

ORDINANCE 2021-01-14-0009

AUTHORIZING THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT'S CONTINUED PARTICIPATION IN THE MEDICAID 1115 (A) DEMONSTRATION WAIVER PROGRAM KNOWN AS THE "TEXAS HEALTHCARE TRANSFORMATION AND QUALITY IMPROVEMENT PROGRAM" (THE WAIVER PROGRAM); SUBMISSION OF INTERGOVERNMENTAL FUNDING TRANSFERS (IGT) IN AN AMOUNT UP TO \$6,725,831.34; ACCEPTANCE OF THE SUBMITTED IGT REIMBURSEMENT AMOUNT; ACCEPTANCE OF UP TO \$10,000,931.51 IN FEDERAL INCENTIVE PAYMENTS FROM THE WAIVER PROGRAM; AND, AUTHORIZING THE SUBMISSION OF UP TO \$35,000.00 FOR NON-REIMBURSABLE IGT TO THE WAIVER PROGRAM FOR MONITORING AND COMPLIANCE FOR A PERIOD BEGINNING OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022; AND, AUTHORIZING THE EXECUTION OF MEMORANDA OF AGREEMENT THAT ENHANCE PROGRAM SERVICES WITH NO EXCHANGE OF FUNDS ASSOCIATED WITH THESE GRANT-FUNDED PROJECTS.

* * * * *

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, six programs in the areas of diabetes prevention, children's oral health, HIV and Syphilis prevention, breastfeeding promotion, teen pregnancy prevention and neighborhood health were originally approved by the Health and Human Services Commission (HHSC) for funding through the DSRIP pool in two phases of approvals, in 2013; and

WHEREAS, in 2017, City Council authorized the addition of a seventh program to be funded through Medicaid Waiver reserve funds to continue implementation of the Stand Up SA program; and

WHEREAS, on December 21, 2017, the Centers for Medicare and Medicaid Services (CMS) announced a five-year extension of the Medicaid 1115 Waiver Program; and

WHEREAS, CMS authorized continued funding for four years, out of the five-year extension, for the DSRIP program; and

WHEREAS, the first two years of the extension (October 1, 2017 through September 30, 2019) remained at current funding levels with a reduction of 5% and 20% respectively in demonstration years nine and ten (October 1, 2019 through September 30, 2021); and

WHEREAS, by continuing to participate in the Waiver Program, the San Antonio Metropolitan Health District (Metro Health) will continue to earn incentive payments from October 2019 - September 2021 and has additional Waiver funds to support these programs through December 2025; and

WHEREAS, Metro Health now seeks City Council authorization to continue participation in demonstration year eleven of the Medicaid 1115 Waiver Program; and

WHEREAS, the Department also requests the approval of operational and program budgets and personnel complements to support Metro Health's Medicaid 1115 Waiver funded programs and authorization for the Director of Metro Health to execute Memoranda of Agreement, to include Data Use Agreements and Business Associate Agreements, with no exchange of funds that enhance programs or services associated with these grant-funded programs; **NOW THEREFORE:**

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

SECTION 1. The City Manager or designee or the Director of the San Antonio Metropolitan Health District or designee is authorized to allow the San Antonio Metropolitan Health District's continued participation in the Medicaid 1115 (a) Demonstration Waiver Program known as the "Texas Healthcare Transformation and Quality Improvement Program" (the Waiver Program), submit intergovernmental funding transfers (IGT) in an amount up to \$6,725,831.34, accept the submitted IGT reimbursement amount, accept up to \$10,000,931.51 in federal incentive payments from the Waiver Program and authorize the submission of up to \$35,000.00 for non-reimbursable IGT to the Waiver Program for monitoring and compliance for a period beginning October 1, 2021 through September 30, 2022.

SECTION 2. Funds generated by this ordinance will be deposited into Fund 29658000, Internal Order 836000000082, and General Ledger Account 4501000. Funds are authorized to be appropriated per the attached program budgets.

SECTION 3. Funding in the amount of \$35,000.00 for this ordinance is available in Fund 11001000, Cost Center 3617010001, and General Ledger 5201040 as part of the Fiscal Year 2021 budget.

