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

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

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 3600000000080001
Proposed Budget for Period: 10/01/2016 to 9/30/2017
Comprehensive Teen Pregnancy Prevention

ESTIMATED REVENUES	SAP GL No.		ORIG BUDGET
Medicaid Waiver 1115	4501000	$	860,308
Total Estimated Revenues		$	**860,308**

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

			ORIG BUDGET
1	Regular Salaries & Wages	5101010	68,380
1	Temporary Salaries	5101015	0
1	Language Skill Pay	5101050	0
1	Retiree Payout Salary	5101070	0
2	Social Security/FICA	5103005	5,422
2	Temporary Soc Sec/FICA	5103007	0
2	Life Insurance	5103010	71
1	Personal Leave Buy Back Pay	5103035	2,500
1	Transportation Allowance	5103056	0
2	Group Health Insurance	5170040	6,716
2	TMRS	5105010	7,343
6	Education	5201025	1,500
5	Fees to Professional Contractors	5201040	661,800
5	Other Contractual	5202025	12,000
5	Advertising and Publication	5203040	0
6	Membership Dues	5203050	0
6	Binding, Printing, and Reproduction	5203060	5,000
3	Transportation Fees	5203090	2,000
6	Mail and Parcel Post Service	5205010	200
6	Rental of office equipment	5205020	1,500
3	Travel - Official	5207010	5,000
4	Office Supplies	5302010	2,500
6	Food	5304010	750
7	Computer Software	5304075	0
4	Other Commodities	5304080	5,000
6	Repair Automotive	5204090	0
6	Maintenance and Repair Parts – Auto	5301020	0
4	Chems Meds & Drugs	5304040	50,000
6	Cellular Phones - Air Time	5403040	800
6	Wireless Data Comm.	5403510	800
6	Reserve for Disallowed Metrics	xxxxxxx	0
8	Indirect Cost	5406530	21,026
7	Furniture	5501065	0
7	Computer Equipment	5501000	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:

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

ATTACHMENT I
Medicaid Waiver 1115
Fund 29658000
Functional Area 3600000000080001
Proposed Budget for Period: 10/01/2016 to 9/30/2017
Comprehensive Teen Pregnancy Case Management

ESTIMATED REVENUES	SAP GL No.		ORIG BUDGET
Medicaid Waiver 1115	4501000	$	362,103
Total Estimated Revenues		$	**362,103**

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

			ORIG BUDGET
1	Regular Salaries & Wages	5101010	14,285
1	Temporary Salaries	5101015	0
1	Language Skill Pay	5101050	0
1	Retiree Payout Salary	5101070	0
2	Social Security/FICA	5103005	1,123
2	Temporary Soc Sec/FICA	5103007	0
2	Life Insurance	5103010	15
1	Personal Leave Buy Back Pay	5103035	400
1	Cell Phone Allowance	5103105	120
2	Group Health Insurance	5170040	1,343
2	TMRS	5105010	1,521
6	Education	5201025	1,000
5	Fees to Professional Contractors	5201040	335,300
5	Other Contractual	5202025	0
5	Advertising and Publication	5203040	0
6	Membership Dues	5203050	150
6	Binding, Printing, and Reproduction	5203060	0
3	Transportation Fees	5203090	0
6	Mail and Parcel Post Service	5205010	0
6	Rental of office equipment	5205020	0
3	Travel - Official	5207010	2,000
4	Office Supplies	5302010	500
6	Food	5304010	0
7	Computer Software	5304075	0
4	Other Commodities	5304080	0
6	Repair Automotive	5204090	0
6	Maintenance and Repair Parts – Autor	5301020	0
4	Chems Meds & Drugs	5304040	0
6	Cellular Phones - Air Time	5403040	0
6	Reserve for Disallowed Metrics	xxxxxxx	0
8	Indirect Cost	5406530	4,345
7	Furniture	5501065	0
7	Computer Equipment	5501000	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:

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