Amendment No. 11 to Contract No. NG090000063

for City General Fund HIV-related Social Services

between the

City of Austin

and

Austin Travis County Mental Health Mental Retardation Center

1.0 The City of Austin (CITY) and Austin Travis County Mental Health Mental Retardation Center (CONTRACTOR) hereby agree to amend the above-referenced Contract, by the CITY increasing the amount as described below, for the period October 1, 2015 through September 30, 2016. There are no remaining options or renewals.

2.0 The total Contract amount is increased by $3,220 for this twelve-month extension period.

3.0 The Contract term periods and authorization amounts are summarized below:

Term	Contract Action Amount	Total Contract Amount
Basic term: 03/01/2009 through 02/28/2010	$53,673	$53,673
Amendment No. 1: 12-month Renewal 03/01/2010 through 02/28/2011	$53,673	$107,346
Amendment No. 2: Contract Increase 03/01/2010 through 02/28/2011	$8,145	$115,491
Amendment No. 3: 12-month Renewal 03/01/2011 through 02/29/2012	$53,673	$169,164
Amendment No. 4: Contract Increase 03/01/2011 through 02/29/2012	$4,286	$173,450
Amendment No. 5: 7-month Extension 03/01/2012 through 09/30/2012	$31,309	$204,759
Amendment No. 6: 5-month Extension 10/01/2012 through 02/28/2013	$22,364	$227,123

Amendment No. 7: 7-month Extension 03/01/2013 through 09/30/2013	$31,309	$258,432
Amendment No. 8: 12-month Extension 10/01/2013 through 09/30/2014	$53,673	$312,105
Amendment No. 9: FY 2015 12-month Extension 10/01/2014 through 09/30/2015	$53,673	$365,778
Amendment No. 10: FY 2016 12-month Extension 10/01/2015 through 09/30/2016	$53,673	$ 419,451
Amendment No. 11: FY 2016 Add funding (6%) to Contract and modify Exhibits 10/01/2015 – 09/30/2016	**$ 3,220**	**$ 422,671**

4.0 The following changes have been made to the original contract ATTACHMENTS:

Attachment B -- Performance Measures and Goals is deleted in its entirety and replaced with Attachment B – Program Performance Measures. [Revised 4/7/2016]

Attachment C – Budget Cost Allocation and Justification is deleted in its entirety and replaced with Attachment C – Program Budget and Narrative. [Revised 4/7/2016]

5.0 Minority Business Enterprises/Women's Business Enterprises (MBE/WBE) goals do not apply to this Contract.

6.0 By signing this Amendment, the CONTRACTOR certifies that the CONTRACTOR and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

7.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the above-referenced Contract.

CONTRACTOR:

Signature: _____

Printed Name: David Evans

Title: CEO

Austin Travis County MHMR
1430 Collier Street
Austin, Texas 78704
512-440-4031

Date signed: 5.4.16

CITY:

Signature: _____

Print Name: MARTY JAMES

Title: BUYER II

City of Austin

Purchasing Office/FASD
P.O. Box 1088
Austin, Texas 78767

Date signed: 05-16-16

AUSTIN CITY COUNCIL

AGENDA

Recommendation for Council Action

Austin City Council	Item ID	47665	Agenda Number	18.

Meeting Date:	8/6/2015	Department:	Health and Human Services

Subject

Authorize negation and execution of amendments to the health and human services contracts for people with HIV or AIDS, with AIDS SERVICES OF AUSTIN, INC., in an amount not to exceed $273,317, for a total contract amount not to exceed $1,972,669; with AUSTIN TRAVIS COUNTY MENTAL HEALTH MENTAL RETARDATION, in an amount not to exceed $53,673 for a total contract amount not to exceed $419,451; with PROJECT TRANSITIONS, INC. in an amount not to exceed $87,849 for a total contract amount not to exceed $754,996; and with THE WRIGHT HOUSE WELLNESS CENTER in an amount not to exceed $83,050 for a total contract amount not to exceed $789,401; and to extend the term of each of these four contracts through September 30, 2016.

Amount and Source of Funding

Funding in the amount of $497,889 is available in the Fiscal Year 2015-2016 Operating Budget of the Health and Human Services Department (HHSD). The contract period is October 1, 2015 to September 30, 2016.

Fiscal Note

A fiscal note is not required.

Purchasing Language:	
Prior Council Action:	On September 9, 2014, Council approved the Fiscal Year 2014-2015 Health and Human Services Department Operating Budget, Special Revenue Fund Ordinance No. 20140909-001. On September 25, 2014, Council approved execution of twelve-month contracts with amendments with the above mentioned subcontractors.
For More Information:	Shannon Jones, Director, Health and Human Services Department, 972-5010; Stephanie Hayden, Assistant Director for Community Services, 972-5017, Greg Bolds, HIV Resources Administration Manager, 972-5081, Elena Shemilina, Agenda Coordinator, 972-5010.
Council Committee, Boards and Commission Action:	
MBE / WBE:	
Related Items:	

Additional Backup Information

The City of Austin through the Health and Human Services Department funds a broad array of health and social services for eligible individuals with human immunodeficiency syndrome (HIV/AIDS), in order to maintain or improve overall health, safety, and quality of life. The City continues to provide local funding for HIV services as part of the Maintenance of Effort requirement of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). The City General fund support for these contracts helps secure over $4.5 million in annual Federal Ryan White grant funding.

