security Act; and Title 2, Texas Human Resources Code.

- ☐ The following provision is added to the contract.

The Contractor agrees:

To screen its employees and contractors to determine whether they have been excluded from participation in Medicare, Medicaid, the State Children's Health Insurance Program and all federal and state health care programs. The Contractor agrees to search monthly the U.S. Department of Health and Human Services Office of the Inspector General (HHS-OIG) and Health and Human Services Commission-Office of the Inspector General (HHSC-OIG) List of Excluded Individuals/Entities (LEIE) websites to capture exclusions and reinstatements that have occurred since the last search and to immediately report to the HHSC-OIG any exclusion information the contractor discovers. Exclusionary searches for prospective employees or contractors shall be performed prior to employment or contracting. The Contractor also acknowledges and agrees that no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the items or services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.

- ☐ The following provision is added to the contract.

The Contractor agrees:

That in accordance with 42 CFR §455.23, the Department shall suspend all Medicaid payments to the Contractor upon notification by HHSC-OIG that a credible allegation of fraud under the Medicaid program is pending against the Contractor, unless the Department has good cause not to suspend the payments or to suspend the payments only in part.

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Section 2. Change Information (continued)

- ☒ The following provision is added to the contract.

The Contractor agrees:

That except as provided in the paragraphs below, the Contractor must not use the Department's name, the state of Texas or refer to the Department or the state directly or indirectly in any media release, public announcement or public disclosure relating to this contract or its subject matter, including, but not limited to, in any promotional or marketing materials, customer lists or business presentations (other than those submitted to the Department, an administrative agency of the state of Texas, or a governmental agency or unit of another state or the federal government).

The Contractor may publish, at its sole expense, results of Contractor performance under this contract with the Department's prior review and approval, which the Department may exercise at its sole discretion. Any publication (written, visual or sound) will acknowledge the support received from the Department and any federal agency, as appropriate. The Contractor will provide the Department at least three copies of such publication prior to public release. The Contractor will provide additional copies at the request of the Department.

The Contractor may include information concerning this contract's terms, subject matter and estimated value in any report to a governmental body to which the Contractor is required by law to report such information.

- ☐ The following ☐ counties ☐ MRAs are added to the contract referenced above.

- ☐ The following ☐ counties ☐ MRAs are deleted from the contract referenced above.

- ☐ The list of covered counties in Section 3 of this amendment is adopted by the Department and the Contractor and represents the full listing of counties served as a result of this amendment.

- ☐ The attached Form 3691-A, Service Area Designation HCS, TxHmL, CDS and TAS, replaces and supersedes, in its entirety, the Contractor's previously submitted Form 3691-A.

- ☒ Other Contractor will provide 50,235 units of Title XX Community Care for the Aged and Disabled/Home Delivered Meals for October 1, 2012 through September 30, 2013 (budget period). The unit rate for each meal is 4.95 , and the approved budget for the budget period is 248,663.25. The approved budget is reflected in the attached Form 2029, Information Sheet, Purchase of Service Contract, which is incorporated into this amendment. The geographical area covered by this contract is Corpus Christi, Texas.

- ☒ Other The Home Delivered Meals provider will serve meals in alternate format (frozen, chilled or shelf-stable) and/or deliver on fewer than five days per week. The alternate delivery terms for the period October 1, 2012 through September 30, 2013 are described on the attached Home Delivered Meals FFY 2013 Waiver Description (Form 2027).

- ☐ Other Other: Contractor will provide Title XIX Community Based Alternatives/Home Delivered Meals for October 1, 2012 through September 30, 2013 (budget period). The Title XIX meals will be paid at the rate of per unit. The geographical area covered by this contract is , Texas.

This Amendment is effective October 1, 2012.

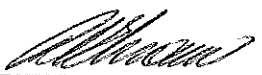
Section 2. Change Information (continued)

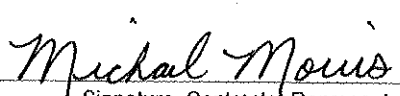
The marked changes are adopted by the Department and the Contractor as an amendment to the above-referenced contract effective the date signed by the Department representative, unless otherwise indicated above.

All other terms and conditions of the referenced contract remain in full force and effect.

