

COOPERATIVE AGREEMENT

AN AGREEMENT by and between Jackson County, Missouri, hereinafter referred to as "the County" and the CABOT WESTSIDE MEDICAL AND DENTAL CENTER, 2121 Summit Street, Kansas City, MO 64108, hereinafter referred to as "Clinic."

WHEREAS, the County recognizes its statutory obligations to the poor under Sections 205.210 et seq., and 205.580, RSMo; and,

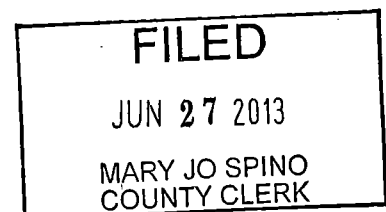
WHEREAS, the County recognizes the difficulty of accessing health care for indigents persons of the Westside of the greater Kansas City area; and,

WHEREAS, Clinic can provide for such needs;

NOW THEREFORE, the County and the Clinic agree, in consideration of the following mutual promises and valuable consideration, as follows:

1. **Provisions.** The Clinic agrees to use the funds provided by the County under this Agreement to provide a variety of health and dental care services to the indigent residents of the Westside of the Kansas City, Missouri metropolitan area, as is more fully set out in the proposal attached hereto as Exhibit A.

2. **Term of Payment.** The County agrees to pay to Clinic the amount of \$72,000.00 in quarterly installments of \$18,000.00 each, with the first payment 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, through the Legislative Auditor, may approve adjustments to line items listed in Clinic's



budget/proposal contained in Exhibit A, in an amount not to exceed 10 percent of the total amount of the Agreement, so long as there is no additional total cost to the County.

3. **Report.** Within 30 days after the conclusion of each calendar quarter under this Agreement, Clinic 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 as requested by the Director of Finance and Purchasing to establish that the funds paid by the County were used for the purpose set forth in this Agreement. 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 Clinic's activities pursuant to this Agreement. Failure to submit the annual report shall disqualify the Clinic from future funding by the County.

4. **Submission of Documents.** No payment shall be made under this contract unless the contracting Clinic 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) the Clinic's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the Clinic's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If Clinic has previously received County funding, to be eligible for future payments, Clinic must submit either an audited financial statement for the Clinic's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any

document described herein which was 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 the contract Clinic is out of compliance on any other County contract.

5. **Audit.** The County further reserves the right to examine and audit, during reasonable office hours, the books and records of the Clinic pertaining to the finances and operations of the Clinic.

6. **Default.** If the Clinic shall default in the performance or observation of any term or condition of this Agreement, the County shall give the Clinic written notice setting forth the default and the correction to be made. Thereafter, if said default shall continue and not be corrected within 10 days of the receipt of the notice by the Clinic, the County may, at its election, terminate the Agreement and withhold any payments not yet made to the Clinic. Said election shall not in any way limit the County's rights to seek legal redress.

7. **Conflict of Interest.** The Clinic 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.

8. **Employment of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Clinic 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, Clinic 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.

9. **Term.** This Agreement shall be effective as of January 1, 2013, and shall terminate on December 31, 2013. This Agreement may be terminated prior to that date by either party upon written notice, delivered thirty days prior to the effective date of termination. If this Agreement is terminated by either party, the County shall pay only for those services actually performed by the Clinic as verified by the County's audit.

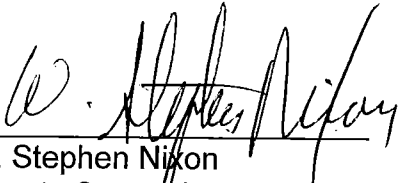
10. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Clinic shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, costs (including 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 Clinic during the performance of this Agreement.

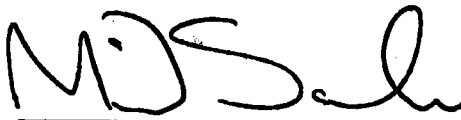
11. **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the County and the Clinic have executed this Agreement this 27th day of June, 2013.