This council item is time sensitive to ensure that the services are provided to the community. A delay will negatively affect service provision to vulnerable populations of persons affected by HIV/AIDS.

A funding summary by agency and HIV service area, along with associated performance measures are included in Attachment A.

ATTACHMENT A

The HIV social services 12 month contract amendments will result in the following services:

Agency	Services	Funding
AIDS Services of Austin, Inc. (ASA)	Non-medical Case Management and Food Bank Services	$273,317
Austin Travis County MHMR	Mental Health Case Management	$ 53,673
Project Transitions, Inc.	Residential Hospice	$ 87,849
The Wright House Wellness Center	Alternative Therapies HIV Prevention & Education	$ 83,050
	Total:	$497,889

<u>Performance Measures</u>

<u>Related Department Goal</u>

Promotion/Prevention/Protection: Social Services - Promote and foster increased self-sufficiency, healthy behaviors and lifestyle among targeted populations.

Through AIDS SERVICES OF AUSTIN, approximately 210 unduplicated clients will receive approximately 10,077 units of case management. One unit = 15 minutes with a client or on behalf of a client.

Through AIDS SERVICES OF AUSTIN, approximately 28 unduplicated clients will receive approximately 865 units of food bank and nutritional services. One unit = one client food bank visit/bag of food.

Through A/TC MHMR, approximately 54 unduplicated clients will receive approximately 2,663 units of Mental Health Case Management. One unit = 15 minute with a client or on behalf of a client.

Through PROJECT TRANSITIONS, approximately 11 clients will receive approximately 309 additional days of hospice care and support services. One unit = 24 hour day of care.

Through THE WRIGHT HOUSE WELLNESS CENTER, about 70 unduplicated clients will receive approximately 1,000 units of alternative therapy. One unit = one therapy session.

Through THE WRIGHT HOUSE WELLNESS CENTER, about 10 women will receive approximately 590 units of HIV prevention and education services.

ATTACHMENT B

PERFORMANCE MEASURES

Service Category	Units	Clients
Non-Medical Case Management Services - Mental Health	3,300	54

Austin Travis County Integral Care
C.A.R.E. Program
Non-Medical Case Management Services Performance Measures

OUTPUT AND OUTCOME PERFORMANCE MEASURES

OUTPUT PERFORMANCE MEASURES

SERVICE CATEGORY: Non-Medical Case Management Services – Mental Health
Output Measure #1: ATCIC will provide 3,300 units of non-medical case management services to HIV positive men and women with serious and persistent mental illness or episodic depression between October 1, 2015 and September 30, 2016. UNIT OF SERVICE = Per 15 minutes
How will the data be collected and compiled for this output measure (include description of resources and tools used)? Each case management service will be documented in ATCIC's electronic medical record (Cerner). The Cerner system has comprehensive reporting capabilities that allow ATCIC staff to analyze a multitude of data sets related to the delivery of services, including the number of units provided for each service noted above. Prior to the 15th of each month, ATCIC's C.A.R.E. Program staff will run reports in Cerner to capture the number of case management services units provided during the previous month. This Output Measure will be included in monthly ARIES Data Reports and in the HIV Monthly Financial and Performance Summary Report submitted to the HIV Resource Administration Unit of the Austin/Travis County Health and Human Services Department. A final report of units of service will also be included in the FY2015-2016 Year End Closeout Report for non-medical case management services.
Output Measure # 2: ATCIC will provide non-medical case management services to 54 unduplicated clients between October 1, 2015 and September 30, 2016. a. 40 continuing clients will be served b. 14 new clients will be served
How will the data be collected and compiled for this output measure (include a description of resources and tools used)? Each client receiving case management services will be assigned a unique chart number when their services are documented in ATCIC's electronic medical record system (Cerner). The Cerner system has comprehensive reporting capabilities that allow ATCIC staff to analyze a multitude of data sets related to the delivery of services, including the number of unduplicated clients receiving case management services. Prior to the 15th of each month, ATCIC's CARE Program staff will run reports to capture the number of new and continuing clients who have received Mental Health Services during the previous month. This Output Measure will be included in monthly ARIES Data Reports and in the HIV Monthly Financial and Performance Summary Report submitted to the HIV Resource Administration Unit of the Austin/Travis County Health and Human Services Department. A final report of unduplicated clients will also be included in the FY2015-2016 Year End Closeout Report for non-medical case management services.

OUTCOME PERFORMANCE MEASURES

SERVICE CATEGORY: Non-Medical Case Management Services – Mental Health

Outcome Measure #1: Percentage of HIV-infected non-medical case management clients who had a non-medical case management plan developed and/or updated two or more times in the measurement year **(Outcome target =95%)** (Numerator/Denominator)

What data will be collected, analyzed, and reported in order to assess this outcome?
The total number of clients receiving non-medical case management services who had a non-medical case management plan developed and/or updated two or more times in the measurement year (numerator) divided by the total number of unduplicated clients who have received non-medical case management services (denominator).

