

COOPERATIVE AGREEMENT

**AN AGREEMENT** by and between Jackson County, Missouri, a Constitutional Home Rule County, hereinafter referred to as "the County" and the **KANSAS CITY CARE CLINIC**, 3515 Broadway, Kansas City, MO 64111, hereinafter referred to as "Organization."

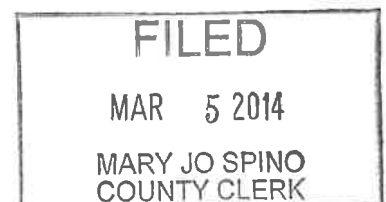
WHEREAS, the County recognizes its statutory obligations to the indigent under Sections 205.210 et seq., and 205.580, RSMo; and

WHEREAS, the County recognizes the difficulty of accessing health care and dental services for certain indigent citizens of Jackson County; and,

WHEREAS, Organization can provide for such needs; and,

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

1. **Services.** The Organization shall provide health care and dental services without charge to indigent residents of Jackson County, as is more fully set out in the proposal attached hereto as Exhibit A. As used in this Agreement, the term "indigent person" means a person who is eligible for free care or care at a reduced rate on the basis of income at Truman Medical Center - Lakewood and West. 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 Office no later than October 31, 2014. Any changes to the budget must be approved by the Jackson County Legislature.



2. **Terms of Payment.** The County agrees to pay to Organization the total amount of **\$140,000.00** in quarterly installments of **\$35,000.00** each, with the payment for the first quarter to be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports as set forth in paragraph 3 hereof. The County reserves the right to audit all invoices and to reject any invoice for good cause. The County retains the right to deduct from an invoice of Organization any overpayment made by the County on a prior invoice. The County retains the right to make invoice corrections/changes. The County will not reimburse sales tax expense.

3. **Reports.** 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 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 contract unless Organization has submitted to the 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), (5) a paid tax receipt on all properties owned by organization or notice of exemption. 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 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 County further reserves the right to examine and audit, during reasonable office hours, the books, and records of Organization pertaining to its finances and operations. Organization agrees to establish and adopt such accounting standards and forms as may be recommended by the County's Director of Finance and Purchasing prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document the expenditure of these funds may be changed from time to time upon mutual agreement.

8. **Default.** If Organization shall default in the performance or observation of any term or condition herein, the County shall give Organization ten (10) days' written notice setting forth the default. If said default shall continue for ten (10) days after written notice thereof, the County may at its election terminate the contract and withhold any payments not yet made to Organization. Said election shall not in any way limit the County's right to sue for breach of contract.

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 reasons 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) to the extent caused by the negligence or willful misconduct of Organization or its employees, agents or representatives.

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 as of January 1, 2014, and shall continue until December 31, 2014, 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	<b>Kansas City CARE Clinic</b>
Troy Thomas	Sheridan Y. Wood, Executive Director
415 E. 12 <sup>th</sup> Street, Suite 100	3515 Broadway
Kansas City, MO 64106	Kansas City, MO 64111
	816-777-2763.

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 promises, covenants, and agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to so observe and perform in accordance with said Agreement represents and constitutes a breach of this Agreement. In such even, Organization consents and agrees as follows:

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

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

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 parties have executed this Agreement this 5<sup>th</sup> day of March, 2014.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI

  
W. Stephen Nixon  
County Counselor

By:   
Michael D. Sanders  
County Executive

ATTEST:

KANSAS CITY CARE CLINIC

  
Mary Jo Spino  
Clerk of the Legislature

By:   
Executive Director  
Federal ID No. 43-0967292

**REVENUE CERTIFICATE**

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract 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 \$140,000.00 which is hereby authorized.