APPROVED AS TO FORM:

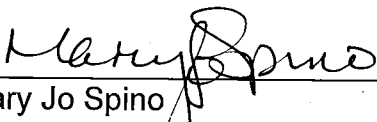
JACKSON COUNTY, MISSOURI



W. Stephen Nixon
County Counselor

By 
Michael D. Sanders
County Executive

ATTEST:

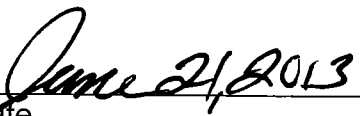
CABOT WESTSIDE MEDICAL AND DENTAL CLINIC

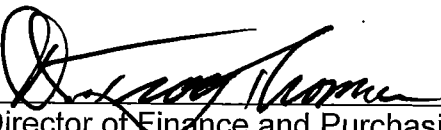

Mary Jo Spino
Clerk of the County Legislature

By 
Executive Director
Federal ID No: 44-0546280

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 \$72,000.00 which is hereby authorized.


Date


Director of Finance and Purchasing
Account Number 002-7703-56789
77032013001



OUTSIDE AGENCY FUNDING REQUEST FORM 2013 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106

Email: auditor@jacksongov.org

Section A: Organization or Agency Information	page 1
Section B: Agency's 2012 and 2013 Revenue Information	page 2
Section C: Individual Program Budget	page 3
Section D: Program Information	pages 4 - 8
Section E: Summary of Request by Program	page 9

Section A: Organization or Agency Information

Name: Cabot Westside Medical and Dental Center

Address: 2121 Summit, Kansas City, MO 64108

Phone No: 816-471-0900

Fax: 816-471-3150

Website Address: saintlukeshhealthsystem.org/Cabot

Federal Tax ID No: 44-0546280

Fiscal Year Cycle: January-December

Executive Director:

Liz Cessor

Name and Title of Principal Contact Person:

Jessica Ramirez

Phone No: 816-471-0900, ext. 281

Email Address: jramirez1@saint-lukes.org

Submittal of this request has been authorized by: Liz Cessor, Executive Director

Date:

8/27/2012

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section B: Agency's 2012 and 2013 Revenue Information

Agency's 2013 Projected Revenue Information

Funding Entity	Agency's 2013 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Outside Agency Funding	\$ 97,000	4
Other Counties		\$ -	0
City	KCMO Healthy Levy	\$ 507,000	22
Charity/Donations	BlueCross Blue Shield of KC, REACH Foundation,	\$ 681,250	30
Fundraisers	Cinco de Cabot	\$ 90,000	4
Other	Jackson County Family Court-dental screenings	\$ 25,750	
Other	Net Patient Revenue	\$ 896,411	39
2013 Total Projected Revenue		\$ 2,297,411	

Agency's 2012 Revenue Information

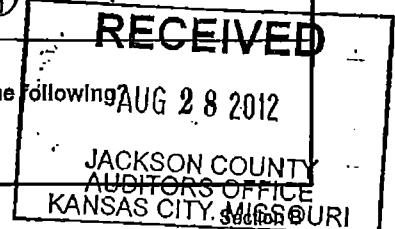
Funding Entity	Agency's 2012 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal		\$ -	0
State		\$ -	0
Jackson County	Outside Agency Funding	\$ 72,000	3
Other Counties		\$ -	0
City	KCMO Health Levy	\$ 502,547	22
Charity/Donations	BlueCross Blue Shield of KC, REACH Foundation,	\$ 681,250	30
Fundraisers	Cinco de Cabot	\$ 87,203	4
Other (please list)	Jackson County Family Court Dental Screenings	\$ 25,750	1
Other	Net Patient Revenue	\$ 896,411	
2012 Total Revenue		\$ 2,264,411	

If your agency received funding from Jackson County in 2012, please identify the funding source, amount and program name below.

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 72,000	9/5/10
2012 Total Jackson County Funding			\$ -	

Did your agency receive funding or resources in 2012 from either of the following?

Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -



Section C: 2013 REVISED Program Budget

Complete a separate program budget for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical and Dental Programs

Personal Services			
For each salary request below please attach a job description or duties.			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Medical Provider	140,000	15%	\$ 21,000
Medical Assistant	31,200	15%	\$ 4,680
Dental Director	150,000	20%	\$ 30,000
Dental Assistant	35,360	15%	\$ 5,304
			\$ -
			\$ -
Total Salaries			\$ 60,984
Total Fringe Benefits			\$ -
Total Personal Services			\$ 60,984
Contractual Services			
Medical Outside Services-Saint Luke's Lab Services			\$ 3,016
Dental Outside Services - Saint Luke's Lab Services			\$ 3,000
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 6,016
Supplies			
Medical Supplies- gowns, table paper, swabs, masks, drapes, etc.			\$ 2,500
Dental Supplies- masks, patient bibs, paper trays, etc.			\$ 2,500
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ 5,000