[1] *Within the Statement of Work, the non-medical case management plan is referred to as a Person Centered Care Plan.*

How will the data be collected and compiled for this outcome measure (include description of resources and tools used)?
Each client receiving non-medical case management services will have a non-medical case management plan developed documented in the client's electronic medical record. Non-medical case management plans developed will be reviewed and updated every 3 months (or sooner if needed) by the client and the Mental Health Case Manager or designee. This update will include documented progress towards goals. Data pertaining to non-medical case management plan compliance/completion will collected by the Mental Health Case Manager and/or a designee and will be based on documentation found in the client's electronic medical record. Unduplicated client counts will be collected using reporting systems available within the agency's electronic medical record system.

At what point(s) or times(s) in the service delivery sequence will the data be collected and evaluated?

Data for this Outcome Measure will be collected and evaluated on a quarterly basis.

Total Undup. Clients Evaluated for Outcome Objective	Total Number of Undup. Clients Achieving Objective	% of Undup. Clients Achieving Outcome Objective	Reporting Dates
54	51	94%	Contract Closeout November 14, 2016

OUTCOME PERFORMANCE MEASURES

SERVICE CATEGORY: Non-Medical Case Management Services – Mental Health

Outcome Measure #2: Percentage of HIV-infected non-medical case management clients who had two or more medical visits in an HIV care setting in the measurement year **(Outcome target =95%)** (Numerator/Denominator)

What data will be collected, analyzed, and reported in order to assess this outcome?
The total number of unduplicated client who have received non-medical case management services and two or more medical visits in an HIV care setting (numerator) divided by the total number of unduplicated clients who have received non-medical case management services (denominator).

How will the data be collected and compiled for this outcome measure (include description of resources and tools used)?
The data for this outcome will be collected by the Mental Health Case Manager or designee and will consist of lab work and other forms of verification pertaining to the client's confirmed engagement in primary medical care. Unduplicated client counts will be collected using reporting systems available within the agency's electronic medical record system.

At what point(s) or times(s) in the service delivery sequence will the data be collected and evaluated?

Data for this Outcome Measure will be collected and evaluated on a quarterly basis.

Total Undup. Clients Evaluated for Outcome Objective	Total Number of Undup. Clients Achieving Objective	% of Undup. Clients Achieving Outcome Objective	Reporting Dates
54	51	94%	Contract Closeout November 14, 2016

ATTACHMENT C

BUDGET SUMMARY

FY 15-16 City General Fund HIV Social Services Contract – **Amendment # 11**
Austin Travis County Mental Health Mental Retardation Center

City of Austin HIV Service	Budget
Case Management Non-Medical	$56,893

Direct Services LINE ITEM BUDGET

Yr./ Fund: FY 15-16 City General Fund

Program: Mental Health Non-Medical

Agency: Austin Travis County Integral Care

City of Austin HIV Grant Agreements and Contracts

Cost Category & Description	FTE - Svc Categ	Service Hrly Rate	FUND 1 Direct Service Costs	FUND 2 Direct Service Costs	FUND 3 Direct Service Costs	FUND 4 Direct Service Costs	Total DIRECT SERVICE Costs
PROGRAM DIRECT CLIENT SERVICES							
PERSONNEL Staff Salaries							
Mental Health Specialist -Danielle Grinkmeyer	1.00	17.04	36,005.00	0.00	0.00	0.00	$36,005.00
Position title & Staff Name - Salary			0.00	0.00	0.00	0.00	$0.00
Position title & Staff Name - Salary			0.00	0.00	0.00	0.00	$0.00
Position title & Staff Name - Salary			0.00	0.00	0.00	0.00	$0.00
FRINGE Benefits							
Soc. Sec./ Medicare taxes (FICA)		7.650%	2,754.38	0.00	0.00	0.00	$2,754.38
Retirement system contributions		4.500%	1,620.23	0.00	0.00	0.00	$1,620.23
Employee Insurance (health, life, etc.)			8,198.39	0.00	0.00	0.00	$8,198.39
Worker's Compensation Insurance		0.343%	123.64	0.00	0.00	0.00	$123.64
State Unemployment Insurance (SUI)		0.543%	195.40	0.00	0.00	0.00	$195.40
Other prgm fringe benefits (specify)		0.344%	123.97	0.00	0.00	0.00	$123.97
TRAVEL - Direct Client services							
Client Services Vehicle/ Local Mileage			1,761.00	0.00	0.00	0.00	$1,761.00
EQUIPMENT - Direct Client services							
Computer hardware & software which directly supports client care			0.00	0.00	0.00	0.00	$0.00
Client Direct Materials - list			0.00	0.00	0.00	0.00	$0.00
SUPPLIES - Direct Client services							
Client Direct Materials - list			0.00	0.00	0.00	0.00	$0.00
OTHER - Direct Client services							
Local Telephone			422.00	0.00	0.00	0.00	$422.00
CONTRACTUAL - Subcontracted services							
Subcontracted services costs (complete Subcontractor sheet for each)			0.00	0.00	0.00	0.00	$0.00
TOTAL- PROGRAM DIRECT LINE ITEMS			51,204.00	0.00	0.00	0.00	$51,204.00