SECTION 4. Proposed budgets in a cumulative amount of approximately \$6,595,609.00, a total personnel staffing complements of 83 positions and other related items as set out in **Attachment I** are hereby authorized. A formal final budget for each project which will included SAP Internal Order numbers and SAP GL Accounts will be submitted by the department upon award. The City Council of the City of San Antonio finds there is a public purpose served by the City's participation in the Medicaid 1115(a) Demonstration Waiver Program and authorizes incidental expenditures for program participants consistent with program parameters. The Director of the San Antonio Metropolitan Health District or 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. This Ordinance authorizes any funds received over and above the amounts authorized for the program will be held in the 1115 Waiver reserve account, Fund 29658000, Internal Order 836000000082, a formal final budget will be submitted by the department.

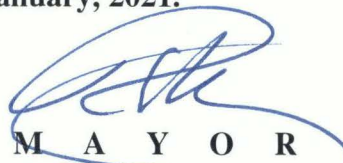
SECTION 6. The City Manager or designee or the Director of the San Antonio Metropolitan Health District or designee is authorized to take all necessary actions to develop operational and program budgets and personnel complements and other related items to support the San Antonio Metropolitan Health District's Waiver Program funded projects through September 2022.

SECTION 7. The City Manager or designee or the Director of the San Antonio Metropolitan Health District or designee is further authorized to execute Memoranda of Agreement, to include Data Use Agreements and Business Associate Agreements, that enhance program services with no exchange of funds associated with these grant-funded projects.

SECTION 8. The financial allocations in this Ordinance are subject to approval by the Deputy Chief Financial Officer, City of San Antonio. The Deputy Chief Financial Officer 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 9. This Ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

PASSED AND APPROVED this 14th day of January, 2021.

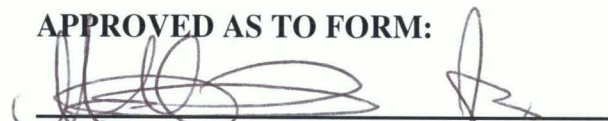

M A Y O R
Ron Nirenberg

ATTEST:



Tina J. Flores, City Clerk

APPROVED AS TO FORM:



Andrew Segovia, City Attorney



City of San Antonio

City Council

January 14, 2021

Item: 14

File Number: 20-7257

Enactment Number:

2021-01-14-0009

Ordinance approving the San Antonio Metropolitan Health District’s continued participation in the Medicaid 1115 (a) Demonstration Waiver Program known as the “Texas Healthcare Transformation and Quality Improvement Program”; submission of intergovernmental funding transfers in an amount up to \$6,725,831.34; acceptance of the submitted IGT reimbursement amount; acceptance of up to \$10,000,931.51 in federal incentive payments from the Waiver Program; and, approving the submission of up to \$35,000.00 for non-reimbursable IGT to the Waiver Program for monitoring and compliance for a period beginning October 1, 2021 through September 30, 2022; and, approving Memoranda of Agreement that enhance program services with no exchange of funds associated with these grant-funded projects. [Colleen M. Bridger, MPH, PhD, Assistant City Manager, Interim Director, Health]

Councilmember John Courage made a motion to approve. Councilmember Melissa Cabello Havrda seconded the motion. The motion passed by the following vote:

Aye: 11 Nirenberg, Treviño, Andrews-Sullivan, Viagran, Rocha Garcia, Gonzales, Cabello Havrda, Sandoval, Pelaez, Courage and Perry

MH
01/14/2021
Item No. 14

ATTACHMENT I

Attachment I
Medicaid Waiver 1115
Budget for Period: 10/01/2021 to 9/30/2022

Community Based Diabetes Prevention

DY11

| <u>SAP GL</u> | <u>ESTIMATED REVENUES</u> | <u>BUDGET</u> |
|--------------------------|---------------------------|-------------------|
| <u>No.</u> | | |
| 4502280 | Medicaid Waiver 1115 | 880,285.00 |
| Total Estimated Revenues | | 880,285.00 |