RECEIVED

DEC 10 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Total Program Request \$ 72,000

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical Program

Proposed Program

Detail functions to be performed by each program:

Cabot Westside Health Center seeks funding to provide comprehensive medical care for indigent patients living in Jackson County, Missouri. Medical services include the following: 1) Infant and Child Health Care: well child examinations; treatment of childhood diseases; lead screenings; TB testing and immunizations. 2) Women's Health: Pregnancy testing; family planning/contraceptive services; gynecology; pap smears and screenings for sexually transmitted diseases. 3) Adult Medicine: health screenings; adult immunizations; treatment for acute illnesses (e.g. bronchitis; gastroenteritis, etc.); treatment of chronic illnesses (e.g. diabetes, high blood pressure, etc.). 4) Preventive Care: screenings for prevention and early detection of illnesses (diabetes and high blood pressure; TB testing; HIV testing and counseling and injury prevention. 5) Laboratory and Medication: glucose testing; hemoglobin testing; HIV testing; vision exams; hearing exams; urine dips; breathing treatments; EKG's testing and the dispense of Ibuprophen, Tylenol and Roicephine. 6) Cardiovascular Clinic: Testing and treatment of cardiovascular conditions. Functions include: patient/family medical history review; electrocardiogram and echocardiogram testing; treadmill/exercising testing; and diet and exercising plans.

RECEIVED

AUG 29 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical Program

Participants	
Identify the number of participants by County that each program serves.	
Jackson, MO	3,889
Clay, Platte, Cass, MO	290
Wyandotte, Johnson, KS	456
Other Missouri	205

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

The target populations are men, women and children living in Jackson County, Missouri. The breakdown of medical patients seen at Cabot are: 64% females; 36% males; 21% are newborns to 5 years of age; 14% are 6 to 12 years of age; 8% are 13 to 19 years of age; 26% are 20 to 35 years of age; 21% are 36 to 55 years of age; and 10% of the medical adults seen at Cabot are over 55 years of age. Ten percent of Cabot's medical patients have private insurance; 46% of the medical patients have Medicaid or Medicare; and 44% uninsured patients. Ninety-four percent of the medical patients seen at Cabot are below the federal poverty level.

Would you provide these services to anyone at your door? **Yes**

Is anyone denied services? **No**

What level of indigents (below poverty level) do you serve? Cabot serves all patients.

Please classify your program from the following types by percentage of your agency's overall service

Senior Program	10 %
Indigent Program (Below Poverty Level)	94 %
Senior Indigent Program	10 %

What criteria do you have for the clients you serve? Cabot see all patients regardless of their ability

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical Program

Service Delivery Area

Identify your specific geographic service delivery area for each program.

The largest county served of Cabot medical patients is Jackson County, Missouri with 80 percent or 3,889 patients. The top zip codes in Jackson County represented are: 64123, 64124, 64126, 64127, 64108, 64052 and 64111. Cabot also sees patients from other counties including but not limited to: Wyandotte and Johnson Counties in Kansas and Cass, Clay and Platte Counties in Missouri.

Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Proof of residency (e.g. current utility bill or housing payment/rent receipt) is required at the time of services by the patients. Patient addresses are recorded in their record. Additionally, patient demographic information with zip codes are reported semi-annually to the City of Kansas City, Missouri Health Department.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical Program

Approach & Method

List the top three (3) objectives for each program.

1. Improved overall health care delivery by providing medical and dental health care and lab services in one facility.

2. Improved access to medical delivery by providing bilingual/Spanish primary health services, providers and staff to the residents of Jackson County seeking care.

3. Improved access to health care services and benefits by offering patients a medical home.

Detail specific methods you will use to achieve these objectives.

1. Patients will benefit from same day appointments for urgent care needs that limits wait time and better serves patients immediately.

2. Cabot's bilingual providers and staff will continue to serve the residents of Jackson County seeking medical care.

3. Cabot will continue meeting the standards to keep the top-level national designation as a Patient-Centered Medical Home as Kansas City's first clinic to the achieve the National Committee for Quality Assurance (NCQA) Level III Designation.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Medical Program

Evaluation

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

1. Cabot will utilize the Practice Management software to track patient visits and number of patients.
2. All Cabot providers will utilize empanelment when assigning patients to provide quality continuation of care.