ADMINISTRATION LINE ITEM BUDGET

Yr./ Fund: **FY 15-16 City General Fund**

Program: **Mental Health Non-Medical** Agency: **Austin Travis County Integral Care**

City of Austin HIV Grant Agreements and Contracts

Cost Category & Description	FTE - Svc Categ	Service Hrly Rate	FUND 1 ADMIN Costs	FUND 2 ADMIN Costs	FUND 3 ADMIN Costs	FUND 4 ADMIN Costs	Total ADMIN Costs
ADMINISTRATION LINE ITEMS							
PERSONNEL Staff Salaries							
Program Manager, Emily Johnston	0.03	35.77	2,232.63	0.00	0.00	0.00	$2,232.63
Administrative Supervisor, Beverly Charlton - $38,261	0.03	18.39	1,147.83	0.00	0.00	0.00	$1,147.83
FRINGE Benefits							
Soc. Sec./ Medicare taxes (FICA)		7.650%	258.61	0.00	0.00	0.00	$258.61
Retirement system contributions		4.500%	152.12	0.00	0.00	0.00	$152.12
Employee Insurance (health, life, etc.) - varies per staff			1,228.22	0.00	0.00	0.00	$1,228.22
Worker's Compensation Insurance		0.343%	11.61	0.00	0.00	0.00	$11.61
State Unemployment Insurance (SUI)		0.543%	18.35	0.00	0.00	0.00	$18.35
Other prgm fringe benefits (specify)		0.344%	11.64	0.00	0.00	0.00	$11.64
TRAVEL - Administrative Support							
Vehicle/ Local Mileage			111.00	0.00	0.00	0.00	$111.00
EQUIPMENT - Administrative Support							
Computer hardware			0.00	0.00	0.00	0.00	$0.00
SUPPLIES - Administrative Support							
Office supplies			0.00	0.00	0.00	0.00	$0.00
OTHER - Administrative costs (list)							
Rent			0.00	0.00	0.00	0.00	$0.00
Facilities costs (Utilities, building maintenance)			0.00	0.00	0.00	0.00	$0.00
Photocopier rental, printing and duplication			0.00	0.00	0.00	0.00	$0.00
Telecommunications (phone, internet, other-list)			517.00	0.00	0.00	0.00	$517.00
Insurance - Liability and other required			0.00	0.00	0.00	0.00	$0.00
CONTRACTUAL - Subcontracted Admin. services							
Subcontracted services costs (complete Subcontractor sheet for each)			0.00	0.00	0.00	0.00	$0.00
TOTAL- ADMINISTRATION LINE ITEMS			5,689.00	0.00	0.00	0.00	$5,689.00

Category TOTAL - DIRECT SVCS. (other sheet) + ADMIN.	56,893.00	10.0%	= Admin. % of Svc. Category Total

BUDGET JUSTIFICATION

Austin Travis County Integral Care

Budget Period/Fund: FY 15-16 (October 1, 2015 - September 30, 2016)
Service Category: Non-Medical Case Management

The agency total annual HIV services budget for this program will be funded as follows (add more rows as needed):

Other Funding Source Name	$ 000,000	00.0%
Agency Fundraising	$ 000,000	00.0%
Program Income	$ 000,000	00.0%
COA HIV Services	$ 56,893	100.0%
TOTAL - All Funding Sources	**$ 56,893**	**100.0%**

Direct Service Costs

PERSONNEL	**FY16 Funding**
Mental Health Specialist, Danielle Grinkmeyer 1.00 FTE x $36,005 annual salary The C.A.R.E. Program Mental Health Specialist provides case management services for HIV positive men and women with serious and persistent mental illness or episodic depression. Case management includes a range of client-centered services that link clients with primary medical care, psychosocial services and other support services. Key activities include initial assessment of the client's strengths and needs; development of a comprehensive and individualized person centered care plan; coordination of the services required to implement the plan; client monitoring to assess the efficacy of the plan; and periodic reevaluation and revision of the plan as necessary until discharged from services	36,005
Personnel Salaries Subtotal	**$36,005**
FRINGE BENEFITS	
FICA & Medicare Tax - Personnel Subtotals x 7.65%	2,754
Retirement - Personnel Subtotals x 4.50%	1,620
Medical Benefits - based on individual plans	8,198
Worker's Compensation - Personnel Subtotals x 0.3434%	$124
State Unemployment (SUI) - Personnel Subtotals x 0.5427%	$195
Employee EAP Costs - Personnel Subtotals x 0.0943%	$34
Employee Other - Personnel Subtotals x 0.25%	$90
Fringe Benefits Subtotal	13,016
TRAVEL	
Local Mileage: Reimbursement to Program Direct staff for use of their privately owned vehicles in the performance of program duties within service area. 285 miles/mo. x 12	1,761
Travel Subtotal	**$1,761**
(Direct Services - continued from previous page)	0

EQUIPMENT	
Equipment Subtotal	$0
SUPPLIES	
Supplies Subtotal	0
CONTRACTUAL **(must also submit completed Subcontractor Data Sheets)**	$0
Contractual Subtotal	0
OTHER	
Telephone for program staff use, when communicating with or on behalf of clients - 5.22% of $8,083 annual cost.	422
Other Subtotal	**$422**
Total Direct Services	**$51,204**

