

**COOPERATIVE AGREEMENT**

**AN AGREEMENT** by and between **Jackson County, Missouri**, hereinafter referred to as "the County" and the **CABOT WESTSIDE HEALTH 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,

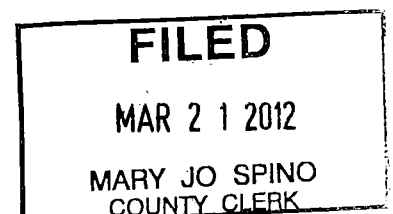
WHEREAS, the County recognizes the difficulty of accessing health care for indigents persons of the Westside of the greater Kansas City area; and,

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 Agency'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 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 agency 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 agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency'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 an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency'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 agency 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. **Term.** This Agreement shall be effective as of January 1, 2012, and shall terminate on December 31, 2012. 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.

9. **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.


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

(Signature page to follow)

IN WITNESS WHEREOF, the County and the Clinic have executed this Agreement this 21<sup>st</sup> day of March, 2012.

APPROVED AS TO FORM:

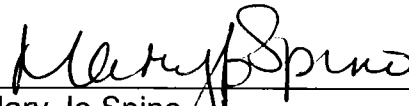
JACKSON COUNTY, MISSOURI


  
W. Stephen Nixon  
County Counselor

By   
Michael D. Sanders  
County Executive

ATTEST:

CABOT WESTSIDE HEALTH CENTER

  
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.

March 29, 2012  
Date

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

17032012001



# OUTSIDE AGENCY FUNDING REQUEST FORM 2012 BUDGET

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

Email: [auditor@jacksongov.org](mailto:auditor@jacksongov.org)

Section A: Organization or Agency Information . . . . .	page 1
Section B: Agency's 2011 and 2012 Revenue Information . . . . .	page 2
Section C: Individual Program Budget . . . . .	page 3
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## Section A: Organization or Agency Information

Name:	Cabot Westside Health Center		
Address:	2121 Summit Street, Kansas City, MO 64108		
Phone No:	816-471-0900	Fax:	816-471-3150
Website Address:	<a href="http://saintlukeshalthsystem.org/Cabot">saintlukeshalthsystem.org/Cabot</a>		
Federal Tax ID No:	44-0546280	Fiscal Year Cycle:	January-December 2012
Executive Director:	Liz Cessor		
Name and Title of Principal Contact Person:	Jessica Ramirez		
Phone No:	816-471-0900, ext. 281	Email Address:	<a href="mailto:jramirez1@saint-lukes.org">jramirez1@saint-lukes.org</a>
Submittal of this request has been authorized by:	Liz Cessor, Executive Director		
Date:	9/15/2011		

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JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

## Section B: Agency's 2011 and 2012 Revenue Information

### Agency's 2012 Projected Revenue Information

Funding Entity	Agency's 2012 Total Projected Revenue Source You Will Request 2012 Funding From	Projected Amount	% of Total Revenue
Federal	MO Family Health Council-Title X	\$ 87,119	3
State		\$ -	0
Jackson County	Outside Agency Funding	\$ 51,205	2
Other Counties			0
City	KCMO Health Levy BlueCross Blue Shield of KC, REACH Foundation, Health Care Foundation of KC, Wyandotte Health Foundation, United Way and others.	\$ 477,642	18
Charity/Donations		\$ 639,122	24
Fundraisers	Cinco de Cabot	\$ 2,774	0
Other	Net Patient Revenue	\$ 1,406,369	
Other	Jackson County Family Court-dental screenings	\$ 25,000	1
<b>2012 Total Projected Revenue</b>		<b>\$ 2,689,231</b>	