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2021 - 9/30/2022
 Cost Center 3601140000
 Internal Order 8360000001xx

| <u>ESTIMATED EXPENSES</u> | <u>BUDGET</u> |
|--|-------------------|
| 1 5101010 Regular Salaries | 405,833.00 |
| 1 5101015 Temporary Salaries | |
| 1 5101040 Shift Differential | |
| 1 5101050 Language Skill Pay | 2,400.00 |
| 1 5101070 Salaries & Wages - Retiree Payout | |
| 2 5103005 FICA & Medicare Expense | 31,887.00 |
| 2 5103007 Temporary FICA & Medicare Expense | |
| 2 5103010 Life Insurance | 417.00 |
| 1 5103035 Personal Leave Buy Back | 7,805.00 |
| 1 5103056 Transportation Allowance | 780.00 |
| 1 5103105 Cell Phone Expense Reimbursement | |
| 2 5105010 Retirement Expense Civilian TMRS | 49,768.00 |
| 2 5170040 Civilian Active Healthcare Assessment | 70,200.00 |
| 6 5201025 Education - Classes | 26,985.00 |
| 5 5201040 Fees to Professional Contractors | 242,750.00 |
| 6 5203040 Advertising and Publications | 10,000.00 |
| 6 5203060 Binding Printing and Reproduction | 2,000.00 |
| 3 5203090 Transportation Fees | 3,000.00 |
| 6 5205010 Mail and Parcel Post | 1,500.00 |
| 6 5205020 Rental of Office Equipment | 500.00 |
| 3 5207010 Travel-Official | 2,500.00 |
| 4 5302010 Office Supplies | 2,000.00 |
| 6 5304010 Food | 1,500.00 |
| 4 5304080 Other Commodities | 9,000.00 |
| 6 5407032 DW Other | 6,000.00 |
| 4 5501000 Capital Outlay<5000 - Computer Equipment | 3,460.00 |
| 4 5501065 Capital Outlay<5000 Furniture & Fixtures | |
| Total | 880,285.00 |

| Categorical Budget | |
|----------------------------|----------------|
| | Approved |
| 1 Personnel | 416,818 |
| 2 Fringe Benefits | 152,272 |
| 3 Travel | 5,500 |
| 4 Supplies | 14,460 |
| 5 Contractual | 242,750 |
| 6 Other | 48,485 |
| 7 Equipment | - |
| Total Direct Charges | 880,285 |
| 8 Indirect Cost | - |
| Total Grant Request | 880,285 |

Positions:

Positions

Attachment I
Medicaid Waiver 1115
 Budget for Period: 10/01/2021 to 9/30/2022

Targeted Neighborhood Transformation for Obesity Prevention

DY11

SAP GL

| No. | ESTIMATED REVENUES |
|---------|--------------------------|
| 4502280 | Medicaid Waiver 1115 |
| | Total Estimated Revenues |

| BUDGET |
|----------------|
| 767,922 |
| 767,922 |

APPROPRIATIONS

Medicaid Waiver 1115
 Period: 10/01/2021 - 9/30/2022
 Cost Center 3619010009
 Internal Order 8360000001xx