	FY16 Funding
Administrative Costs	
PERSONNEL	
Program Manager, Emily Johnston 0.03 FTE x $74,421 annual salary Responsible for the administrative oversight and management of the CARE Program and its numerous contracts. Participates in reporting activities, quality management and improvement activities directly related to the Ryan White funded services.	2,233
Administrative Supervisor, Beverly Charlton 0.03 FTE x $38,261 annual salary Provides indirect program services through reporting and data functions. Participates in quality management and improvement activities related to Ryan White funded services.	1,148
Personnel Subtotal	$3,380
FRINGE BENEFITS	
FICA & Medicare Tax - Personnel Subtotals x 7.65%	259
Retirement - Personnel Subtotals x 4.50%	152
Medical Benefits - based on individual plans	1,228
Worker's Compensation - Personnel Subtotals x 0.3434%	12
State Unemployment (SUI) - Personnel Subtotals x 0.5427%	18
Employee EAP Costs - Personnel Subtotals x 0.0943%	3
Employee Other - Personnel Subtotals x 0.25%	8

Fringe Benefits Subtotal	**$1,680**
TRAVEL	0
Local Mileage: Reimbursement to Administrative staff for use of their privately owned vehicles in the performance of program duties within service area. 18 miles/mo. x 12	111
SUPPLIES	
Supplies Subtotal	**$111**
OTHER	
Telephone for program staff use, when communicating with or on behalf of clients - 6.4% of $8,083 annual cost.	517
Audit, annual, 00% of cost for audit of entire agency budget. 00% times $000 = $000	0
Legal Fees - describe	0
Insurance, General Liability, etc. 1 yr. policy for program activities. $000 times 00% =	0
Other Subtotal	**$517**
TOTAL ADMINISTRATIVE COSTS	**$5,689**
TOTAL - DIRECT SERVICES and ADMINISTRATIVE COSTS BUDGET for City contract: City General Fund	**$56,893**

CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY): 2/13/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

If this certificate is being prepared for a party who has an insurable interest in the property, do not use this form. Use ACORD 27 or ACORD 28.

PRODUCER
Frost Insurance Agency, Inc.
401 Congress Ave., #1400
Austin TX 78701

CONTACT NAME: Bonni Stafford
PHONE (A/C, No, Ext): 512-473-4520 FAX (A/C, No):
E-MAIL ADDRESS: bonni.stafford@frostinsurance.com
PRODUCER CUSTOMER ID: AUTRA-1

INSURED
Austin Travis County MHMR
PO Box 3548
Austin TX 78764

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Travelers Casualty & Surety	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1919997951 REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
	☐ PROPERTY CAUSES OF LOSS / DEDUCTIBLES ☐ BASIC / BUILDING ☐ BROAD / CONTENTS ☐ SPECIAL ☐ EARTHQUAKE ☐ WIND ☐ FLOOD				BUILDING PERSONAL PROPERTY BUSINESS INCOME EXTRA EXPENSE RENTAL VALUE BLANKET BUILDING BLANKET PERS PROP BLANKET BLDG & PP	$ $ $ $ $ $ $ $ $ $
	☐ INLAND MARINE CAUSES OF LOSS ☐ NAMED PERILS	TYPE OF POLICY POLICY NUMBER				$ $ $ $
A	X CRIME TYPE OF POLICY	105985335	8/31/2013	8/31/2016	Emp Dishonesty Forgery & Alter On Premises/In	$2,500,000 $100,000 $10,000 Each
	☐ BOILER & MACHINERY / EQUIPMENT BREAKDOWN					$ $
						$ $

SPECIAL CONDITIONS / OTHER COVERAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Includes $100,000 Third Party Crime naming DSHS as Loss Payee

CERTIFICATE HOLDER

City of Austin, Health and Human Services Department
Human Svcs Admin Unit, Bldg E
PO Box 1088
Austin TX 78767

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Texas Council
Risk Management Fund
P.O. Box 26655, Austin, Texas 78755-0655
(512) 346 5314 FAX (512) 346 9321

February 9, 2015

City of Austin
Health and Human Services Department
Attn: Community Based Resources
P. O. Box 1088
Austin, Texas 78767

Subject: Verification of Coverage
Contract: 026
RE: Austin Travis County Integral Care

The Austin Travis County Integral Care has requested that we verify insurance coverages with you. This is to advise you that the Austin Travis County Integral Care is a member of the Texas Council Risk Management Fund.

The Austin Travis County Integral Care currently has the following coverages in effect:

Workers' Compensation		Statutory
General Liability	$ 2,000,000.	Per Occurrence & Annual Aggregate (No blanket contractual liability)
	1,000.	Deductible
Automobile Liability	$ 2,000,000.	Per Occurrence
	1,000.	Deductible
Professional Liability (Claims Made Form)	$ 2,000,000.	Per Claim
	4,000,000.	Annual Aggregate
Sexual Misconduct	$100,000	Per Claim (no coverage for intentional acts)
	10,000.	Deductible
		Retroactive Date 07/24/1992
Errors & Omissions Liability (Claims Made Form)	$ 2,000,000.	Combined Single Limit
	25,000.	Deductible
		Retroactive Date 08/31/1996

Crime No Coverage

Coverage for liability assumed under contract is specifically excluded under all of the above listed liability coverages. Therefore contractual liability coverage insuring against any loss sustained by the City of Austin or third parties as a result of Austin Travis County Integral Care's breach or otherwise failing to fulfill the obligations of the contract is specifically excluded and is not covered.

