

AN ORDINANCE **2016-09-08-0685**

AUTHORIZING THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT TO CONTINUE IMPLEMENTATION OF THE MEDICAID 1115(A) DEMONSTRATION WAIVER PROGRAM-TEEN PREGNANCY PREVENTION PROJECT FOR A PERIOD BEGINNING OCTOBER 1, 2016 THROUGH DECEMBER 31, 2017, SUBMIT INTERGOVERNMENTAL TRANSFERS (IGT) IN A CUMULATIVE AMOUNT UP TO \$2,223,617.02, ACCEPT REIMBURSEMENT OF THE IGT AND ADDITIONAL ACCEPTANCE OF UP TO \$2,963,266.62 FROM THE PROGRAM, FOR TOTAL CASH PAYMENTS OF \$5,186,883.64 AND AUTHORIZING A PROPOSED PROJECT BUDGET AND STAFFING COMPLEMENT.

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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-Teen Pregnancy Prevention Project for a period beginning October 1, 2016 through December 31, 2017, submit intergovernmental transfers (IGT) in a cumulative amount up to \$2,223,617.02, accept reimbursement of the IGT and additional acceptance of up to \$2,963,266.62 from the Program, for total cash payments of \$5,186,883.64.

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 two (2) 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 Comprehensive Teen Pregnancy Prevention in the amount of \$860,308.00 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
-\$860,308.00	4501000
\$68,380.00	5101010
\$5,422.00	5103005
\$71.00	5103010
\$2,500.00	5103035
\$6,716.00	5170040
\$7,343.00	5105010
\$1,500.00	5201025

MH/vv
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Amount	General Ledger
\$661,800.00	5201040
\$12,000.00	5202025
\$5,000.00	5203060
\$2,000.00	5203090
\$200.00	5205010
\$1,500.00	5205020
\$5,000.00	5207010
\$2,500.00	5302010
\$750.00	5304010
\$5,000.00	5304080
\$50,000.00	5304040
\$800.00	5403040
\$800.00	5403510
\$21,026.00	5406530

SECTION 6. Funding for Comprehensive Teen Pregnancy Case Management in the amount of \$362,103.00 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.

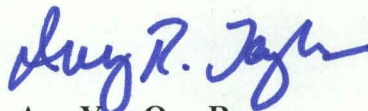
Amount	General Ledger
-\$362,103.00	4501000
\$14,286.00	5101010
\$1,123.00	5103005
\$15.00	5103010
\$400.00	5103035
\$120.00	5103105
\$1,343.00	5170040
\$1,521.00	5105010
\$1,000.00	5201025
\$335,300.00	5201040
\$150.00	5203050
\$2,000.00	5207010
\$500.00	5302010
\$4,345.00	5406530

SECTION 7. 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.

MH/vv
09/08/16
Item #11E

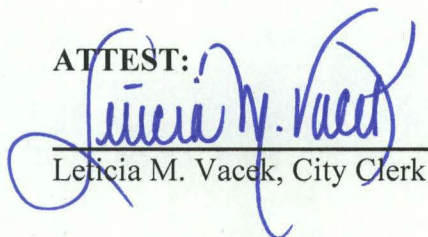
SECTION 8. This Ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

PASSED AND APPROVED this 8th day of September, 2016.



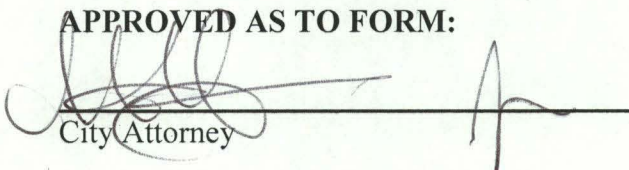
M A Y O R
Ivy R. Taylor

ATTEST:



Leticia M. Vacek, City Clerk

APPROVED AS TO FORM:



City Attorney

Agenda Item:	11E (in consent vote: 5, 6, 7, 8, 9, 11, 11A, 11B, 11C, 11D, 11E, 11F, 11G, 12, 14, 15, 16, 16A, 16B)						
Date:	09/08/2016						
Time:	09:17:27 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance authorizing the San Antonio Metropolitan Health District to continue implementation of the Medicaid 1115(a) Demonstration Waiver Program-Teen Pregnancy Prevention Project for a period beginning October 1, 2016 through December 31, 2017, submit intergovernmental transfers (IGT) in a cumulative amount up to \$2,223,617.02, accept reimbursement of the IGT and additional acceptance of up to \$2,963,266.62 from the Program, for total cash payments of \$5,186,883.64 and authorizing a proposed project budget and staffing complement.						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Ivy R. Taylor	Mayor		x				
Roberto C. Treviño	District 1		x			x	
Alan Warrick	District 2		x				x
Rebecca Viagran	District 3		x				
Rey Saldaña	District 4	x					
Shirley Gonzales	District 5		x				
Ray Lopez	District 6		x				
Cris Medina	District 7		x				
Ron Nirenberg	District 8		x				
Joe Krier	District 9		x				
Michael Gallagher	District 10		x				