ESTIMATED EXPENSES

| | | BUDGET |
|--------------|--|----------------|
| 1 | 5101010 Regular Salaries | 488,006 |
| 1 | 5101015 Temporary Salaries | |
| 1 | 5101040 Shift Differential | |
| 1 | 5101050 Language Skill Pay | 1,800 |
| 1 | 5101070 Salaries & Wages - Retiree Payout | |
| 2 | 5103005 FICA & Medicare Expense | 38,334 |
| 2 | 5103007 Temporary FICA & Medicare Expense | |
| 2 | 5103010 Life Insurance | 501 |
| 1 | 5103035 Personal Leave Buy Back | 10,518 |
| 1 | 5103056 Transportation Allowance | 780 |
| 1 | 5103105 Cell Phone Expense Reimbursement | |
| 2 | 5105010 Retirement Expense Civilian TMRS | 59,832 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 93,600 |
| 6 | 5201025 Education - Classes | 4,000 |
| 5 | 5202020 Contractual Services | 2,000 |
| 5 | 5202025 Other Contractual Services | 3,000 |
| 6 | 5203040 Advertising and Publications | 15,616 |
| 6 | 5203050 Membership Dues and Licenses | 1,000 |
| 6 | 5203060 Binding Printing and Reproduction | 3,000 |
| 3 | 5203090 Transportation Fees | 10,000 |
| 6 | 5206010 Rental of Facilities | 3,000 |
| 3 | 5207010 Travel-Official | 5,000 |
| 6 | 5208530 Alarm and Security Services | 2,000 |
| 4 | 5302010 Office Supplies | 5,000 |
| 4 | 5304005 Clothing and Linen Supplies | 1,000 |
| 6 | 5304010 Food | 10,000 |
| 4 | 5304080 Other Commodities | 2,135 |
| 6 | 5403040 Cellular Phone Service | 1,800 |
| 6 | 5403510 Wireless Data Communications | 6,000 |
| 4 | 5501000 Capital Outlay<5000 - Computer Equipment | |
| 7 | 5501055 Capital Outlay<5000 - Mach & Equip Other | |
| 4 | 5501065 Capital Outlay<5000 Furniture & Fixtures | |
| Total | | 767,922 |

| Categorical Budget | |
|----------------------------|----------------|
| | Approved |
| 1 Personnel | 501,104 |
| 2 Fringe Benefits | 192,267 |
| 3 Travel | 15,000 |
| 4 Supplies | 8,135 |
| 5 Contractual | 5,000 |
| 6 Other | 46,416 |
| 7 Equipment | - |
| Total Direct Charges | 767,922 |
| 8 Indirect Cost | - |
| Total Grant Request | 767,922 |

Amount to Reduce -

What's left for the Witte contract
 Just in case for facilities issues or moving needs that may ar
 The usual
 WIC clinic office, Brooks office
 Just in case for expanded office
 Typical stuff
 Uniforms for new staff
 Nutrition educations & event support
 TDB
 Based on last year
 Based on last year
 Need new computers for Anna & Alex, buffer for any other
 For furnishing the additional space at Highland

Positions:

36-0206-HEALTH PROGRAM MANAGER
 36-2448-COMMUNITY HEALTH WORKER

Positions

1
 9 Anticipating moving 1 -3 CHW out by FY22

**Attachment I
Medicaid Waiver 1115
Budget for Period: 10/01/2021 to 9/30/2022**

Operations and Evaluations Support

DY11

| <u>SAP GL</u> | | <u>BUDGET</u> |
|--------------------------|---------------------------|------------------|
| <u>No.</u> | <u>ESTIMATED REVENUES</u> | |
| 4502280 | Medicaid Waiver 1115 | 1,780,419 |
| Total Estimated Revenues | | <u>1,780,419</u> |

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2021 - 9/30/2022
 Cost Center 3601140001
 Internal Order 8360000001xx

| | <u>ESTIMATED EXPENSES</u> | <u>BUDGET</u> |
|---|---|------------------|
| 1 | 5101010 Regular Salaries | 1,227,052 |
| 1 | 5101015 Temporary Salaries | - |
| 1 | 5101040 Shift Differential | - |
| 1 | 5101050 Language Skill Pay | 1,200 |
| 1 | 5101070 Salaries & Wages - Retiree Payout | - |
| 2 | 5103005 FICA & Medicare Expense | 95,416 |
| 2 | 5103007 Temporary FICA & Medicare Expense | - |
| 2 | 5103010 Life Insurance | 1,247 |
| 1 | 5103035 Personal Leave Buy Back | 10,798 |
| 1 | 5103056 Transportation Allowance | 7,020 |
| 1 | 5103105 Cell Phone Expense Reimbursement | 1,200 |
| 2 | 5105010 Retirement Expense Civilian TMRS | 148,924 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 159,900 |
| 6 | 5201025 Education - Classes | 4,500 |
| 6 | 5203040 Advertising and Publications | 115,862 |
| 3 | 5203090 Transportation Fees | 500 |
| 3 | 5207010 Travel-Official | 2,500 |
| 4 | 5302010 Office Supplies | 4,300 |
| | | <u>1,780,419</u> |

