

COOPERATIVE AGREEMENT
(Chronic Disease Program)

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".

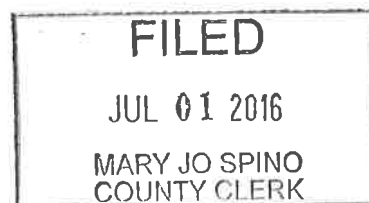
WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for a chronic disease management program; and,

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 a chronic disease management, as is more fully set out in the proposal attached hereto as Exhibit A and incorporated herein by reference. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to Organization's budget, Organization shall submit a written request to the Jackson County Legislative Auditor's no later than October 28, 2016. Any changes to the budget must be approved by the Jackson County Legislature.



2. **Terms Of Payment.** The County agrees to pay Organization the total amount of **\$72,561.00** in quarterly installments of **\$18,140.25**, with the payment for the first quarter to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. 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, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents requested by the Director of Finance and Purchasing, to establish that the funds provided pursuant to this Agreement were used for the purposes set forth herein. The report for the first quarter shall be submitted within 30 days after the execution of this Agreement. The last quarter's report 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.

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
- 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 Director of Finance and Purchasing: (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 (pertains to final payments and payments on contracts for future years). If Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an 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. Any documents described herein which were submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. 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 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 are employed 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 its

finances and operations as related to County funds. 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, 2016, and shall continue until December 31, 2016, 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
Q. Troy Thomas
415 E. 12th Street, Suite 100
Kansas City, MO 64106

Swope Health Services
Naimish Patel
3801 Blue Parkway
Kansas City, MO 64130
(816) 599-5552

18. **Compliance**. The performance of this Agreement shall be subject to review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code.

Organization shall file quarterly compliance reports as required by the County Compliance Review Office. 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 July, 2016.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

W. Stephen Nixon
W. Stephen Nixon
County Counselor

By Frank White, Jr.
Frank White, Jr.
County Executive

ATTEST:

SWOPE HEALTH SERVICES

Mary Jo Spino
Mary Jo Spino
Clerk of the Legislature

By Keith A. Tuben
Title _____
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 \$72,561.00, which is hereby authorized.

June 29, 2016
Date

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

PC 76012016003



2016 OUTSIDE AGENCY FUNDING REQUEST

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415 E 12th Street, 2nd Floor
Kansas City, MO 64106
Email: auditor@jacksongov.org

Exhibit A
Res. 19043
Chronic Disease Management

New Agency Request
Previously Funded

Name:			
Swope Health Services			
Address:	City:	State:	Zip Code:
3801 Blue Parkway	Kansas City	MO	64130
Phone No:	Website:		
(816) 923-5800	www.swopehealth.org		
Federal Tax ID No:	Fiscal Year:		
43-0957840	1/1/2016 to 12/31/2016		
Executive Director/President:	Phone No.	Email:	
David R. Barber	(816) 599-5550	dbarber@swopehealth.org	
Principal Contact:	Phone No.	Email:	
Naimish Patel	(816) 599-5552	npatel@swopehealth.org	

Please complete the following sections for your 2016 Outside Agency Proposal.
Section B and Section C must be filled out for each program you are requesting funding for.

- Section A: Agency Revenue Information
- Section B: Program Budget Request
- Section C: Program Information

Total # of Programs Requesting Funding For: 4

Total Amount Requested: \$ 354,040



Section A Agency Revenue Information

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KANSAS CITY, MISSOURI

Funding Entity	Source Description	2015	Projected
		Actual	
Federal	DHHS and HUD	\$ 8,918,550 -	\$ 8,933,400 -
State	POS,ADA,MPCA,MFHC and KDHE Primary Care	\$ 5,465,339 -	\$ 6,043,783 -
Jackson County	Mental Health Levy,COMBAT, Outside Agency Funding	\$ 1,532,876 -	\$ 1,380,117 -
City of Kansas City	Healthy Levy	\$ 1,396,671 -	\$ 1,386,096 -
Charity/Donations	United Way GKC, Wyandotte Health Foundation, Health Care Foundation	\$ 392,131 -	\$ 545,560 -
Fundraisers		-	-
Other	Medicaid,Medicare, Third Party Payors	\$ 23,376,821 -	\$ 24,692,703 -
		\$ 41,082,388 -	\$ 42,981,659

Please check if your agency has cash reserves

What is the current balance? \$ 4,650,460

Please check all Jackson County sources your agency received funding from in 2015:

Board of Services for Developmentally Disabled

COMBAT

Domestic Violence Board

Housing Resources Commission

Mental Health Levy

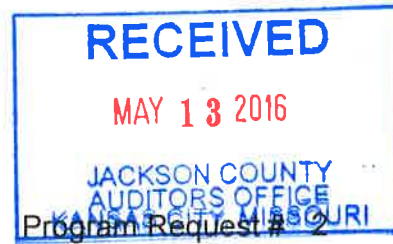
Outside Agency

Please check any of the following your agency received funding or resources from in 2015:

	Goods	Services	Cash	Amount	
Harvesters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		-
Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 0	-
MAAC Link	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 0	-
United Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 11,944	-
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		-