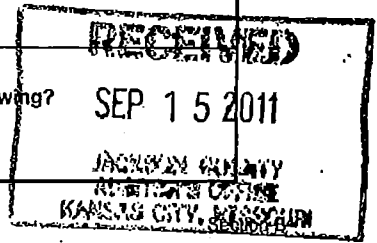
### Agency's 2011 Revenue Information

Funding Entity	Agency's 2011 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	MO Family Health Council-Title X	\$ 61,625	3
State		\$ -	0
Jackson County	Outside Agency Funding	\$ 34,136	1
Other Counties		\$ -	0
City	KCMO Health Levy BlueCross Blue Shield of KC, REACH Foundation, Health Care Foundation of KC, Wyandotte Health Foundation, United Way and others.	\$ 305,230	13
Charity/Donations		\$ 470,513	20
Fundraisers	Cinco de Cabot	\$ 2,774	0
Other	Jackson County Family Court-dental screenings	\$ 15,877	0
Other (please list)	Net Patient Revenue	\$ 1,457,296	62
<b>2011 Total Revenue</b>		<b>\$ 2,347,451</b>	

If your agency received funding from Jackson County in 2011,  
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"/>	\$ 50,013	Screenings
<b>2011 Total Jackson County Funding</b>			<b>\$ 50,013</b>	

51,205 CW-2011



Did your agency receive funding or resources in 2011 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: 2012 REVISED Program Budget

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

**Agency Name:** Cabot Westside Health Center

**Program Name:** Cabot Medical and Dental Programs

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Yvonne Ornelas-Rios: Nurse Practitioner	\$93,496	25%	\$ 23,374
Gianina Aguirre: Medical Assistant	\$31,096	12%	\$ 3,732
Dr. Orlando Silva: Dental Director	\$134,805	25%	\$ 33,701
Leticia Benito: Dental Assistant	\$33,093	14%	\$ 4,633
			\$ -
			\$ -
<b>Total Salaries</b>			<b>\$ 65,440</b>
<b>Total Benefits</b>			<b>\$ -</b>
<b>Total Personal Services</b>			<b>\$ 65,440</b>
<b>Contractual Services</b>			
Outside Services-Saint Luke's Lab Services			\$ 3,280
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ 3,280</b>
<b>Supplies</b>			
Medical supplies-gowns, drapes, table paper, swabs, gauze, masks, medic			\$ 3,280
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 3,280</b>

**Total Program Request \$ 72,000**



## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: 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 STDs.
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 Rocephin.
6. Cardiovascular Clinic: testing and treatment for cardiovascular conditions. Functions include: patient/family medical history review; electrocardiogram and echocardiogram testing; treadmill/exercise testing; and diet and exercising plans.

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JACKSON COUNTY  
HEALTH DEPARTMENT  
JACKSON CITY, MISSOURI

Section D

## Section D: 2012 Program Information

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

**Agency Name:** Cabot Westside Health Center

**Program Name:** Medical Program

<b>Participants</b>	
Identify the number of participants by County that each program serves.	
Jackson, MO	4,472
Clay, Platte, Cass, MO	435
Wyandotte, Johnson, KS	549
Other Missouri	3

<b>Target Population</b>							
Describe target population and demographics to be served by each program.							
<p>Target populations are men, women, and children living in Jackson County, Missouri. 64% of the medical patients are female, and 36% are male.</p> <p>23% are newborns to preschool age                      14% are elementary school age                      9% are high school age                      26% are young adults                      20% are 35-54 years of age                      8% are over 55</p> <p>9% have private health insurance                      46% receive Medicaid and Medicare                      45% are uninsured with most qualifying for the Cabot discount</p> <p>86% are from households with incomes below the federal poverty level                      86% are women and children</p> <p>Would you provide these services to anyone at your door? <span style="float: right;"><b>Yes</b></span>                      Is anyone denied services? <span style="float: right;"><b>No</b></span></p> <p>What level of indigents (below poverty level ) do you serve? All patients</p> <p>Please classify your program from the following types by percentage of your agency's overall services:</p> <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">Senior Program</td> <td style="text-align: right;">8%</td> </tr> <tr> <td style="padding-left: 20px;">Indigent Program (Below Poverty Level)</td> <td style="text-align: right;">86 %</td> </tr> <tr> <td style="padding-left: 20px;">Senior Indigent Program</td> <td style="text-align: right;">7 %</td> </tr> </table> <p>What criteria do you have for the clients you serve?                      Cabot serves all patients.</p>		Senior Program	8%	Indigent Program (Below Poverty Level)	86 %	Senior Indigent Program	7 %
Senior Program	8%						
Indigent Program (Below Poverty Level)	86 %						
Senior Indigent Program	7 %						

**SEP 15 2011**

MISSOURI DEPARTMENT OF HEALTH  
 MISSOURI DEPARTMENT OF HEALTH  
 KANSAS CITY, MISSOURI

Section D

## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: Medical Program

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

The service area includes predominantly Jackson County with 77% or 6,137 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

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.