Notification

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

Cabot communicates the generous funding from Jackson County in the annual report (see attached), website, funding request, board meetings, donor recognition, and health system publications.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Dental Program

Participants	
Identify the number of participants by County that each program serves.	
Jackson, MO	2,246
Clay, Platte, Cass, MO	224
Wyandotte, Johnson, KS	285
Other Missouri	236

Target Population

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

The target population is men, women and children living in Jackson County, Missouri. 55% of the dental patients are female, and 45% are male.

18% are newborns to preschool age
 29% are elementary school age
 16% are high school age
 19% are young adults
 13% are 35-54 years of age
 5% are over 55

34% have private health insurance
 30% receive Medicaid and Medicare
 36% are uninsured with most qualifying for the Cabot discount

71% are from households with incomes below the federal poverty level
 86% are women and children

Would you provide these services to anyone at your door? Yes
 Is anyone denied services? No

What level of indigents (below poverty level) do you serve? Cabot serves all patients.

Please classify your program from the following types by percentage of your agency's overall service

Senior Program	5 %
Indigent Program (Below Poverty Level)	92 %
Senior Indigent Program	5 %

What criteria do you have for the clients you serve? Cabot serves all patients.

RECEIVED

AUG 28 2012

JACKSON COUNTY
 AUDITORS OFFICE
 KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Dental Program

Service Delivery Area

Identify your specific geographic service delivery area for each program.

The service area includes predominantly Jackson County with 75% or 2,246 patients living in Jackson County.

Most of the patient populations are from the following zip codes, 64123, 64124, 64126, 64127, 64108, and 64111.

Other areas served include Wyandotte and Johnson Counties in Kansas and on the Missouri side Clay, Platte, and Cass counties.

Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents.

Proof of residency (e.g. current utility bill or housing payment/rent receipt) is required at the time of services by the patients. Patient addresses are recorded in their record. Additionally, patient demographic information with zip codes are reported semi-annually to the City of Kansas City, Missouri Health Department.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Dental Program

Approach & Method

List the top three (3) objectives for each program.

1. Improved overall health care delivery by providing medical and dental care and lab services in one facility.

2. Improved access to medical delivery by providing bilingual/Spanish primary health services to the residents of Jackson County seeking care.

3. Improved access to oral health education by staffing a dental hygienist.

Detail specific methods you will use to achieve these objectives.

1. Patients will benefit from same day appointments for urgent/emergency care needs that limits wait time and better serves patients immediately.

2. Cabot's bilingual providers and staff will continue to serve the residents of Jackson County seeking medical care.

3. Cabot will continue meeting the standards to keep the top-level national designation as a Patient-Centered Medical Home as Kansas City's first clinic to the achieve the National Committee for Quality Assurance (NCQA) Level III Designation.

4. Cabot patients will benefit from the oral health education being delivered by a bilingual oral hygienist.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Dental Program

Evaluation

How can the success of each program be evaluated?

Indicate performance measures or statistics you will use to demonstrate the success of each program.

1. Cabot will utilize the Practice Management software to track patient visits and number of patients.
2. All Cabot providers will utilize empanelment when assigning patients to provide quality continuation of care.
3. Cabot dental patients will complete treatment plans with the oral health education being delivered by a dental hygienist.

Notification

How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

Cabot communicates the generous funding from Jackson County in the annual report (see attached), website, funding request, board meetings, donor recognition, and health system publications.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

Section D: 2013 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Cabot Westside Medical and Dental Center

Program Name: Cabot Dental Program

Proposed Program

Detail functions to be performed by each program.

Cabot requests funding to provide comprehensive dental care for the indigent patients living in Jackson County, Missouri.

Dental services include:

Examinations

Emergency treatments

X-rays

Teeth Cleaning

Sealants

Fillings

Crowns

Bridges

Root Canals

Full and partial dentures

Tooth extractions (with the exception of bone impacted)

Patients also receive instruction regarding oral health care and procedures, including treatment for gum disease, deep cleanings, filling cavities, brushing, flossing, and recommended follow-up care.

RECEIVED

AUG 28 2012

JACKSON COUNTY
AUDITORS OFFICE
KANSAS CITY, MISSOURI

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 Cabot Westside Medical and Dental Center, 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, Cabot Westside Medical and Dental Center, 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.)

Liz Cessor
Authorized Representative's Signature
CEO
Title

Liz Cessor
Printed Name
6/18/2013
Date

Subscribed and sworn before me this 18th day of June, 2013. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on Feb. 9, 2014.

Katheryn S. Simmons
Signature of Notary

6/18/13
Date