All coverages are effective 09/01/14 and are **considered continuous until cancelled.**

Please accept this letter as proof of insurance. As a Self-Insurance Fund, we do not issue certificates of insurance. Should you need additional information, please contact me at (512) 346-5314.

Sincerely,

TEXAS COUNCIL RISK MANAGEMENT FUND

Margee Valdez

Margee Valdez
Customer Service Associate

Texas Council
Risk Management Fund
P.O. Box 26555, Austin, Texas 78755-0555
(512) 346 5314 FAX (512) 346 9321

September 16, 2014

Carlos Rivera, Director
City of Austin Health & Human Services Dept.
7201 Levander Loop, Building E
Austin, Texas 78702

Subject: Verification of Coverage - Main Interlocal Social Services Contract
Contract: 026
RE: Austin Travis County Integral Care

The Austin Travis County Integral Care has requested that we verify insurance coverages with you. This is to advise you that the Austin Travis County Integral Care is a member of the Texas Council Risk Management Fund.

This is to verify that with respect to the coverages required by your contract, the Austin Travis County Integral Care currently has the following:

Workers' Compensation			Statutory
Employers Liability			$1,000,000
General Liability	$	1,000,000.	Per Occurrence
	$	2,000,000.	Annual Aggregate
			(No blanket contractual liability)
		1,000.	Deductible
Automobile Liability	$	1,000,000.	Per Occurrence
		1,000.	Deductible
Professional Liability	$	1,000,000.	Per Claim
(Claims Made Form)		3,000,000.	Annual Aggregate
Sexual Misconduct	$	100,000	Per Claim
			(no coverage for intentional acts)
		10,000	Deductible
			Retroactive Date 07/24/1992
Errors & Omissions	$	1,000,000.	Per Claim
Liability	$	2,000,000	Annual Aggregate
(ClaimsMadeForm)		$25,000	Deductible
			Retroactive Date 08/31/1996

With respect to other items required by your contract, the Austin Travis County Integral Care ***does not*** have the following with the Texas Council Risk Management Fund:

NO CRIME COVERAGE – The Texas Council Risk Management Fund does not offer or provide crime coverage.

NO BLANKET CONTRACTUAL LIABILITY COVERAGE - Coverage for liability assumed under contract is specifically excluded under all of the above listed liability coverages. Therefore contractual liability coverage insuring against any loss sustained by the Travis County or third parties as a result of Austin Travis County Integral Care's breach or otherwise failing to fulfill the obligations of the contract is specifically excluded and is not covered.

NO A.M. BEST RATING of B+VII or higher – The Texas Council Risk Management Fund is not rated by A.M. Best.

NO ISO FORMS. The Texas Council Risk Management Fund does not use or issue the following forms required in this contract:

Waiver of Subrogation (Form 420304)
Thirty (30) day Notice of Cancellation (Form 420601)
Waiver of Subrogation (Form CG 2404)
Thirty (30 day Notice of Cancellation (Form CG 0205)
Additional Named Insured (Form CG 2010)
Waiver of Subrogation (Form TE 2046A)
Thirty (30 day Notice fo Cancellation (Form TE 0202A)
Additional Named Insured (Form TE 9901B)

All coverages verified above are effective 09/01/14 and are considered continuous until cancelled.

Please accept this letter as proof of insurance. As a Self-Insurance Fund, we do not issue certificates of Insurance. Should you need additional information, please contact me at (512) 348-5314.

Sincerely,

TEXAS COUNCIL RISK MANAGEMENT FUND

Margee Valdez

Margee Valdez
Customer Service Associate

CC: Stephanie Y. Hayden
Assistant Director
City of Austin Health and Human Services
7201 Levander Loop, Building E
Austin, Texas 78702

TEXAS COUNCIL RISK MANAGEMENT FUND
INTERLOCAL AGREEMENT AMENDMENT
2014-2015 Fund Year

MEMBER: Austin Travis County Integral Care

CONTRACT NO.: 026

AMENDMENT NO.: 108

This Amendment forms a part of the Agreement and is effective as stated herein.

Effective Date of Amendment: 09/16/14

This Amendment modifies such self-insurance as is afforded by the provisions of the coverage in the Agreement relating to the following:

Additional Insured Clause for General Liability and Auto Liability

It is understood and agreed that the General Liability and Auto Liability Coverage afforded to Austin Travis County Integral Care (the Center) by the Liability Coverage Document of the Texas Council Risk Management Fund shall apply to the following additional insureds, but only with respect to liability for bodily injury or property damage arising out of the Center's ongoing operations performed for the listed additional insured under the Main Interlocal Social Services Contract.

