

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. 11-5	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

This Amendment to the contract number referenced above (the "Contract") is entered between the Department of Aging and Disability Services (Department) and the legal entity (Contractor) named above (Department and Contractor, collectively, the "parties," each, a "party").

The Department represents the Health and Human Services (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 parties agree to amend the Contract as follows:

Check all applicable changes:

- 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, 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, 2011 through September 30, 2012 (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.
- 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, 2011 through September 30, 2012 are described on the attached Home Delivered Meals FFY 2012 Waiver Description (Form 2027).
- The parties agree that the following provision is hereby added to Section III of the Contract (relating to Contractor Agreements) as though it were set out word-for-word in the Contract:

Contractor agrees to screen its employees and contractors to determine whether they have been excluded from participation in Medicare and state health care programs. Contractor agrees to search monthly the HHS-Office of the Inspector General (OIG) and 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. 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.

This Amendment is effective on October 1, 2011.

The above-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 Contract and prior Amendments, if any, shall remain in effect and continue to govern except to the extent modified in this Amendment.

**Department of Aging
and Disability Services**

Signature-Department Representative

Date

Michael Morris

Signature-Contractor Representative

9/16/11

Date

Paul T. Ebrom

Michael Morris

Name of Department Representative (Print or type)

Name of Contractor Representative (Print or type)

Community Services Regional Director

Director, Parks and Recreation

Title of Department Representative (Print or type)

Title of Contractor Representative (Print or type)

Legal Approval _____

**Information Worksheet
Purchase of Service Contract**

Contract/Vendor Number
167400

Region Number 11	County Number 178
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SECTION I — CONTRACTOR DATA

Legal Name City of Corpus Christi			Contract Effective Date 10/01/11		
Commonly Used Name (if different) Senior Community Services			Contract Termination Date Open Ended		
Address (Street, City, State, Zip) P.O. Box 9277, Corpus Christi, TX 78469			Area Code and Telephone Number (361) - 880-3150		
Person Authorized to Sign Contract Michael Morris		Title Director, Parks and Recreation	Ownership <input checked="" type="checkbox"/> Public <input type="checkbox"/> Non-profit <input type="checkbox"/> Profit		
Charter Number	Employer ID Number 17460005741	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
10/01/11 - 09/30/12	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 50,235	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		