February 25, 2014  
Date

  
Director of Finance and Purchasing  
Account No. 002-7605-56789

7605 2014002



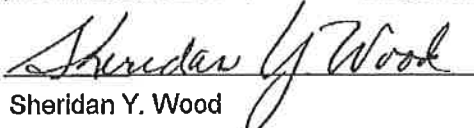
# OUTSIDE AGENCY FUNDING REQUEST FORM 2014 BUDGET

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

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

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## Section A: Organization or Agency Information

Name: Kansas City CARE Clinic (formerly the Kansas City Free Health Clinic)	
Address: 3515 Broadway, Kansas City, MO	Zip Code: 64111
Phone No: 816-777-2787	Fax: 816-777-2796
Website Address: <a href="http://www.kccareclinic.org">www.kccareclinic.org</a>	
Federal Tax ID No: 43-0967292	Fiscal Year Cycle: April 1 - March 31
Executive Director: Sheridan Y. Wood	
Name and Title of Principal Contact Person:	Sheridan Y. Wood, Executive Director
Phone No: 816-777-2763	Email Address: <a href="mailto:sheriw@kccareclinic.org">sheriw@kccareclinic.org</a>
Secondary Contact: Kirk Isenhour, VP of Marketing and Development Phone: 816-777-2762 Email: <a href="mailto:kirki@kccareclinic.org">kirki@kccareclinic.org</a>	
Submitted of this request has been authorized by:	
	Sheridan Y. Wood
Date:	8/28/2013

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AUG 28 2013  
JACKSON COUNTY  
AUDITOR'S OFFICE  
KANSAS CITY, MISSOURI

## Section B: Agency's 2013 and 2014 Revenue Information

<b>Agency's 2014 Projected Revenue Information</b>			
Funding Entity	Agency's 2014 Total Projected Revenue Source You Will Request 2013 Funding From	Projected Amount	% of Total Revenue
Federal	Department of Health & Human Services	\$ 4,123,713	33.6
State	Maintenance of Effort funds (pass through City of Kansas City)	\$ 109,800	0.9
Jackson County	Legislature and Mental Health Levy	\$ 431,470	3.5
City	City of Kansas City Health Levy (Indigent Care)	\$ 508,600	4.1
Corporations	Clinical Trials (Secured and TBD)	\$ 304,429	2.5
Foundations/Corporations	Program Funding (Secured)	\$ 1,005,866	8.2
TBD	Program Funding	\$ 738,933	6.0
United Way	Program Allocations (GenMed/Dental/BH/HIV Prev)	\$ 152,900	1.2
Fundraisers	Corporate Sponsorship & Individual Attendees	\$ 275,000	2.2
Charity/Donations	Unrestricted Donations (Individuals/UW donor/ASF)	\$ 493,500	4.0
Other	Program Income (Patient's contribution to care-sliding fee)	\$ 75,000	0.6
Other	Misc Income (i.e. interest/medical records fees)	\$ 45,000	0.4
Other	Contributed Goods and Services	\$ 4,000,000	32.6
<b>*2014 Total Projected Revenue</b>		<b>\$ 12,264,211</b>	

<b>Agency's 2013 Revenue Information</b>			
Funding Entity	Agency's 2013 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	Department of Health & Human Services	\$ 4,550,049	36.7
State	Maintenance of Effort funds (pass through City of Kansas City)	\$ 191,257	1.5
Jackson County	Legislature and Mental Health Levy	\$ 373,891	3.0
City	City of Kansas City Health Levy (Indigent Care)	\$ 451,506	3.6
Foundations/Corporations	Program Funding	\$ 2,635,716	21.2
United Way	Program Allocations (GenMed/Dental/BH/HIV Prev)	\$ 152,900	1.2
Fundraisers	Corporate Sponsorship & Individual Attendees	\$ 227,014	1.8
Charity/Donations	Unrestricted Donations (Individuals/UW donor/ASF)	\$ 472,488	3.8
Other	Misc Income (i.e. interest/medical records fees)	\$ 22,422	0.2
Other	Contributed Goods and Services	\$ 3,331,366	26.8

