

**THIS IS A PROPOSED DRAFT AND WILL BE REPLACED BY THE FINAL, SIGNED ORDINANCE OR RESOLUTION ADOPTED BY THE CITY COUNCIL.**

**AN ORDINANCE**

**AUTHORIZING THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO CONTINUE IMPLEMENTATION OF THE MEDICAID 1115(A) DEMONSTRATION WAIVER PROGRAM-HEALTHY NEIGHBORHOODS PROJECT FOR A PERIOD BEGINNING OCTOBER 1, 2016 THROUGH DECEMBER 31, 2017, SUBMIT INTERGOVERNMENTAL TRANSFERS (IGT) IN A CUMULATIVE AMOUNT UP TO \$1,804,918.60, ACCEPT REIMBURSEMENT OF THE IGT AND ADDITIONAL ACCEPTANCE OF UP TO \$2,405,295.08 FROM THE PROGRAM, FOR TOTAL CASH PAYMENTS OF \$4,210,213.68 AND AUTHORIZING A PROPOSED PROJECT BUDGET AND STAFFING COMPLEMENT.**

\* \* \* \* \*

**WHEREAS**, on January 31, 2013, City Council authorized the submission of six project proposals for consideration and funding as part of the “Texas Healthcare Transformation and Quality Improvement Program” or “1115 Medicaid Waiver Program”; and

**WHEREAS**, the 1115 Medicaid Waiver created two new funding pools in Texas for Uncompensated Care reimbursement for hospitals and a Delivery System Reform Incentive Payment (DSRIP) pool program; and

**WHEREAS**, the DSRIP program provides incentive payments for hospitals and other providers who make investments in delivery system reforms that increase access to healthcare, improve the quality of care, and enhance population health; and

**WHEREAS**, all six projects were approved by the Health and Human Services Commission (HHSC) for funding through the DSRIP pool in two phases of approvals in April and September of 2013; and

**WHEREAS**, projects submitted focused on innovative intervention strategies to improve health outcomes in Bexar County in the following areas: diabetes prevention, children’s oral health services, HIV and Syphilis prevention, breastfeeding promotion, teen pregnancy prevention and neighborhood health promotion; and

**WHEREAS**, with the initial demonstration period coming to an end on September 30, 2016, HHSC submitted a request to the Centers for Medicare and Medicaid Services (CMS) for a 15 month extension period to continue both the Uncompensated Care (UC) and DSRIP programs and allow additional time for continued negotiations regarding a full five year renewal of the 1115 Medicaid Waiver program; and

**WHEREAS**, CMS approved the 15 month extension period on May 2, 2016; and

**WHEREAS**, therefore, the San Antonio Metropolitan Health District (Metro Health) requests City Council authorization for Metro Health to continue its participation in the 1115 Medicaid Waiver program, submit intergovernmental funding transfers to the Program and receive reimbursement of submitted IGT and accept incentive payments for achieving milestone requirements set forth in the extension period; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The City Manager or her designee or the Director of the San Antonio Metropolitan Health District or his designee is authorized to continue implementation of the Medicaid 1115(a) Demonstration Waiver Program-Healthy Neighborhoods Project for a period beginning October 1, 2016 through December 31, 2017, submit intergovernmental transfers (IGT) in a cumulative amount up to \$1,804,918.60, accept reimbursement of the IGT and additional acceptance of up to \$2,405,295.08 from the Program, for total cash payments of \$4,210,213.68.

**SECTION 2.** The City Manager or her designee or the Director of the San Antonio Metropolitan Health District or his designee is authorized to take all actions necessary to participate in the Program for the period beginning October 1, 2016 and ending December 31, 2017.

**SECTION 3.** The proposed budget which is attached hereto and incorporated herein for all purposes as **Attachment I** is approved and adopted for entry in the City books. A formal final budget which will include Internal Order numbers and General Ledger numbers will be submitted by the department upon acceptance of the award. The City Council of the City of San Antonio finds there is a public purpose served by the City's participation in this grant and authorizes incidental expenditures for grant program participants consistent with grant program parameters.

**SECTION 4.** The proposed personnel complement of three (3) positions which is attached hereto and incorporated herein as **Attachment I** is hereby approved. Should funding be awarded, the personnel complement is approved. The Director of the San Antonio Metropolitan Health District or his designee is further authorized to change personnel complement classifications within the approved personnel complement number so long as there is no increase to the overall budget.

**SECTION 5.** Funding for Targeted Neighborhood Transformation for Obesity Prevention in the amount of \$1,562,181.00 for this ordinance is authorized to be appropriated in Fund 29658000 and

Internal Order 8360000000XX, per the table below and is contingent upon receipt of funds from Medicaid.

Amount	General Ledger
-\$1,562,181.00	4501000
\$150,537.00	5101010
\$11,717.00	5103005
\$153.00	5103010
\$1,000.00	5103035
\$1,620.00	5103056
\$20,148.00	5170040
\$15,867.00	5105010
\$501,357.00	5202010
\$750,000.00	5202020
\$4,000.00	5203060
\$5,000.00	5203090
\$1,200.00	5205010
\$8,000.00	5207010
\$8,000.00	5302010
\$15,000.00	5304010
\$15,000.00	5304080
\$1,800.00	5403040
\$5,040.00	5403510
\$46,742.00	5406530

**SECTION 6.** The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

**SECTION 7.** This ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

**PASSED AND APPROVED** this \_\_\_\_ day of \_\_\_\_\_.

**M A Y O R**  
**Ivy R. Taylor**

**ATTEST:**

**APPROVED AS TO FORM:**

\_\_\_\_\_  
Leticia M. Vacek, City Clerk

\_\_\_\_\_  
City Attorney

DRAFT