| Categorical Budget | |
|----------------------------|------------------|
| | Approved |
| 1 Personnel | 1,247,270 |
| 2 Fringe Benefits | 405,487 |
| 3 Travel | 3,000 |
| 4 Supplies | 4,300 |
| 5 Contractual | - |
| 6 Other | 120,362 |
| 7 Equipment | - |
| Total Direct Charges | 1,780,419 |
| 8 Indirect Cost | - |
| Total Grant Request | 1,780,419 |

Amount to allocate -

| <u>Positions:</u> | <u>Positions</u> |
|--|------------------|
| 36-0999-SR MANAGEMENT ANALYST | 4 |
| 36-0042-SR ADMINISTRATIVE ASSISTANT | 1 |
| 36-0046-MANAGEMENT ANALYST | 1 |
| 36-0997-SR MANAGEMENT COORDINATOR | 1 |
| 36-0802-CASHIER | 3 |
| 36-2190-PROCUREMENT SPECIALIST II | 1 |
| 36-4008-LEAD BUSINESS ANALYST | 1 |
| 36-2224-COMPLIANCE LEAD ANALYST | 1 |
| 36-0037-MARKETING MANAGER | 1 |
| 36-0041-ADMINISTRATIVE ASSISTANT II | 1 |
| 36-0178-CONTRACT MANAGER | 1 |
| 36-2239-GRANTS MANAGER | 1 |
| 36-4001-APPLICATIONS SOLUTION SR ANALYST | 1 |
| 36-0866-SPECIAL PROJECTS MANAGER | 1 |
| 36-0206-HEALTH PROGRAM MANAGER | 1 |
| 36-2478-HEALTH PROGRAM SPECIALIST II | 1 |
| Total Positions: | 21 |

Attachment I
Medicaid Waiver 1115
Budget for Period: 10/01/2021 to 9/30/2022

Oral Health

DY11

| <u>SAP GL</u> | <u>ESTIMATED REVENUES</u> | <u>BUDGET</u> |
|--------------------------|---------------------------|----------------------------|
| No. | | |
| 4502280 | Medicaid Waiver 1115 | 1,164,111.00 |
| Total Estimated Revenues | | <u><u>1,164,111.00</u></u> |

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2021 - 9/30/2022
 Cost Center 3601140001
 Internal Order 8360000001xx

| | <u>ESTIMATED EXPENSES</u> | <u>BUDGET</u> |
|---|--|---------------------|
| 1 | 5101010 Regular Salaries | 480,909.00 |
| 1 | 5101015 Temporary Salaries | 104,449.00 |
| 1 | 5101040 Shift Differential | |
| 1 | 5101050 Language Skill Pay | 2,100.00 |
| 1 | 5101070 Salaries & Wages - Retiree Payout | |
| 2 | 5103005 FICA & Medicare Expense | 37,341.00 |
| 2 | 5103007 Temporary FICA & Medicare Expense | 7,990.00 |
| 2 | 5103010 Life Insurance | 488.00 |
| 1 | 5103035 Personal Leave Buy Back | 5,114.00 |
| 1 | 5103056 Transportation Allowance | |
| 1 | 5103105 Cell Phone Expense Reimbursement | |
| 2 | 5105010 Retirement Expense Civilian TMRS | 58,282.00 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 92,040.00 |
| 6 | 5201025 Education - Classes | 5,000.00 |
| 5 | 5201040 Fees to Professional Contractors | 85,000.00 |
| 5 | 5201041 Disposal Services | 571.56 |
| 5 | 5202010 Temporary Services | 92,998.80 |
| 6 | 5203040 Advertising and Publications | 5,000.00 |
| 6 | 5203050 Membership Dues and Licenses | 350.00 |
| 6 | 5203060 Binding Printing and Reproduction | 15,000.00 |
| 3 | 5203090 Transportation Fees | 2,227.64 |
| 6 | 5204050 Maintenance and Repair Building and Improvements | 10,000.00 |
| 6 | 5204080 Maintenance and Repair - Machinery and Equipment | 1,000.00 |
| 6 | 5205010 Mail and Parcel Post | 50.00 |
| 6 | 5205020 Rental of Office Equipment | 2,500.00 |
| 3 | 5207010 Travel-Official | 3,500.00 |
| 4 | 5302010 Office Supplies | 2,500.00 |
| 4 | 5304005 Clothing and Linen Supplies | 1,000.00 |
| 6 | 5304010 Food | 1,000.00 |
| 4 | 5304040 Chemicals Medical and Drugs | 69,300.00 |
| 4 | 5304050 Tools Apparatus and Accessories | 5,000.00 |
| 4 | 5304075 Computer Software | 1,000.00 |
| 4 | 5304080 Other Commodities | 49,000.00 |
| 6 | 5403040 Cellular Phone Service | 700.00 |
| 6 | 5403510 Wireless Data Communications | 5,500.00 |
| 6 | 5404530 Gas and Electricity | 8,500.00 |
| 6 | 5404540 Water and Sewer Charges | 1,300.00 |
| 4 | 5501000 Capital Outlay<5000 - Computer Equipment | 1,400.00 |
| 7 | 5501055 Capital Outlay<5000 - Mach & Equip Other | 6,000.00 |
| 4 | 5501065 Capital Outlay<5000 Furniture & Fixtures | |
| | Total | 1,164,111.00 |