**\*\*2013 Total Revenue \$ 12,408,614**

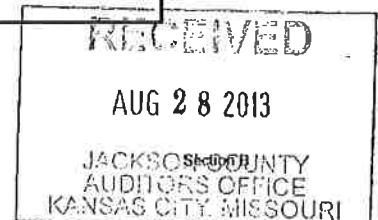
**If your agency received funding from Jackson County in 2013, please identify the funding source, amount and program name below.**

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 166,470	Behavioral Health Services
Mental Health Levy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 30,000	Behavioral Health Services (HIV+)
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 type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Jackson County Legislature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 140,000	General Medicine/Dental programs
Jackson County Legislature	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 60,000	ASO Collaboration
<b>2013 Total Jackson County Funding</b>			<b>\$ 396,470</b>	
<b>Did your agency receive funding or resources in ***2013 from either of the following?</b>				
Mid America Regional Council (Health Care Foundation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 161,605	General Medicine (evening services)
Mid America Regional Council (Health Care Foundation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 150,083	Community Health program
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	

\*Amounts derived from operating budget for fiscal year 2013-2014 (4/1/13-3/31/14)

\*\*Amounts reflect fiscal year 2012-2013 (4/1/12-3/31/13)

\*\*\*Amounts reflect funds received during fiscal year 2012-2013 (4/1/12-3/31/13)

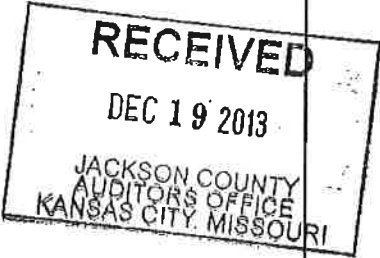


## Section C: 2014 REVISED Program Budget

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

**Agency Name:** Kansas City CARE Clinic  
**Program Name:** General Medicine and Oral Health Programs

<b>Personal Services</b>			
Position / Title	Annual Salary	Salary to be	to be funded by Jackson County
	\$1,113,003	8.0%	\$ 89,029
<i>Average Annual Salary for One Position</i>			
Physician	\$151,851		
Directors (2)	\$97,828		
Phlebotomist	\$28,290		
Nurse Practitioners (4)	\$78,954		
Registered Nurses (2)	\$41,650		
Medical Assistants (3)	\$26,000		
Dispensary Tech	\$30,694		
Dental Assisitant	\$33,610		
Dentist	\$106,683		
Medical Social Worker	\$41,227		
Volunteer Manager	\$52,401		
Front Office Staff	\$25,783		
Evaluation Staff	\$41,066		
<b>Total Salaries</b>			\$ 89,029
<b>Total Fringe Benefits (20%)</b>			\$ 17,806
<b>Other (occupancy, equipment maintenance, insurances, etc.)</b>			\$ 13,283
<b>Total Personal Services</b>			<b>\$ 120,118</b>
<b>Contractual Services</b>			
Waste Management Biohazard Removal Services/MO-KAN Courier Lab Ser			\$ 600
<b>Total Contractual Services</b>			<b>\$ 600</b>
<b>Supplies</b>			
Medical/Dental Supplies and Pharmaceuticals			\$ 3,879
Equipment Maintenance/ Rental			\$ 1,550
Office/Copying Supplies/Postage/Printing & Publication			\$ 550
			\$ -
			\$ -
			\$ -
<b>Total Supplies</b>			<b>\$ 5,979</b>
<b>Indirect Cost Allocation (10.5%)</b>			<b>\$ 13,303</b>
<b>Total Program Request</b>			<b>\$ 140,000</b>



## Section D: 2014 Program Information

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

**Agency Name:** Kansas City CARE Clinic (formerly KC Free Health Clinic)

**Program Name:** General Medicine and Oral Health Programs

### Proposed Program

Detail functions to be performed by each program.

