

C. Oates
8/4/15

Res. 18714

COOPERATIVE AGREEMENT

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, **SAMUEL U. RODGERS - CABOT WESTSIDE CENTER 825 EUCLID AVENUE KANSAS CITY, MO 64124**, hereinafter referred to as "Organization".

WHEREAS, the County and Organization desire to enter into an Agreement to provide funding to be used for its medical and dental 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 medical and dental program, 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 30, 2015. Any changes to the budget must be approved by the Jackson County Legislature.

FILED
AUG 04 2015
MARY JO SPINO COUNTY CLERK

2. Terms Of Payment. The County agrees to pay Organization the total amount of **\$72,000.00** in quarterly installments of **\$18,000.00**, with the payment for the first and second quarters 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 reports for the first and second quarters 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 by March 31 of the following year, or a certified public accountant's program audit of the County's funds by January 31 of the following year. 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. 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, 2015, and shall continue until December 31, 2015, 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

**Samuel U. Rodgers - Cabot Westside
Center**

Nina Howard, Dir. Of Comm. Outreach
825 Euclid Avenue
Kansas City, MO 64124
(816) 889-4643

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

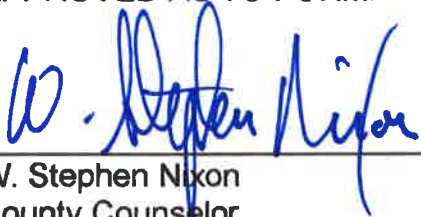
participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

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 4th day of August, 2015.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI



W. Stephen Nixon
County Counselor

By 


Michael D. Sanders
County Executive

ATTEST:

SAMUEL RODGERS - CABOT
WESTSIDE HEALTH CENTER



Mary Jo Spino
Clerk of the Legislature

By 

Title Pres & CEO
Federal Tax I.D. 43-0899356

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.

August 5, 2015

Date



Director of Finance and Purchasing
Account No. 002-7713-56789



**OUTSIDE AGENCY FUNDING REQUEST FORM
2015 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 2014 and 2015 Revenue Information page 2
 Section C: Jackson County Program Budget Request page 3
 Section D: Program Information pages 4 - 8

Section A: Organization or Agency Information

Name: Samuel U. Rodgers Health Center

Address: 825 Euclid Avenue, Kansas City, MO Zip Code: 64124-2323

Phone No: 816-474-4920 Fax: 816-889-1888

Website Address: www.rodgershealth.org

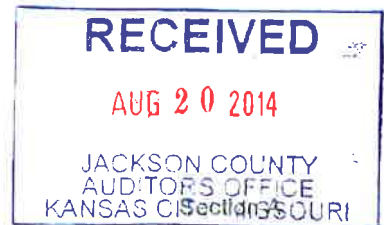
Federal Tax ID No: 43-0899356 Fiscal Year Cycle: October 1 to September 30

Executive Director/President: Hilda Fuentes, Chief Executive Officer

Phone No: 816-889-4621 Email: hfuentes@rodgershealth.org

Name/Title of Principal Contact Person: Nina Howard, Director of Community Outreach

Phone No: 816-889-4643 Email: nhoward@rodgershealth.org



Section B Agency's 2014 and 2015 Revenue Information

Agency's 2015 Projected Revenue Information

Funding Entity	Source You Will Request 2015 Funding From	Projected Amount	% of Total Revenue
Federal	HRSA HHS330 Grant	\$ 4,077,064	20
State	MPCA, WIC, and State Methodone	\$ 1,458,380	7
Jackson County	COMBAT, Health Levy, Mental Healty Levy	\$ 782,999	4
Other Counties		\$ -	0
City	Kansas City Health Levy	\$ 1,704,684	8
Charity/Donations	United Way, UMKC Collaborative, and other	\$ 817,945	4
Fundraisers		\$ 1,336,548	7
Other	Patient Revenue	\$ 10,376,852	50
2015 Total Projected Revenue		\$ 20,554,472	100

Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal	HRSA HHS330 Grant	\$ 4,041,456	19
State	MPCA, WIC, and State Methodone	\$ 1,586,468	7
Jackson County	COMBAT, Health Levy, Mental Healty Levy	\$ 698,275	3
Other Counties		\$ 6,250	0
City	Kansas City Health Levy	\$ 1,735,451	8
Charity/Donations	United Way, UMKC Collaborative, and other	\$ 1,805,188	8
Fundraisers		\$ 764,533	4
Other (please list)	Patient Revenue	\$ 10,812,716	50
2014 Total Revenue		\$ 21,450,337	100

Please identify the Jackson County source(s) your agency received funding from in 2014

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 65,000	JC COMBAT
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 349,500	
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"/>	\$ 409,488	JC Health Care for All & Cabot
2014 Total Jackson County Funding			\$ 823,988	

**Did your agency receive funding or resources in 2014 from either of the following?
If so, in what way did you participate? If not, why?**

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

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AUDITORS OFFICE
KANSAS CITY MISSOURI

Section C

2015 Revised Jackson County Program Budget Request

complete a separate program budget for each program your agency is applying for funding