Section B 2016 Program Budget Request



Agency Name: Swope Health Services Program: Chronic Disease Management New Program Request
 Previously Funded

Salaries

attach job description or duties for NEW Program requests only

Position / Title	Amount	Check Box if 100% Funded by Jackson County
RN	\$ 54,049	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Fringe Benefits	\$ 13,512	
Total Salaries & Fringe Benefits	\$ 67,561	

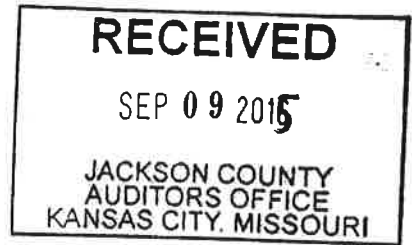
Contractual Services & Supplies

Description	Amount	Check Box if 100% Funded by Jackson County
Chronic disease management supplies	\$ 5,000	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
Total Contractual Services & Supplies	\$ 5,000	
Total 2016 Program Budget Request	\$ 72,561	

Total Program Cost	\$ 96,070
<i>Total cost to run your program regardless of the Jackson County funding you are requesting.</i>	
Estimate of Cost Per Participant	\$ 390



Section C 2016 Program Information



Agency Name:
Swope Health Services

Program:
Chronic Disease Management

Proposed Program

Detail functions to be performed.

Swope Health Services (SHS) provides essential primary care adult, pediatric, women's health, radiology, lab and pharmacy services to low-income residents of the Kansas City metropolitan area. In addition, SHS provides individualized patient education programs, such as the Chronic Disease Management program. The purpose of the SHS Chronic Disease Management (CDM) Program is to reduce the serious medical consequences of diabetes and other chronic illnesses. The CDM program is modeled on DHHS HRSA's Chronic Disease Collaborative, which uses intensive one-to-one education and ongoing tracking of disease indicators to address patients' barriers to behavior change and improve chronic disease outcomes. The CDM nurse educator is critical to the ongoing, proven success of SHS's CDM program. The Why is this a priority for your agency? ■

Many of our low-income patients with chronic conditions are uninsured and have struggled to find both affordable health care and a health care home that will take the time to discuss improving their health. SHS offers both affordable health services and a commitment to work with patients to improve their health, regardless of their socioeconomic status. The consequences of uncontrolled chronic illnesses, such as the potential vision loss and amputations with diabetes, impact both individuals with the uncontrolled condition by decreasing quality of life and productivity, as well as society in general through higher costs for health and community services. Through ongoing, tailored patient education and tracking of disease indicators, these consequences can be reduced among low-income Jackson County ■

Check if this program is sustainable without Jackson County's funding.

Target Population

Describe target population and demographics to be served by each program.

The Swope Health Services Chronic Disease Management program's target population is low-income patients with chronic conditions that access care at our South and Independence clinics. Although the clinics serve demographically different patient populations – 73% of South patients are African American and 75% of Independence patients are Caucasian – many ■

What criteria do you have for the participants you serve?

Patients must be diagnosed with a chronic illness, such as diabetes, hypertension or heart disease.

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AUDITORS OFFICE
KANSAS CITY, MISSOURI

Service Delivery Area

Identify the number of participants that this program serves.

Total # served	# served from Jackson County	# served from Other Areas
3,000	2,918	82

Identify your specific service delivery area by zip code or geographical boundary.

Zip Code	Geographical Boundary
----------	-----------------------

Services delivered through clinics located in zip codes 64131 and 64050.
Participants are from across Jackson County.

Check if this is a Countywide Program

If not, What is the Jackson County Legislative District?

3rd At-Large

6th District

Check if you keep a list of participants for this program

Please classify your program from the following types of services:

- Community Improvement/Outreach
- Food/Emergency Services
- Health/Wellness
- Indigent Population
- Senior Services
- Youth Services

Other: _____

Check if your services are available to anyone.

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KANSAS CITY, MISSOURI

Outcomes

List up to 5 outcomes related to this program.

Please check if the outcome is measurable.

- 1. 35% or more of diabetic patients will have a
- 2. 25% or more of diabetic patients will have blood pressure
- 3. 80% of patients with coronary artery disease with have
- 4.
- 5.

Summary

Your application will not be considered complete without answering all questions. All applicants must fulfill the requirements listed below to complete the funding request process.

Please check the box acknowledging you understand your organization's responsibility to the following.

- Reviewed the Non-Allowable Expenses
- Reviewed Executive Order 04-18 to deem your agency in compliance if funding is awarded and approved.
- Include the Jackson County Logo and credit Jackson County in marketing efforts and provide the Auditor's Office with copies.

Your organization will submit the following with the Outside Agency Proposal:

- Certificate of Liability Insurance valued at a minimum of \$1 million per occurrence or \$2 million annual aggregate
- Missouri Secretary of State Certificate of Good Standing
- Missouri Secretary of State Annual Registration Report

Signature: Naimish Patel

Date Submitted: 09/09/2015

SAVE

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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.)

[Signature]
Authorized Representative's Signature
President
Title

David R. Barber
Printed Name
6/21/2016
Date

Subscribed and sworn before me this 21 day of June, 2016. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 2-29-2020.

[Signature]
Signature of Notary

6-21-2016
Date