| Categorical Budget | |
|----------------------------|------------------|
| | Approved |
| 1 Personnel | 592,572 |
| 2 Fringe Benefits | 196,141 |
| 3 Travel | 5,728 |
| 4 Supplies | 129,200 |
| 5 Contractual | 178,570 |
| 6 Other | 55,900 |
| 7 Equipment | 6,000 |
| Total Direct Charges | 1,164,111 |
| 8 Indirect Cost | - |
| Total Grant Request | 1,164,111 |

Amount to allocate -

Attachment I
Medicaid Waiver 1115
Budget for Period: 10/01/2021 to 9/30/2022
Stand Up SA

SAP GL

| <u>No.</u> | <u>ESTIMATED REVENUES</u> | <u>BUDGET</u> |
|------------|---------------------------|----------------|
| 4502280 | Medicaid Waiver 1115 | 479,367 |
| | Total Estimated Revenues | 479,367 |

DY11

APPROPRIATIONS

Medicaid Waiver 1115

Period: 10/01/2021 - 9/30/2022

Cost Center 3601140000

Internal Order 8360000001xx

ESTIMATED EXPENSES

| | | <u>BUDGET</u> |
|---|---|---------------|
| 1 | 5101010 Regular Salaries | 337,394 |
| 1 | 5101015 Temporary Salaries | |
| 1 | 5101040 Shift Differential | 54 |
| 1 | 5101050 Language Skill Pay | |
| 1 | 5101070 Salaries & Wages - Retiree Payout | |
| 2 | 5103005 FICA & Medicare Expense | 26,091 |
| 2 | 5103007 Temporary FICA & Medicare Expense | |
| 2 | 5103010 Life Insurance | 43 |
| 1 | 5103035 Personal Leave Buy Back | 3,663 |
| 1 | 5103056 Transportation Allowance | |
| 1 | 5103105 Cell Phone Expense Reimbursement | |
| 2 | 5105010 Retirement Expense Civilian TMRS | 40,722 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 7,800 |
| 6 | 5201025 Education - Classes | 1,000 |
| 5 | 5201040 Fees to Professional Contractors | |
| 6 | 5203040 Advertising and Publications | 2,500 |
| 6 | 5203050 Membership Dues and Licenses | |
| 6 | 5203060 Binding Printing and Reproduction | 2,500 |
| 3 | 5203090 Transportation Fees | 37,500 |
| 4 | 5302010 Office Supplies | 1,500 |

| <u>Categorical Budget</u> | <u>Budget</u> |
|----------------------------|----------------|
| 1 Personnel | 341,111 |
| 2 Fringe Benefits | 74,656 |
| 3 Travel | 37,500 |
| 4 Supplies | 9,100 |
| 5 Contractual | - |
| 6 Other | 17,000 |
| 7 Equipment | - |
| Total Direct Charges | 479,367 |
| 8 Indirect Cost | - |
| Total Grant Request | 479,367 |