The Kansas City CARE Clinic will provide medical and dental services for uninsured and underinsured adults residing in Jackson County, Missouri. Medical services include: acute and chronic disease care, women's health, physical exams, TB and STD testing, chiropractic services, occupational/physical therapies, and medical social work. Volunteers provide a number of services, such as nutrition, diabetes management, medication adherence, dermatology, cardiology, optometry, pulmonary care, and acupuncture. The dental program provides diagnostic, restorative, emergency, and preventive oral health care to Clinic patients to improve their oral health. Procedures include: exams, x-rays, extractions, fillings, root canals, prophylaxis, and routine cleaning. In 2012 dental patients averaged 2.3 visits apiece and 4.3 procedures per visit. Our medical and dental programs are among the first in the nation to offer opt-out rapid HIV testing (results in 20 minutes) as a routine part of care, per Centers for Disease Control and Prevention guidelines. Testing is a crucial part of helping individuals get care for and prevent the spread of HIV/AIDS. The Clinic and the Kansas City region are leaders in HIV care and prevention.

In order to improve the quality of care received by patients, the Clinic embraces the Patient-Centered Medical Home (PCMH) model. Within a PCMH practice, each patient has a primary care physician who leads a team of health care providers to ensure an integrated approach to care and wellness. The medical home focuses on accessibility, patient involvement and responsibility, individualized treatment plans, appropriate referrals, follow-up and evaluation of the effectiveness of care. Improving the overall health of patients and patient satisfaction with the healthcare system are the ultimate goals of PCMH.

### Participants

Identify the number of participants by County that each program serves.

Jackson, MO	Gen Med: 4,261 or 73.2%; Dental: 456 or 76.9%
Clay, Platte, Cass, MO	Gen Med: 687 or 11.8%; Dental: 73 or 12.3%
Wyandotte, Johnson, KS	Gen Med: 739 or 12.7%; Dental: 59 or 10%
Other Missouri	Gen Med: 37 or 0.6%; Dental: 3 or 0.5%

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AUG 28 2013

Section D - General Medicine/Oral Health

JACKSON COUNTY  
ADULT CARE OFFICE  
KANSAS CITY, MISSOURI

## Section D: 2014 Program Information

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

**Agency Name:** Kansas City CARE Clinic (formerly KC Free Health Clinic)

**Program Name:** General Medicine and Oral Health Programs

### Target Population

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

The Clinic is the safety net beneath the safety net in Kansas City. Our target population is underserved adults, namely those who are uninsured or underinsured. Located in the urban core, the Clinic serves a diverse and medically vulnerable population. 65% are members of minority groups, 97% are uninsured, 93% live below the federal poverty line, and 66% are diagnosed with one or more chronic condition. The most frequently diagnosed conditions are hypertension, diabetes, and high cholesterol, which are risk factors for 3 of Jackson County's most frequent causes of death: heart disease, stroke, and diabetes.

Our target population currently includes people with full-time, part-time, or seasonal employment that offers no health benefits; self-employed and unemployed individuals; laid off workers who cannot afford COBRA; and those who cannot afford employer-sponsored coverage. With the full implementation of the ACA, we know that many of our patients will have access to some sort of coverage in the near future, whether through Medicaid or health exchanges. Providers who currently accept this coverage will likely be unable to accommodate the flood of newly-insured patients. In order to remain a medical home to these patients, the Kansas City CARE Clinic is transitioning to a hybrid business model that provides reimbursement eligible care for those with coverage and charitable care for the uninsured. The Clinic has already applied for and received reimbursement numbers through Medicare and Medicaid, and we will implement third party billing in late 2013. While this will not come close to covering all expenses, it will help offset costs and allow us to continue to offer vital medical and dental services. Additionally, we are aware many of our patients will remain ineligible for insurance coverage, including undocumented individuals. Dental services are also not covered for the vast majority of adults under Medicaid in Kansas and Missouri, and this need will remain. The Clinic will still be one of the few places the uninsured and underinsured can go for care. Our patients rely on the Clinic for both guidance and continuity of care, and the hybrid model will allow the Clinic to serve all patients, regardless of their insurance status or their ability to pay.