Additional Insureds: City of Austin
P. O. Box 1088
Austin, TX 78767

Waiver of Subrogation Clause for General Liability and Auto Liability

The Texas Council Risk Management Fund (the Fund) waives any and all rights to recovery from the City of Austin for liability payments made for bodily injury or property damages arising from the services provided by Austin Travis County Integral Care under the Main Interlocal Social Services Contract which would be covered under the general liability and/or auto liability coverages afforded by the Liability Coverage Document of the Texas Council Risk Management Fund.

Waiver of Subrogation Clause for Workers Compensation

The Texas Council Risk Management Fund (the Fund) waives its rights to recovery of payments for Austin Travis County Integral Care employee injuries or employee deaths arising out of the negligence, strict or absolute liability or otherwise wrongful acts of the City of Austin; but only with respect to bodily injury or death that would otherwise be covered under the Fund's workers' compensation coverage afforded to the Center and only those employee injuries or employee deaths which arise out of the Center's ongoing operations performed for the City of Austin under the Main Interlocal Social Services Contract.

Texas Council
Risk Management Fund
Fund Administrator: JI Specialty Services, Inc

Texas Council
Risk Management Fund
P.O. Box 26655, Austin, Texas 78755-0655
(512) 346 5314 FAX (512) 346 9321

September 16, 2014

Carlos Rivera, Director
City of Austin Health & Human Services Dept
7201 Levander Loop, Building E
Austin, Texas 78702

RE:	Austin Travis County Integral Care
Contract:	026
Subject:	30 Day Notice of Cancellation
Coverage:	Auto Liability, General Liability, Professional Liability, Errors & Omissions Liability and Workers' Compensation

To Whom It May Concern:

In the event of non-renewal, cancellations or material changes on the property or liability coverages we will mail advance notice to the person or organization named in the Schedule. The number of days advance notice is shown in the Schedule.

Schedule

1. Number of days advance notice: **30**

2. Notice will be mailed to: **City of Austin**

If I may be any further assistance please contact me at 1-800-580-6467.

Sincerely,
TEXAS COUNCIL RISK MANAGEMENT FUND

Margee Valdez

Margee Valdez
Customer Service Associate

Risk Management Insurance Summary for Human Services
("RM Summary for HHSD")

Social Services Contract 2015-16
Austin Travis County Integral Care – Ryan White Part A
March 23, 2015

Issue Date: 9/8/15

General Liability
Limits - ok
Additional Insured - ok
Waiver of Subrogation - ok
Thirty Day Notice of Cancellation - ok
*Sexual Abuse & Molestation - ok

Auto Liability
Limits - ok
Additional Insured - ok
Waiver of Subrogation - ok
Thirty Day Notice of Cancellation - ok

Workers Compensation
Limits - ok
Waiver of Subrogation - ok
Thirty Day Notice of Cancellation – ok

Professional Liability
Limits – ok

Directors & Officers Liability
Limit - ok

Crime Insurance
Limit – $2,500,000

Risk Management approves the evidence of coverage as submitted.

Please confirm the limit shown for Crime Insurance is adequate. A note on this form with your initials is adequate documentation.

Benny VandenAvond
City of Austin Risk Management

USER NAME PASSWORD

LOGIN

Forgot Username? Forgot Password?

Create an Account

Search Results

Current Search Terms: austin* travis* county*

Your search for "austin* travis* county*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity

AUSTIN-TRAVIS COUNTY MENTAL HEALTH AND MENTAL RETARDATION CENTER

Status: Active

View Details

DUNS: 078496213

CAGE Code: 527L9

Has Active Exclusion?: No

DoDAAC:

Expiration Date: 02/11/2017

Delinquent Federal Debt? No

Purpose of Registration: All Awards

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.46.20160226-1435

WWW9

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

AFS3 Purchase Order Detail

Vendor CD	Order	PO Date	Vendor Name	Original AMT	Expended AMT	Closed AMT	Outstanding AMT
AUS0510500	DO-9100-15111303134	11/13/2015	AUSTIN TRAVIS COUNTY MENTAL HEALTH & MENTAL RETARDATION CTR	$53,673.00	$19,848.60	$19,848.60	$33,824.40

Resp Person	Resp Phone	Vendor Contact	Vendor Phone	Agreement ID	BFY
Jackie-Johnson Garza	512-972-5083	JAMES R JIMMERSON	512-447-4141	NG090000063	2016

Ship Code	Location Name	Ship Attn Name	Ship Addr 1	Ship Addr 2
H12	HHSD RBJ 4th Floor		RBJ 4TH FLOOR	15 WALLER STREET

Doc Description	Doc Extended Dscrp.
HIV Related Social Services	HIV Related Social Services for the Health and Human Services Department

Commodity Detail

Comm Line	Description	Commodity	Quantity	Unit	Unit Cost	Line Total	Expended Amount
1	FAMILY AND SOCIAL SERVICES HEALTH AND SOCIAL SERVICES FOR PERSONS WITH AIDS/HIV	95243	0		$0.00	$53,673.00	$19,848.60

	Acct Ln	Fund	Dept	Unit	SubUnit	Actv	Func	Object	Rpt Cat	Task Ord	Line Amount	Comm Line
	1	1000	4700	6203				6825			$53,673.00	1

TOP

ROUTING SLIP FOR
City of Austin Purchasing

TO: Marty James, Buyer, Purchasing Dept. **FROM:** Greg Bolds, HRAU Manager, HHSD Campus, Bldg. H

