

**SERVICES AGREEMENT BETWEEN COLLIN COUNTY HEALTH CARE FOUNDATION  
AND FRISCO FAMILY SERVICES CENTER**

This Agreement is made March 1, 2014, by and between the Collin County Health Care Foundation, 825 N. McDonald Street, McKinney, Texas 75069 and Frisco Family Services Center (FIN 75-2530888), P.O Box 1387, Frisco, TX 75034.

**Whereas**, Collin County Health Care Foundation, hereinafter referred to as "CCHCF", wishes to provide assistance to the most vulnerable, low income United State Citizens and Resident Aliens of Collin County, Texas, who are at or below 100% of the Federal Poverty Level, needing prescription drug medications; and

**Whereas**, the Frisco Family Services Center ("Provider") provides assistance to Collin County, Texas residents needing prescription drug medications; and

**NOW THEREFORE**, this agreement is made and entered into by the Collin County Health Care Foundation and Frisco Family Services Center.

1. **Term of Agreement.** This agreement shall be effective as of March 1, 2014 and ends on February 28, 2015.
2. **Scope of Work.** Provider shall perform the following during the term of this agreement:
  - a. Provider shall provide limited prescription drug assistance to U.S. citizens and Resident Aliens (who have worked 40 more quarters in the U.S.) of Collin County, Texas.
  - b. Provider is required to use due diligence in determining patient eligibility as condition of payment from CCHCF. Patients eligible for payment under this agreement are those individuals who are U.S. Citizens and Resident Aliens residing and domiciled in Collin County, Texas and have a household income at or below 100% of the current published Federal Poverty Level to pay for prescription assistance provided by Provider.
  - c. Provider will be paid the actual cost of each prescription filled (generic when available). Patients must be domiciled and reside in Collin County, Texas and have a household income of at or below 100% of the Federal Poverty Level.
  - d. This agreement will not pay for individuals who are enrolled in Medicaid, Medicare, SHCIP, Collin County Indigent Health program or have private insurance.
  - e. Payment from CCHCF to Provider shall be contingent upon the completion of the invoice in the format provided and attached as Exhibit "A". (See Exhibit "A"). All data fields contained in exhibit "A" must be completed in electronic format and submitted to CCHCF before any payment will be paid to Provider. CCHCF reserves the right to reject any claim for payment for incomplete or unverifiable data submitted by Provider.

- f. CCHCF will only pay for prescriptions filled between March 1, 2014 and February 28, 2015.
- g. A prearranged site visit may be conducted on behalf of the CCHCF by the Manager, Collin County Health Care Services, her designee or the Collin County Auditors Office. CCHCF reserves the right to audit records for financial accuracy and contractual compliance for any and all claims made for payment for services rendered under this agreement.
- h. Any revision to this scope of work, including the use of funds, must be mutually approved in writing prior to the implementation of the revision, by both the Manager of the Collin County Health Care Services and Provider.

3. **Payment of Services.** The total amount of this agreement shall not exceed \$2,030. Provider shall submit all invoices in an electronic, Microsoft Excel format on a quarterly basis. The payment will be on an after-the-fact, actual cost basis.

- i. The first invoice shall be submitted no later than June 11, 2014 for the period March 1, 2014 – May 31, 2014.
- ii. The second invoice shall be submitted no later than September 10, 2014 for the period June 1, 2014 – August 31, 2014.
- iii. The third invoice shall be submitted no later than December 10, 2014 for the period September 1, 2014 – November 30, 2014.
- iv. The final invoice shall be submitted no later than March 11, 2015 for the period December 1, 2014 – February 28, 2015.

The Collin County Health Care Foundation reserves the right to adjust the payments based on incomplete or unverifiable data. Invoices shall be submitted in a Microsoft Excel format by e-mail to Olubukola Akinkoye at [oakinkoye@co.collin.tx.us](mailto:oakinkoye@co.collin.tx.us) or by disk to Olubukola Akinkoye, Collin County Health Care Foundation, 825 N. McDonald St, McKinney, Texas, 75069.

