

COOPERATIVE AGREEMENT
(Low Birth Weight)

THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as “the County” and a Missouri not-for-profit corporation, **SWOPE HEALTH SERVICES 3801 BLUE PARKWAY KANSAS CITY, MO 64130**, hereinafter referred to as “Organization”.

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for Low Birth Weight; and,

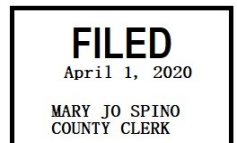
WHEREAS, the County deems it to be in the best interest of its citizenry to support such programs and activities; and,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, the County and Organization respectively promise, covenant, and agree with each other as follows:

NOW, THEREFORE, it is agreed by and between the parties as follows:

1. **Services**. Organization shall provide services Low Birth Weight, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The term of this contract is January 1, 2020, through December 31, 2020, and as such, all expenditures must occur within this period. The budget Organization submitted as part of Exhibit A is considered final and non-changeable.

2. **Terms Of Payment**. The County agrees to pay Organization the total amount of **\$84,639.00** in quarterly reimbursements up to **\$21,159.75**, Payments shall be made upon the County’s receipt of the quarterly reports as set forth in paragraph 3



hereof. The final payment will not be processed until the Organization's annual program report has been completely reconciled. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports/Other Documentation.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Organization shall submit a quarterly report through the Outside Agency Portal along with proof of payment and receipt documentation that reconciles to the quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, itemized credit card receipts and credit card statements showing proof of purchase and proof of payment and any other documents requested by the Department of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. All payments will be processed within 30 days of receipt of invoice, if the invoice is complete and accurate. All payments will be detained until reports are received and accurate. Any reports that are incorrect will delay payment. The last quarter's report is due by January 30th, 2021 and shall include an annual report which shall summarize all of Organization's activities pursuant to this Agreement. Organization's failure to submit this annual report shall disqualify Organization from future funding by the County. The final payment will not be processed until the Organization's annual program report has been completely reconciled. Organization must submit all quarterly reports in the format specified by the County

regardless of whether activity took place in each quarter, before the next quarterly payment will be processed. Any quarterly reports that are incomplete or incorrect will delay payment. Any unspent funds under this Agreement not invoiced by Organization within 30 days from the expiration of this Agreement shall be forfeited and not be paid.

Organization must notify the County in writing on Organization's letterhead, within five working days of the following changes:

- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage
- d. Management or staff responsible for providing services pursuant to this contract. When a management or staff position responsible for providing services pursuant to this contract is vacated and when the position is subsequently filled, the following will apply i.) reimbursement for a vacated position will be suspended until it is filled, and ii.) if another person under this contract assumes the duties of the vacated position, the Organization will not be allowed to bill the County for both positions.
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

4. **Submission of Documents.** No payment shall be made under this Agreement unless Organization shall have submitted to the County's Department of Finance and Purchasing through the Jackson County Outside Agency Portal accessible on www.jacksongov.org/auditor: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds; (5) audited financial statement for Organization's most-recent fiscal or calendar year, or a certified public accountant's program audit of the County's funds. Organization must be chartered in the State of

Missouri, hold a certificate of good standing with annual registration through the Missouri Secretary of State and have received an exemption from Federal income taxes under Section 501c3 of the Internal Revenue Code. Any documents described herein which were submitted as a part of an application for funding need not be resubmitted to qualify for payment. Organization understands that no payment shall be made under this agreement until Organization's 2019 Outside Agency contract has been fully reconciled with the County's Department of Finance and Purchasing. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

5. **Equal Opportunity**. Organization shall submit an Affirmative Action Plan or Equal Employment Opportunity statement as required by the County Compliance Review Office. Organization shall maintain policies of employment as follows:

A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants for employment and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

6. **Employment Of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

7. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to this Agreement. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

8. **Default.** If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said default shall continue and not be corrected by Organization within ten days after receipt

of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds**. Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

10. **Conflict Of Interest.** Organization warrants that no officer or employee of the County, whether elected or appointed, shall, in any manner whatsoever, be interested in or receive any benefit from the profits or emoluments of this Agreement.