Amount to allocate -

Attachment I
 Medicaid Waiver 1115
 Budget for Period: 10/01/2021 to 9/30/2022
 HIV and Syphilis Prevention and Screening

| <u>SAP GL</u> | <u>No.</u> | <u>ESTIMATED REVENUES</u> | <u>BUDGET</u> |
|---------------|------------|---------------------------|----------------|
| | 4502280 | Medicaid Waiver 1115 | 976,540 |
| | | Total Estimated Revenues | 976,540 |

DY11

APPROPRIATIONS

Medicaid Waiver 1115

Period: 10/01/2021 - 9/30/2022

Cost Center 3601140000

Internal Order 8360000001xx

| | <u>ESTIMATED EXPENSES</u> | <u>BUDGET</u> |
|---|---|----------------|
| 1 | 5101010 Regular Salaries | 613,028 |
| 1 | 5101015 Temporary Salaries | - |
| 1 | 5101040 Shift Differential | - |
| 1 | 5101050 Language Skill Pay | - |
| 1 | 5101070 Salaries & Wages - Retiree Payout | - |
| 2 | 5103005 FICA & Medicare Expense | 47,317 |
| 2 | 5103007 Temporary FICA & Medicare Expense | - |
| 2 | 5103010 Life Insurance | 619 |
| 1 | 5103035 Personal Leave Buy Back | 5,488 |
| 1 | 5103056 Transportation Allowance | - |
| 1 | 5103105 Cell Phone Expense Reimbursement | - |
| 2 | 5105010 Retirement Expense Civilian TMRS | 73,851 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 101,400 |
| 6 | 5201025 Education - Classes | 3,000 |
| 5 | 5201041 Disposal Services | 2,000 |
| 6 | 5203040 Advertising and Publications | 20,000 |
| 6 | 5203060 Binding Printing and Reproduction | 3,000 |
| 3 | 5203090 Transportation Fees | 5,000 |
| 6 | 5204090 Maintenance and Repair Automotive | 5,000 |
| 6 | 5205020 Rental of Office Equipment | 5,000 |
| 6 | 5206010 Rental of Facilities | 55,000 |
| 3 | 5207010 Travel-Official | 3,500 |
| 6 | 5208530 Alarm and Security Services | 3,000 |
| 6 | 5301020 Maintenance & Repair Parts-Automotive | 1,500 |
| 4 | 5302010 Office Supplies | 1,500 |
| 6 | 5304010 Food | 1,000 |
| 4 | 5304040 Chemicals Medical and Drugs | 10,000 |
| 4 | 5304080 Other Commodities | 7,337 |
| 6 | 5403040 Cellular Phone Service | 3,500 |
| 6 | 5403510 Wireless Data Communications | 1,500 |
| 6 | 5403545 Motor Fuel and Lubricants | 4,000 |
| | Total | 976,540 |

| Categorical Budget | Approved |
|----------------------------|----------------|
| 1 Personnel | 618,516 |
| 2 Fringe Benefits | 223,187 |
| 3 Travel | 8,500 |
| 4 Supplies | 18,837 |
| 5 Contractual | 2,000 |
| 6 Other | 105,500 |
| 7 Equipment | - |
| Total Direct Charges | 976,540 |
| 8 Indirect Cost | - |
| Total Grant Request | 976,540 |