Agency Name: Samuel U. Rodgers Health Center-Cabot Westside

Program Name: Cabot Dental Program

Program Request # **of**

Personal Services

attach job description or duties for **NEW** salary requests only

Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -

Contractual Services

Dental Indigent Care		\$ 36,000
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Total Contractual Services		\$ 36,000

Supplies

	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total Supplies		\$ -

Total Jackson County Program Budget Request \$ 36,000

Section D 2015 Program Information

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

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Dental Program

Program Request # 2 **of** 3

Proposed Program Cost	
What is the total cost to run your program regardless of the Jackson County funding you are requesting?	
Total Program Cost	\$ 839,000
Proposed Program	
Detail functions to be performed - limit your response to the space provided	
SURHC/Cabot requests funding to provide comprehensive dental care for the indigent patients living in Jackson County, Missouri.	
Participants	
Identify the number of participants that each program serves	
# served with this program	462
Cabot was acquired 11/2013; no activities are reflected prior to Nov.	
Of the # served with this program, how many are from:	
Jackson County	376
Other Counties	86
Target Population	
Describe target population and demographics to be served by each program	
<p>The target population is men, women and children living in Jackson County, Missouri. Fifty-five percent of the dental patients are female, and 45% are male.</p> <p>12% are newborns to preschool age 30% are elementary school age 16% are high school age 19% are young adults 16% are 36-55 years of age 7% are over 55</p> <p>39% have private health insurance 24% receive Medicaid 37% are uninsured with most qualifying for discounted fees. 94% are from households with incomes below the federal poverty level. This is a 23% increase from 2012.</p>	
<p>Estimate of your cost per participant: \$418 (average dental cost per UDS)</p> <p>What criteria do you have for the participants you serve? Proof of family size, income and residence</p> <p>Do you keep a list of participants for each program? We keep patients records.</p> <p>Would you provide these services to anyone at your door? Yes.</p> <p>Is anyone denied services? No, we serve everyone, regardless of ability to pay.</p>	

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Please classify your program from the following types by % of your agency's overall services:

Seniors Program: 7%

Indigent Senior Program: 7%

Service Delivery Area

Identify your specific geographic service delivery area for each program

The service area includes predominantly Jackson County with 75% of patients living in Jackson County.

Fund Separation

Indicate what measures your agency will take to ensure that funds received

To ensure that Jackson County Outside Agency funding is only used to provide services for Jackson County residents we require: Proof of residency (e.g. current utility bill or housing payment/rent receipt) and verification of income. 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.

All project activities and services take place in Jackson County and are targeted to serve people residing in Jackson County. All funding sources are segregated within our accounting system and expenses and income are tracked and coded to the appropriate fund. SURHC's audits for 2013 and 2012 were unqualified opinions, reported no significant deficiencies or material weaknesses related to internal controls, and there were no items of noncompliance considered material to the financial statements. The audit had no reportable Government Audit Standards matters in either 2013 or 2012.

Approach & Method

List the top three (3) objectives for each program

1. Improve overall health by providing quality dental health care to 1,642 Jackson County residents.
2. We will provide dental services accessible to mono-lingual Spanish speaking Jackson County residents
3. We will improve access to oral health education by staffing a dentist to provide direct services.

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 dental care.
3. Cabot will continue meeting the standards to keep the top-level national designation as a Patient-Centered Medical Home with a National Committee for Quality Assurance (NCQA) Level III Designation.
4. Cabot patients will benefit from the oral health education and dental services being delivered by a dentist.

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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

Success will be based upon quantitative and qualitative measures to determine both success in providing dental services to the projected number of Jackson County residents and a qualitative measure to determine patient satisfaction of the services provided.

1. Services provided at Cabot will utilize SURHC's electronic health record software to track quantitative patient visits, type of service provided, and the number of patients.
2. Qualitative evaluation of patient satisfaction will be measured using SURHC's patient experience questionnaire.

Notification

How will your organization make clients, the public and the media aware of the

We will continue to communicate the generous funding from Jackson County in the Health Center's annual report, on its website, at board meetings and special events.

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KANSAS CITY MISSOURI

Section C

2015 Revised Jackson County Program Budget Request

complete a separate program budget for each program your agency is applying for funding

Agency Name: Samuel U. Rodgers Health Center-Cabot Westside

Program Name: Cabot Medical Program

Program Request # **of**

Personal Services

attach job description or duties for **NEW** salary requests only

Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -

Contractual Services

Medical Indigent Care			\$ 36,000
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 36,000

Supplies

	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total Supplies		\$ -

Total Jackson County Program Budget Request \$ 36,000

Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Medical Program

Program Request # 3 **of** 3

Proposed Program Cost
What is the total cost to run your program regardless of the Jackson County funding you are requesting?

Total Program Cost \$ 1,600,000

Proposed Program
Detail functions to be performed - limit your response to the space provided

We will 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: Pre-natal care; pregnancy testing; family planning/contraceptive services; gynecology; pap smears and screenings for sexually transmitted infections.
- 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 testing and the dispensing of ibuprophen, acetomenophine and ceftriaxone.
- 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.