11. **Severability.** If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

12. **Indemnification.** Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of property if and to the extent caused by the negligence, willful misconduct or omissions of Organization during the performance of this Agreement.

13. **Insurance.** Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned,

non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

14. **Term.** The term of this Agreement shall commence January 1, 2020, and shall continue until December 31, 2020, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by Organization as verified by the County's audit.

15. **Termination.** This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard of Care.** Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

17. **Financial Contact.** Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative
Department of Finance & Purchasing
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Swope Health Services
Naimish Patel
3801 Blue Parkway
Kansas City, MO 64130
(816) 922-7645

18. **Compliance Review.** The performance of this Agreement shall be subject to review by the County. The County Compliance Review Office and staff shall review this contract according to their responsibilities including site visits to any and all agencies. Organization agrees any display of hostile behavior, refusing and/or hindering a site review by any employee or staff member shall be grounds for suspension, termination or disqualification of this Agreement. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

19. **Remedies For Breach.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

20. **Transfer And Assignment**. Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

21. **Organization Identity**. If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

22. **Confidentiality**. Organization's records concerning the identities of those participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

23. **Incorporation**. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 1st day of April, 2020.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI


County Counselor

By 
Frank White, Jr.
County Executive

ATTEST

SWOPE HEALTH SERVICES





Larry Spino
of the Legislature

By 
Title President & CEO
Federal Tax I.D. 43-0957840

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this Agreement is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$84,639.00, which is hereby authorized.

Date 3-26-2020


Director of Finance and Purchasing
Account No.002-7601-56789

PC76012020003

**2020 Jackson County Outside Agency Funding Proposal
Swope Health Services
Low Birth Weight**

Swope Health Services

3801 Blue Parkway
Kansas City, MO 64130
(816) 923-5800
www.swopehealth.org
fedtaxid: 43-0957840

Fiscal Year: January to December

GuideStar: 7008186144

Mission: Swope Health Services improves the health and wellness of the community by delivering accessible, quality, comprehensive patient care.

Executive Director

Chief Executive Officer
Jeron Ravin
(816) 599-5550
jlravin@swopehealth.org

Contact Person

Chief Financial Officer
Naimish Patel
(816) 599-5552
npatel@swopehealth.org

Check the Jackson County Legislative District and your At-Large District where your agency is located?

District 2: Yes

At-large District 2: Yes

2020 Jackson County Outside Agency Funding Proposal
Swope Health Services
Low Birth Weight

Swope Health Services
 Low Birth Weight
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Agency Revenue Information

Funding Entity	Source Description	Goods	Services	Cash	TFY Actual	NFY Projected
Federal	U.S. Department of Health and Human Services			X	\$10,728,254	\$10,460,386
State	MPCA, MO DMH, WIC, and KDHE			X	\$19,662,200	\$23,625,539
KCMO	Health Levy			X	\$1,736,432	\$1,698,236
United Way	United Way of Greater Kansas City			X	\$20,000	\$20,000
Other	WHF, MCHC, HFFKC, 340B, and Net Patient Care			X	\$21,257,726	\$17,675,849
Children Services Fund	Outpatient Peer Support, Teen Pregnancy Prevention			X	\$92,500	\$92,500
COMBAT	ADA Treatment Services			X	\$142,500	\$142,500
Mental Health Levy	Mental Health Levy			X	\$1,106,170	\$1,099,000
Outside Agency	HCH, LBW, CDM, and MHC			X	\$254,188	\$501,622

Please check if your agency has cash reserves:

What is the current balance? \$6,020,084

2020 Jackson County Outside Agency Funding Proposal

Swope Health Services Low Birth Weight

Date Program was Initiated: 2010

What time period does this program run: All Year

Provide program description: The purpose of this request is for continued support for Swope Health Services' (SHS') Low Birth Weight Nurse. With the assistance of funding from Jackson County, SHS was able to hire a full time Registered Nurse who, in collaboration with a SHS Physician, provides prenatal and family planning services. This care team will provide these services at two SHS clinics located in Jackson County: SHS Independence and the SHS-Central OB/GYN clinic. Patients, however, come to the clinics from all parts of the county. The care team will provide a variety of services which will include, but are not limited to: education and outreach to avoid delays in initiation of prenatal care and decrease missed appointments; preconception planning and birth spacing education; and teen and adult education on reproduction and STD issues. This program includes outcomes metrics in regard to: 1) Prenatal care and education according to evidence-based guidelines for the appropriate trimester; 2) Number of low birth weight babies born among total patient deliveries; and 3) the percentage of clients that do not have a positive pregnancy test within 15 to 18 months following initiation of contraceptive measures. In conjunction with the LBW Nurse, there is a Registered Nurse who provides: a) supervision and support for the LBW nurse; and b) validates the data and encounters generated by the LBW Nurse to compile the metrics for outcome reporting for compliance with the Jackson County Outside Agency reporting requirements.

Describe the benefits of this program to Jackson County Missouri: This program will provide targeted healthcare and educational services that assist in the reduction of low birthweight birth outcomes for Jackson County residents. The LBW Nurse provides prenatal education and support, tailored to the understanding and concerns of pregnant women. Educational services emphasize that beginning appropriate prenatal care helps increase the probability of deliveries resulting in infants weighing 2500 grams or more. Compliance with prenatal visits is more likely when it is initiated in the first trimester. Education about sexually transmitted infections and preconception planning emphasize the importance of obtaining and maintaining reproductive health, as well as appropriate birth-spacing education for optimal delivery outcomes.

Describe target population to be served: Swope Health Services' primary target population for this program is female patients between the ages of 13 to 45. Male participants may also be served in relationship to preconception, contraceptive and STI education as well as treatment.

What are the qualifications for participants: Swope Health Services is a Federally Qualified Health Center that provides medical, dental and behavioral health services to all patients and clients, regardless of race, ethnicity, culture, income or insurance status. Most Low Birth Weight program participants are low-income, Jackson County residents.

Check if your services are available to anyone: Yes

Do you maintain a database of participants: Yes

Number of participants from Jackson County: 610

Number of participants from Other Areas: 10

Total Number of participants: 620

2020 Jackson County Outside Agency Funding Proposal

Swope Health Services

Low Birth Weight

Outcomes

Outcome: Clients reporting a positive pregnancy test will receive appropriate education according to the corresponding trimester. This will include the immediate initiation of prenatal care, if this has not already occurred.

How will outcome be measured: Pregnant women's trimester of entry into prenatal care and corresponding trimester of prenatal education will be documented in patients' electronic medical record and reported.

Outcome: 90% of all reported births will be 2500 grams (5lbs 9 ozs.) in weight or greater.

How will outcome be measured: The delivery outcome information received will be categorized according to infant birth weight and the total percentage of live births 2500 grams and over will be calculated and reported.

Outcome: Clients choosing to postpone pregnancy through contraception will receive education concerning family planning and STIs as appropriate. Those having initiated a contraceptive method within 15 to 18 months will not report a positive pregnancy test.

How will outcome be measured: Clients' educational encounters will be documented in the EMR and clients initiating contraception within the past 15 to 18 months will be evaluated for the documentation of a positive pregnancy test.

What Jackson County Legislative Districts are served by this program:

Countywide: Yes

2020 Jackson County Outside Agency Funding Proposal

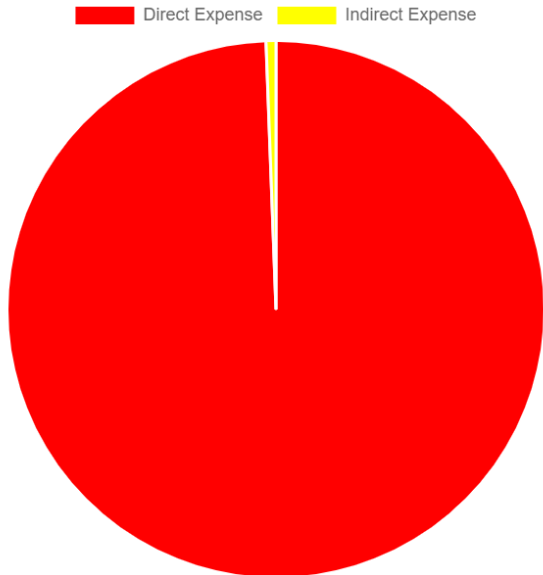
Budget as Awarded

Swope Health Services

Low Birth Weight

Swope Health Services
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Direct Program Support				
Name	Description	Total Expense	Amount Awarded	Percent
Program Staff Salary	Low Birth Weight RN 1 FTE	\$63,577	\$63,577	100%
Program Staff Salary	Low Birth Weight RN Program Supervisor .10 FTE	\$8,368	\$8,368	100%
Fringe Benefit (Only FICA/Insurance-Max 10% of Salary Request)	Fringes for Program Staff	\$17,266	\$7,194	42%
Client Services (Must identify: Meals, Pantry, Clothing, Medical/Dental including Indigent Care, Utility Assistance, Transportation)	Medical Supplies, Educational & Family Planning Materials	\$5,000	\$5,000	100%
				%
Direct Expense Totals		\$94,211	\$84,139	
Indirect/General Operating Support				
Professional Development	Staff Development & Training	\$500	\$500	100%
Administrative Staff Salary	Support Costs-Info Technology, HIM, Materials Mgmt, Other	\$18,942		00%
Administrative Staff Salary	Human Resources, Accounting, Finance, Admin, Other	\$15,912		00%
				%
Indirect Expense Totals		\$35,354	\$500	



Total 2020 Program Budget Award: \$84,639

Program sustainable without Jackson County Funding	No
Total Cost to Run Program WITHOUT Jackson County Funding	\$129,565
Cost/Participant	\$138.75
JACO Funding/Total Program Cost	65%

2020 Jackson County Outside Agency Funding Proposal **Budget as Awarded** **Swope Health Services** **Low Birth Weight**

Swope Health Services
Low Birth Weight
Feb 20, 2020
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Document type: 501
Name: [federal-tax-exempt.pdf](#)

Document type: goodstanding
Name: [certificate-of-good-standing-2019.pdf](#)

Document type: registration
Name: [2019-2020-biennial-registration.pdf](#)

Document type: board
Name: [board-list-10-1-2019.docx](#)

Document type: irs990
Name: [swope-health-services-990-tax-return.pdf](#)

Document type: financial
Name: [swope-health-services-2018-rpt-final.pdf](#)

Document type: budget
Name: [2019-corporate-budget.pdf](#)

Document type: balance
Name: [sept-2019-balance-and-income-statement.pdf](#)

Document type: insurance
Name: [10.9.19-jaco-coi-pl-gl.pdf](#)

Document type: irsw9
Name: [02042019-signed-shs-w-9.pdf](#)

Document type: jackson
Name: [swopehealth-2019-tax-receipt-central.pdf](#)

WORK AUTHORIZATION AFFIDAVIT

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **Swope Health Services**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **Swope Health Services**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

Subscribed and sworn before me this _____ day of _____, 2020. I am commissioned as a notary public within the County of _____, State of _____, and my commission expires on _____.

Signature of Notary

Date

WORK AUTHORIZATION AFFIDAVIT

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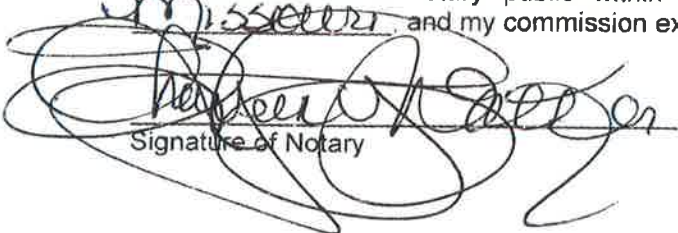
Authorized Representative's Signature
President & CEO

Title

Jeron L. Ravin, JD
Printed Name

Date

Subscribed and sworn before me this 20 day of March, 2020. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 10/16/23.



Signature of Notary

3/20/20
Date