DOCUMENT: Amendment #11 for ATCIC - Increase for FY 2015-2016 City Gen. Fund contract

Vendor Name: Austin Travis County Mental Health and Mental Retardation Center **Vendor Code:** AUS0510500

(For EXISTING Agreements Only)>> **Agreement (Master Agreement) Number:** NG090000063

Annual Agreement Term: October 1, 2015 - September 30, 2016 **Total Agreement Term:** October 1, 2009 - September 30, 2016

Agreement (Term/Amendment) Amount: $3,220.00 **Total Agreement Amount:** $422,671.00

(For NEW Agreements Only)>> **Is Agreement Subject to HB1295? (Y/N)**

Competitive Award? (Y/N) **If Yes, Number of Bids Received?**

No. of vendors solicited? **Replaces another MA? (Y/N)** **If Yes, MA Number:**

Commodity Code: **CL Description/Program Name:**

PROGRAM DESCRIPTION:

Continuation of agreement providing HIV direct client services, as funded by the FY 15-16 City General Funds

RQM Text: **RQS/RQM No.**

Amendment #11 for HIV client direct services - FY 15-16 City Gen. Fund contract

DO Instructions:

Execute amendment and add to existing Delivery Order (DO) 9100 15111303134 in amount(s) per Commodity Line as indicated within table below.

CODE	Fund	Dept	Unit	Object	Grant Program	Program Period	Program Number	Amount
Commodity Line 01	6125	9100	5514	6825	RW Part A	D3Y17	185001	$3,220

Encumbrance Period: October 1, 2015 - September 30, 2016

Documents Attached:
- [x] Agreement/Amendment
- [x] Approved Insurance Certificates
- [x] Debarment/Suspension Forms
- [x] RCA/Council Resolution
- [x] Risk Manager approval
- [ ] Form 1295 Certificate

APPROVALS

Requestor: Greg Bolds, Manager, HIV Resources Unit **DATE:** 4/8/16

Contract Manager: Ruben Herrera, Grants Coordinator, HIV Resources Unit **DATE:** 4/8/2016

*(For Agreement Execution Only) I acknowledge that I have sent an electronic copy of the Purchasing Routing Slip for the attached Agreement to the Contract Compliance Unit at HHSDCCU@austintexas.gov and to Glenn Selfe at glenn.selfe@austintexas.gov.

SSP Research Analyst: **DATE:** 11 APR 2016

SSP Financial Specialist: **DATE:** 4/12/16

SSP Manager: *(Not applicable for HIV grant agreements)* **DATE:**

Deputy Director: **DATE:** 04/13/16

Budget: **DATE:** 4/15/16

Asst. Director, Admin. Svcs.: **DATE:** 4/18/16

ADDITIONAL INFORMATION:

HHSD Director signature not required. Please return to Ruben Herrera, HHSD Campus, Bldg. H (512-972-5062)

Approved 5/24/2012; Revised 2/9/2016

This Agreement Term ends 30Sept2016. New base recommended for any future funding.

Purchase Order - Vendor Single

(Modified Document)

Reference Number	P.O. Date	Price Agreement #	Requestor	Buyer
DO 9100 15111303134 - 2	05/18/16	MA 9100 NG090000063	Gregory Bolds, 512-972-5081	See Solicitation, 512-974-2500

VENDOR	SHIP TO	BILL TO
JAMES R JIMMERSON AUS0510500 AUSTIN TRAVIS COUNTY MENTAL HEALTH & CENTER PO BOX 3548 AUSTIN, TX 78764-3548	HHSD RBJ 4th Floor RBJ 4TH FLOOR 15 WALLER STREET Austin, TX 78702-5297	Health & Human Services Dept ACCOUNTING SERVICES PO BOX 1088 Austin, TX 78767

The City's standard purchase terms and conditions are hereby incorporated into this order by reference, with the same force and effect as if they were incorporated in full text. The full versions are available at https://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS or call the Purchasing Office at (512) 974-2500. Please include above reference number on all packages, deliveries, and invoices.

Line	Quantity	Unit	Comm Code	Commodity Line Description	Unit Price	Extended Amount
1	0.00		95243	Health and Social Services for persons with AIDS/HIV	0.000000	$56,893.00

Extended Description

HIV Related Social Services for the Health and Human Services Department. Requested by Jackie-Johnson Garza on 11/10/12. Approved by Kymberley Maddox on 10/08/15.

Order Total: $ 56,893.00

VENDOR INSTRUCTIONS:

1. SEND ORIGINAL INVOICE WITH DUPLICATE COPY TO THE CITY DEPARTMENT TO WHICH THE GOOD(S) WERE DELIVERED
2. SHIPPING INSTRUCTIONS: F.O.B. DESTINATION UNLESS OTHERWISE SPECIFIED.
3. NO FEDERAL OR STATE SALES TAX SHALL BE INCLUDED IN PRICES BILLED. LIMITED SALES TAX #74-6000085.

Authorized Agent for City Manager

By acceptance of this purchase order, you agree to comply with the terms and conditions incorporated herein by reference and made a part of this order.

05-18-16

Date