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Section D 2015 Program Information

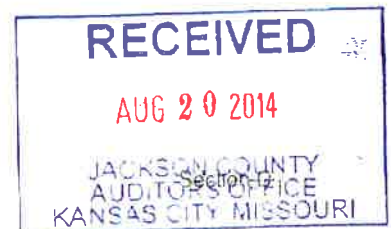
Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Medical Program

Program Request # 3 **of** 3

Participants		
Identify the number of participants that each program serves		
# served with this program	Cabot was acquired 11/2013; no activities are reflected prior to Nov.	601
Of the # served with this program, how many are from:		
Jackson County		486
Other Counties		115
Target Population		
Describe target population and demographics to be served by each program		
<p>The target populations are men, women and children living in Jackson County, Missouri. The breakdown of medical patients seen at SURHC/Cabot are: 63% females; 37% males; 17% are newborns to 5 years of age; 12% are 6 to 12 years of age; 8% are 13 to 19 years of age; 27% are 20 to 35 years of age; 26% are 36 to 55 years of age; and 10% of the medical adults seen at Cabot are over 55 years of age. Twelve percent of Cabot's medical patients have private insurance; 42% of the medical patients have Medicaid or Medicare; and 46% are uninsured patients. Ninety-five percent of the medical patients seen at Cabot are below the federal poverty level.</p>		
<p>Estimate of your cost per participant: \$551 (average medical cost per patient-per UDS report)</p>		
<p>What criteria do you have for the participants you serve? Proof of family size, income and residence.</p>		
<p>Do you keep a list of participants for each program? We keep medical records (EMR) on everyone.</p>		
<p>Would you provide these services to anyone at your door? Yes</p>		
<p>Is anyone denied services? No - we serve everyone, regardless of ability to pay.</p>		
<p>Please classify your program from the following types by % of your agency's overall services:</p>		
<p>Seniors Program: 10%</p>		
<p>Indigent Program (Below Poverty Level): 95%</p>		
<p>Indigent Senior Program: 10%</p>		



Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Medical Program

Program Request # 3 **of** 3

Service Delivery Area
Identify your specific geographic service delivery area for each program

The largest county served of Cabot medical patients are from Jackson County, Missouri with 79 percent or 3,703 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. Jackson County Outside Agency funding is only used to provide service to Jackson County residents. We ensure this by requiring verification of address.

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

To ensure that Jackson County Outside Agency funding is only used to provide services for Jackson County residents we require: Proof of residency (e.g. current utility bill or housing payment/rent receipt) and verification of income. 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. All project activities and services take place in Jackson County and are targeted to serve people residing in Jackson County. All funding sources are segregated within our accounting system and expenses and income are tracked and coded to the appropriate fund. SURHC's audits for 2013 and 2012 were unqualified opinions; reported no significant deficiencies or material weaknesses related to internal controls, and there were no items of noncompliance considered material to the financial statements. The audit had no reportable Government Audit Standards matters in either 2013 or 2012.

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 KANSAS CITY MISSOURI

Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Medical Program

Program Request # 3 **of** 3

Approach & Method
List the top three (3) objectives for each program

1. Improve overall health care delivery by providing medical care to 3,500 Jackson County residents.

2. We will provide medical services accessible to mono-lingual Spanish speaking Jackson County residents and improve access to medical care delivery by providing bilingual Spanish/English medical care providers and staff for the residents of Jackson County seeking care.

3. Improve access to affordable health care services through the provision of services to low-income Jackson County residents based upon a sliding scale.

Detail specific methods you will use to achieve these objectives

1. Patients will benefit from same day appointments for urgent care needs that limit wait time and serves patients better by seeing them immediately.
2. Cabot's bilingual providers and staff will continue to serve the residents of Jackson County seeking medical care.
3. SURHC/Cabot will continue meeting the standards to keep the top-level national designation as a Patient-Centered Medical Home with a National Committee for Quality Assurance (NCQA) Level III Designation.

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KANSAS CITY, MISSOURI

Section D
2015 Program Information

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

Agency Name: Samuel U. Rodgers Health Center

Program Name: Cabot Medical Program

Program Request # 3 **of** 3

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. Success will be based upon quantitative and qualitative measures to determine both success in providing health services to the projected number of Jackson County residents and a qualitative measure to determine patient satisfaction of the services provided.
2. Services provided at the Cabot location will utilize SURHC's electronic health record software to track and quantitative patient visits, type of service provided and the number of patients.
3. Qualitative evaluation of patient satisfaction will be measured using SURHC's patient experience questionnaire.

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)

We will continue to communicate the generous funding from Jackson County in our annual report, on our website, at board meetings and special events.

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AUDITOR'S 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 **Samuel Rodgers - Cabot Westside Health 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, **Samuel Rodgers - Cabot Westside Health 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.)

Hilda Fuentes
Authorized Representative's Signature
CEO
Title

Hilda Fuentes
Printed Name
7/21/2015
Date

Subscribed and sworn before me this 21 day of July, 2015. I am commissioned as a notary public within the County of Jackson, State of Missouri, and my commission expires on 5/19/2019.

Kelly L. Baker
Signature of Notary

7/21/2015
Date