Positions:

| | <u>CURRENT</u> |
|---------------------------------------|----------------|
| 36-0999-SR MANAGEMENT ANALYST | 1 |
| 36-0046-MANAGEMENT ANALYST | 1 |
| 36-0040-ADMINISTRATIVE ASSISTANT I | 1 |
| 36-0282-HEALTH PROGRAM SPECIALIST I | 1 |
| 36-0997-SR MANAGEMENT COORDINATOR | 1 |
| 36-0267-LICENSED VOCATIONAL NURSE | 2 |
| 36-0907-CHAUFFEUR | 1 |
| 36-2062-COMMUNITY SERVICES SPECIALIST | 1 |
| 36-0243-NURSE PRACTITIONER | 1 |
| 36-2469-LABORATORY SCIENTIST III | 1 |
| 36-0246-PUBLIC HEALTH NURSE | 1 |
| 36-2054-COMMUNITY SERVICES SUPERVISOR | 1 |
| Total Positions: | 13 |

Attachment I
Medicaid Waiver 1115
Budget for Period: 10/01/2021 to 9/30/2022

Comprehensive Teen Pregnancy Prevention

DY11

| <u>SAP GL</u> | | <u>BUDGET</u> |
|--------------------------|---------------------------|--------------------------|
| <u>No.</u> | <u>ESTIMATED REVENUES</u> | |
| 4502280 | Medicaid Waiver 1115 | 546,241.00 |
| Total Estimated Revenues | | <u><u>546,241.00</u></u> |

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2021 - 9/30/2022
 Cost Center 3601140000
 Internal Order 8360000001xx

| | <u>ESTIMATED EXPENSES</u> | <u>BUDGET</u> |
|--------------|--|-------------------|
| 1 | 5101010 Regular Salaries | 58,174.00 |
| 1 | 5101015 Temporary Salaries | |
| 1 | 5101040 Shift Differential | |
| 1 | 5101050 Language Skill Pay | |
| 1 | 5101070 Salaries & Wages - Retiree Payout | |
| 2 | 5103005 FICA & Medicare Expense | 4,450.00 |
| 2 | 5103007 Temporary FICA & Medicare Expense | |
| 2 | 5103010 Life Insurance | 58.00 |
| 1 | 5103035 Personal Leave Buy Back | - |
| 1 | 5103056 Transportation Allowance | |
| 2 | 5105010 Retirement Expense Civilian TMRS | 6,946.00 |
| 2 | 5170040 Civilian Active Healthcare Assessment | 7,800.00 |
| 6 | 5201025 Education - Classes | 5,000.00 |
| 5 | 5201040 Fees to Professional Contractors | 442,000.00 |
| 6 | 5203040 Advertising and Publications | 1,835.00 |
| 6 | 5203050 Membership Dues and Licenses | 500.00 |
| 6 | 5203060 Binding Printing and Reproduction | 5,823.00 |
| 3 | 5203090 Transportation Fees | 1,200.00 |
| 6 | 5205010 Mail and Parcel Post | 100.00 |
| 6 | 5205020 Rental of Office Equipment | 2,476.00 |
| 3 | 5207010 Travel-Official | 1,000.00 |
| 4 | 5302010 Office Supplies | 1,000.00 |
| 6 | 5304010 Food | 879.00 |
| 4 | 5304080 Other Commodities | 7,000.00 |
| 6 | 5403040 Cellular Phone Service | |
| 8 | 5406530 Indirect Costs | |
| 6 | 5407032 DW Other | |
| 4 | 5501000 Capital Outlay<5000 - Computer Equipment | |
| 4 | 5501065 Capital Outlay<5000 Furniture & Fixtures | |
| Total | | 546,241.00 |

| Categorical Budget | | Approved |
|----------------------------|--|----------------|
| 1 Personnel | | 58,174 |
| 2 Fringe Benefits | | 19,254 |
| 3 Travel | | 2,200 |
| 4 Supplies | | 8,000 |
| 5 Contractual | | 442,000 |
| 6 Other | | 16,613 |
| 7 Equipment | | - |
| Total Direct Charges | | 546,241 |
| 8 Indirect Cost | | - |
| Total Grant Request | | 546,241 |

Amount to allocate -

| <u>Positions:</u> | <u>Positions</u> |
|----------------------------------|------------------|
| 36-0997-SR MANAGEMENT COORDINATC | 1 |
| Total Positions: | <u><u>1</u></u> |