4. **Indemnification.** To the extent allowed by law, each party agrees to release, defend, indemnify, and hold harmless the other (and its officers, agents, and employees) from and against all claims or causes of action for injuries (including death), property damages (including loss of use), and any other losses, demands, suits, judgments and costs, including reasonable attorneys' fees and expenses, in any way arising out of, related to, or resulting from performance under this agreement, or caused by its negligent acts or omissions (or those of its respective officers, agents, employees, or any other third parties for whom it is legally responsible) in connection with performing this agreement. Provider expressly agrees to indemnify and defend CCHCF for any medical malpractice claim, or related claim, brought against Provider in which CCHCF is made a party.

5. **Provider Licensure and Insurance.** Provider warrants that it is in legal compliance with all state and federal licensure requirements. Provider agrees to

notify CCHCF of any suspension, revocation, or disciplinary action by any state or federal licensing body related to Provider's ability to provide the services contemplated by this agreement. Provider has a current insurance policy which covers the services contemplated by this agreement. Provider agrees to maintain licensure and insurance for the term of this agreement.

6. **Venue.** The laws of the State of Texas shall govern the interpretation, validity, performance and enforcement of this agreement. The parties agree that this agreement is performable in Collin County, Texas and that exclusive venue shall lie in Collin County, Texas.
7. **Confidentiality of Protected Health Information.** Provider is required to comply with state and federal laws relating to the privacy and confidentiality of patient and client records that contain protected health information, or other health information made confidential by law.

Provider agrees to provide certain basic data and information to CCHCF. This data and information is the same data and information requested for Exhibit "A". Provider agrees that CCHCF is authorized to request, collect and receive protected health information under this agreement. Provider agrees to have each client or legal guardian of the client treated under this agreement to sign the attached HIPAA release form, attached as Exhibit "B". This data may be used by CCHCF, but is not limited to, verify contractual compliance, statistical research, health research and awareness.


As further condition for transmitting the data and information subject to this agreement, Provider agrees to execute the attached Business Associate Agreement. Attached as Exhibit "C".

8. **Successors and Assigns.** This agreement shall be binding upon the parties hereto, their successors, heirs, personal representatives and assigns. Neither party will assign or transfer an interest in this agreement without the written consent of the other party.
9. **Severability.** The provisions of this agreement are severable. If any paragraph, section, subdivision, sentence, clause, or phrase of this agreement is for any reason held by court of competent jurisdiction to be contrary to law or contrary to any rule or regulation having the force and effect of the law, the remaining portions of the agreement shall be enforced as if the invalid provisions have never been included.
10. **Entire Agreement.** This agreement embodies the entire agreement between the parties and may only be modified in writing executed by both parties.
11. **Immunity.** It is expressly understood and agreed that, in the execution of this agreement, neither party waives, nor shall be deemed hereby to have waived

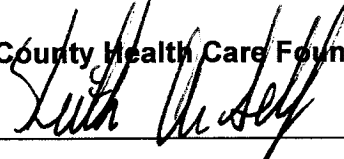
any immunity or defense that would otherwise be available to it against claims arising in the exercise of governmental powers and functions. By entering into this agreement, the parties do not create any obligations, express or implied, other than those set forth herein, and this agreement shall not create any rights in parties not signatories hereto.

12. **Termination.** This agreement may be terminated by either party for any reason after thirty (30) days written notice. The written notice shall be sent to the addresses identified in the first paragraph of this agreement. Provider shall be paid for all services provided up to the effective date of termination upon proper proof and submission of all required documentation.

**Frisco Family Services Center**

By:   
Name: Nicole S. Bursey  
Title: Executive Director  
Date: 2/24/14

**Collin County Health Care Foundation**

By:   
Name: Keith Self  
Title: President  
Date: 3/24/14