**Would you provide these services to anyone at your door?** No; we currently focus services on adults (ages 15-64) without a third party payer source such as Medicare, Medicaid, or private insurance. However, our services will soon be extended to those adults (age 15+) with third party coverage, along with continuing to serve the uninsured. (See above for further details.)

**Is anyone denied services?** Yes; We do not presently provide services to children (under the age of 15 years old).

**What level of indigents (below poverty level) do you serve?** 93%

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

Senior Program	N/A
Indigent Program (Below Poverty Level)	93%
Senior Indigent Program	N/A

**What criteria do you have for the clients you serve?**

We ask patients to provide information regarding their residence, income, and insurance status. Many services require appointments, though walk-in patients are accommodated when possible and appropriate. Patients must first be engaged in general medicine to be referred for dental services.

RESOLVED

AUG 28 2013

Section D - General Medicine/Oral Health

JACKSON COUNTY  
ASSISTANT CLERK  
KANSAS MISSOURI

## Section D: 2014 Program Information

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

**Agency Name:** Kansas City CARE Clinic (formerly KC Free Health Clinic)

**Program Name:** General Medicine and Oral Health Programs

### Service Delivery Area

Identify your specific geographic service delivery area for each program.

The Kansas City CARE Clinic delivers services to residents of the metropolitan Kansas City area. Approximately 74% of medical/dental patients live in Jackson County. Other counties in the metro area are served, including: Clay, Platte, and Cass Counties in Missouri and Wyandotte and Johnson Counties in Kansas.

### 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.

The Kansas City CARE Clinic has a financial policy manual which is written in accordance with Generally Accepted Accounting Principles. Controls and systems are in place to ensure that grants are used for the purpose for which they were awarded. BKD, LLP has completed the preliminary audit for FY12-13, which will be reviewed and approved by the Board of Directors.

### Approach & Method

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

1. Provide services which address the preventive, acute, and chronic care needs of underserved (uninsured & Medicaid) Jackson County residents.
2. Provide General Medicine services for at least 4,500 Jackson County residents through an estimated 8,000 visits/encounters.
3. Provide comprehensive Oral Health Care to 475 Jackson County patients through an estimated 800 visits/encounters. Dental care is integrated with the Clinic's General Medicine, HIV Primary Care and Behavioral Health programs.

Detail specific methods you will use to achieve these objectives.

1. Provide a minimum of 35 medical clinics weekly to treat acute and chronic conditions. (A clinic is a 3-hour block of time during which patients see a provider.) Clinics will be offered during daytime and evening hours at our two Jackson County locations.
2. Engage patients in integrated, patient-centered care with internal referrals to case management, support groups, and behavioral health services as needed.
3. Provide at least 9 oral health clinics weekly.
4. Offer each dental patient an oral health treatment plan by the second visit.
5. Offer rapid HIV test to all medical and dental patients in accordance with CDC guidelines

### 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.

The following measures will be used to demonstrate the success of the KC CARE Clinic's program for Jackson County residents. (Data will be pulled directly from the Clinic's Electronic Health Record system.)

- At least 4,500 Jackson County residents will receive general medicine services through 8,000 visits/encounters during the reporting period.
- At least 60% of chronic care patients with diabetes will have at least one Hemoglobin A1C test indicating levels below 8.0, as tested in the past 12 months.
- At least 475 Jackson County residents will receive oral health services through 800 dental visits/encounters during the reporting period.

AUG 28 2013



Exhibit B

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 **Kansas City CARE Clinic**, (Organization name) 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, **Kansas City CARE Clinic**, 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.)

Sheridan Y Wood  
Authorized Representative's Signature  
CEO  
Title

Sheridan Y Wood  
Printed Name  
2/20/14  
Date

Subscribed and sworn before me this 20<sup>th</sup> day of February, 2014. I am commissioned as a notary public within the County of Clay, State of Missouri, and my commission expires on 3/4/17.

E. H. McCord  
Signature of Notary

2/20/14  
Date