ATTACHMENT I
Medicaid Waiver 1115
Fund 29658000
Functional Area 360000000080001
Proposed Budget for Period: 10/01/2016 to 9/30/2017
Comprehensive Teen Pregnancy Prevention

<u>ESTIMATED REVENUES</u>	<u>SAP GL</u>	<u>ORIG</u>
	<u>No.</u>	<u>BUDGET</u>
Medicaid Waiver 1115	4501000	\$ 860,308
Total Estimated Revenues		<u>\$ 860,308</u>

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2016 - 9/30/2017
 Cost Center 3618010002
 Internal Order 836000000xxx

		<u>ORIG</u>
		<u>BUDGET</u>
1	Regular Salaries & Wages	68,380
1	Temporary Salaries	0
1	Language Skill Pay	0
1	Retiree Payout Salary	0
2	Social Security/FICA	5,422
2	Temporary Soc Sec/FICA	0
2	Life Insurance	71
1	Personal Leave Buy Back Pay	2,500
1	Transportation Allowance	0
2	Group Health Insurance	6,716
2	TMRS	7,343
6	Education	1,500
5	Fees to Professional Contractors	661,800
5	Other Contractual	12,000
5	Advertising and Publication	0
6	Membership Dues	0
6	Binding, Printing, and Reproduction	5,000
3	Transportation Fees	2,000
6	Mail and Parcel Post Service	200
6	Rental of office equipment	1,500
3	Travel - Official	5,000
4	Office Supplies	2,500
6	Food	750
7	Computer Software	0
4	Other Commodities	5,000
6	Repair Automotive	0
6	Maintenance and Repair Parts – Auto	0
4	Chems Meds & Drugs	50,000
6	Cellular Phones - Air Time	800
6	Wireless Data Comm.	800
6	Reserve for Disallowed Metrics	0
8	Indirect Cost	21,026
7	Furniture	0
7	Computer Equipment	0
Total		860,308

Categorical Budget	
1 Personnel	70,880
2 Fringe Benefits	19,552
3 Travel	7,000
7 Equipment	-
4 Supplies	57,500
5 Contractual	673,800
6 Other	10,550
Total Direct Charges	839,283
8 Indirect Cost	21,026
Total Project Request	860,308

PERSONNEL COMPLEMENT:

<u>Class No.</u>	<u>Title</u>	<u>Positions</u>
Activity 36-18-01		
Cost Center 3618010002		
Internal Order 836000000xxx		
0999	Sr. Management Analyst (1.0 FTE)	<u>1.00</u>
	Total 36-18-01	<u><u>1.00</u></u>

ATTACHMENT I
Medicaid Waiver 1115
Fund 29658000
Functional Area 360000000080001
Proposed Budget for Period: 10/01/2016 to 9/30/2017
Comprehensive Teen Pregnancy Case Management

<u>ESTIMATED REVENUES</u>	<u>SAP GL</u>	<u>ORIG</u>
	<u>No.</u>	<u>BUDGET</u>
Medicaid Waiver 1115	4501000	\$ 362,103
Total Estimated Revenues		<u>\$ 362,103</u>

APPROPRIATIONS

Medicaid Waiver 1115
Period: 10/01/2016 - 9/30/2017
Cost Center 3606610001
Internal Order 836000000xxx

		<u>ORIG</u>
		<u>BUDGET</u>
1	Regular Salaries & Wages	14,285
1	Temporary Salaries	0
1	Language Skill Pay	0
1	Retiree Payout Salary	0
2	Social Security/FICA	1,123
2	Temporary Soc Sec/FICA	0
2	Life Insurance	15
1	Personal Leave Buy Back Pay	400
1	Cell Phone Allowance	120
2	Group Health Insurance	1,343
2	TMRS	1,521
6	Education	1,000
5	Fees to Professional Contractors	335,300
5	Other Contractual	0
5	Advertising and Publication	0
6	Membership Dues	150
6	Binding, Printing, and Reproduction	0
3	Transportation Fees	0
6	Mail and Parcel Post Service	0
6	Rental of office equipment	0
3	Travel - Official	2,000
4	Office Supplies	500
6	Food	0
7	Computer Software	0
4	Other Commodities	0
6	Repair Automotive	0
6	Maintenance and Repair Parts – Autor	0
4	Chems Meds & Drugs	0
6	Cellular Phones - Air Time	0
6	Reserve for Disallowed Metrics	0
8	Indirect Cost	4,345
7	Furniture	0
7	Computer Equipment	0
Total		362,103

Categorical Budget		
1 Personnel	14,805	
2 Fringe Benefits	4,003	
3 Travel	2,000	
7 Equipment	-	
4 Supplies	500	
5 Contractual	335,300	
6 Other	1,150	
Total Direct Charges		357,758
8 Indirect Cost	4,345	
Total Project Request		362,103

PERSONNEL COMPLEMENT:

<u>Class No.</u>	<u>Title</u>	<u>Positions</u>
Activity 36-06-61		
Cost Center 3606610001		
Internal Order 836000000xxx		
0206	Health Program Manager (.20 FTE)	<u>1.00</u>
	Total 36-06-61	<u><u>1.00</u></u>