**Department of Aging
and Disability Services**

**Legal Name of Contractor
City of Corpus Christi**


Signature-Department Representative 9.19.2012
Date


Signature-Contractor Representative 9/10/12
Date

Name of Department Representative (Print or type)
Paul T. Ebrom

Name of Contractor Representative (Print or type)
Michael Morris

Title of Department Representative (Print or type)
Community Services Regional Director

Title of Contractor Representative (Print or type)
Director, Parks & RecreationsM

Legal Approval _____

Date Form Completed: 9-7-12

Information Worksheet
Purchase of Service ContractContract/Vendor Number
1674Region Number
11County Number
178

SECTION I — CONTRACTOR DATA

Legal Name City of Corpus Christi			Contract Effective Date 10/01/2012	
Commonly Used Name (if different) Senior Community Services			Contract Termination Date open-ended	
Address (Street, City, State, Zip) P.O. Box 9277, Corpus Christi, Texas 78496			Area Code and Telephone Number (361) - 880-3150	
Person Authorized to Sign Contract Michael Morris		Title Director, Parks & Recreation	Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Profit	
Charter Number	Employer ID Number 17460005471	Contract Person Elsa Munoz	Title Superintendent	Area Code and Telephone Number (361) - 880-3150

SECTION II — SUMMARY OF PAYMENT (Enter estimated information in this section.)

Effective Payment Dates	Budget Name	Budget Number	Unit Rate	Estimated Number Eligible Units	Estimated Local Funds	Estimated DADS Funds	Estimated Budget Amount
10/01/12-09/30/13	Title XX	01	4.95	50,235	\$0.00	248,663.25	248,663.25
Estimated Contract Total					\$0.00	\$248,663.25	\$248,663.25
Percent of Contract					0	100%	

SECTION III — SERVICE

Program Activity Name Long Term Care - Community Care for the Aged and Disabled	Code 7
Service Activity Name Home Delivered Meals	Code 25

SECTION IV — CLIENT DATA

1. Client Categories to be Served (check all that apply) <input checked="" type="checkbox"/> Current TANF <input checked="" type="checkbox"/> Current SSI <input type="checkbox"/> NPA Food Stamp Recipient <input checked="" type="checkbox"/> MAO Income Eligible <input checked="" type="checkbox"/> Other Income Eligible <input type="checkbox"/> Without Regard to Income <input type="checkbox"/> Ineligible		
2. Total Number of Client to be Served <input checked="" type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month		3. Number of Eligible Clients to be Served <input checked="" type="checkbox"/> Per day <input type="checkbox"/> Per week <input type="checkbox"/> Per month
4. Unit of Service Meals	5. Units of Service to All Clients 144,855	6. Number of Units of Service to Eligible Clients 50,235
7. Geographical Area Served Nueces County (City of Corpus Christi)		8. Goals (check all that apply) <input checked="" type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input checked="" type="checkbox"/> IV <input type="checkbox"/> V
9. Basis of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Fixed Unit Rate <input type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Schedule		
10. Estimated Amount of Co-Pay (day care and family planning only): N/A		

Department of Aging and Disability Services

Uniform Rate Negotiation Workbook/Budget

Federal Contract Period: 10-01-12 / 09-30-13

Common ProviderNutrition Providers Legal Business Name: City of Corpus ChristiStreet Address: 1201 LeopardMailing Address: 1201 LeopardCity: Corpus Christi, TXZip Code: 78401Phone Number: 361-826-3150E-mail Address: elsam@ccctexas.comContact Name: Elsa MunozNutrition Providers website address: ccctexas.com10 Did this Nutrition provider complete a rate setting workbook last year? Yes11 If Yes what was the provider name listed on the workbook? City of Corpus Christi12 Is the Provider a AAA Provider? Yes13 If Yes, select the AAA Name: Area Agency on Aging of the Coastal Bend14 If Yes, contact name at AAA: Betty Lamb15 If Yes, is it a contract or vendor relationship? Contract16 Is the Provider a DADS Community Services Provider? Yes17 If Yes, Contract Manager name at DADS Community Services: Teresa Saenz18 If Yes, select the DADS Region Number: Region 1119 If Yes, enter the DADS contract number: 167400**Service Delivery Information****Home Delivered Meals**20 Does this Nutrition provider serve home delivered meals paid for by DADS or the AAA? Yes21 Does this Nutrition provider have an approved Home Delivered Nutrition Waiver for 2012? Yes22 Is this Nutrition provider requesting a Home Delivered Nutrition Waiver for 2013? Yes23 Total number of home delivered meal routes for this provider: 1124 Total number of meal preparation sites used by this provider: 1**Congregate Meals**25 Does this Nutrition provider serve congregate meals paid for by the AAA? Yes26 Does this Nutrition provider have an approved Congregate Nutrition Waiver for 2012? No27 Is this Nutrition provider requesting a Congregate Waiver for 2013? No28 Total number of meal preparation sites used by this provider: 129 Total number of meal sites used by this provider: 8**RECEIVED**

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