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## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: Medical 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 health care services by offering patients a medical home.

Detail specific methods you will use to achieve these objectives.

1. Patients will benefit from the open access scheduling that limits wait time and better serves urgent care needs to patients immediately. Cabot will also continue to offer extended evening hours to patients on Wednesday's and Thursdays.

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

3. Cabot is in the processes of applying to be a Medical Home and will submit the application by October 2011.

4. Cabot currently has implemented electronic health records on its medical side with the intention to expand the use of electronic health records to its dental clinic. This expansion would result in a fully automated safety net clinic in the Greater Kansas City area.

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KANSAS CITY, MO 64108

## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: 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.  
Cabot will utilize the Practice Management software to track patient visits, and number of patients during our open accesses scheduling and extended evening hours.

Cabot will submit the medical home application by October 2011.

Cabot will seek funding opportunities for the implementation of Emergency Health Record for the dental clinic by January 2013.

### 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.

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MISSOURI  
STATE CLERK  
KANSAS CITY, MISSOURI

Section D

## Section C: 2012 Program Budget

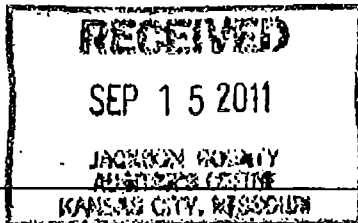
*Complete a separate program budget for each program your agency is applying for funding.*

**Agency Name:** Cabot Westside Health Center

**Program Name:** Cabot Dental Program

<b>Personal Services</b>			
For each salary request below please attach a job description or duties.			
Position / Title	Total Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson County
Dr. Orlando Silva-Dental Director	\$134,805	25%	\$ 33,701
Leticia Benito-Dental Assistant	\$33,093	14%	\$ 4,633
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Salaries</b>			<b>\$ 38,334</b>
<b>Total Benefits</b>			<b>\$ -</b>
<b>Total Personal Services</b>			<b>\$ 38,334</b>
<b>Contractual Services</b>			
Outside Services-Saint Luke's Lab services			\$ 2,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Contractual Services</b>			<b>\$ 2,000</b>
<b>Supplies</b>			
Dental Supplies-gowns, drapes, table paper, swabs, gauze, masks, medications, suture, etc.			\$ 1,500
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 1,500</b>

**Total Program Request \$ 41,834**



## Section D: 2012 Program Information

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

**Agency Name:** Cabot Westside Health Center

**Program Name:** 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.

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JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

Section-D

## Section D: 2012 Program Information

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

**Agency Name:** Cabot Westside Health Center

**Program Name:** Dental Program

<b>Participants</b>	
Identify the number of participants by County that each program serves.	
Jackson, MO	2,652
Clay, Platte, Cass, MO	355
Wyandotte, Johnson, KS	295
Other Missouri	9

<b>Target Population</b>
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? All patients

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

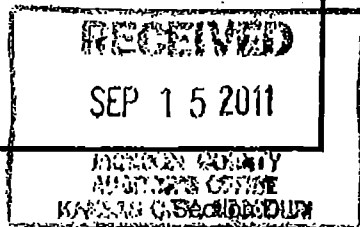
Senior Program 6 %

Indigent Program (Below Poverty Level) 69 %

Senior Indigent Program 3%

What criteria do you have for the clients you serve?

Cabot serves all clients.





## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: Dental Program

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

The service area includes predominantly Jackson County with 77% or 6,137 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.

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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.

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JACKSON COUNTY  
HEALTH CARE CENTRE  
KANSAS CITY, MISSOURI

## Section D: 2012 Program Information

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

Agency Name: Cabot Westside Health Center

Program Name: 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.

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JACKSON COUNTY  
HEALTH CENTER  
KANSAS CITY, MISSOURI

## Section D: 2012 Program Information

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Program Name: Dental Program

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ADMINISTRATIVE SERVICES  
KANSAS CITY, MISSOURI