

**AMENDMENT OF FUNDING AGREEMENT  
FOR DENTAL HYGIENE SERVICES BETWEEN THE CITY OF SAN ANTONIO  
AND PALO ALTO COLLEGE**

This amendment of the Funding Agreement for dental hygiene services is entered into by and between the City of San Antonio, a Texas Municipal Corporation, (hereinafter referred to as "City") acting by and through its City Manager or designee and Alamo Community College District- Palo Alto College ("PAC"). City and PAC may be referred to herein collectively as the "Parties."

The Parties hereto severally and collectively agree, and by signing this agreement, both parties agree to fulfill the obligations outlined in this contract and to the performance and accomplishment of the tasks hereinafter described.

**WHEREAS**, through Ordinance No. 2018-09-13-0709, passed and approved on September 13, 2018, City Council authorized the execution of an Agreement ("Agreement") with PAC for a term that was executed on January 30, 2018, and terminates on September 30, 2029, to help PAC develop and execute a Dental Hygiene Program for students and a Community Dental Hygiene Clinic ("Program"); and

**WHEREAS**, due to delays in hiring a Dental Hygiene Director to oversee the Program, construction, and determining accreditation entity (the Commission on Dental Accreditation) graduation requirements and accreditation entity requirement approvals, the Parties wish to execute an amendment to the Agreement to adjust the scope of services to align with an updated first student cohort enrollment date and accreditation entity graduation requirements and add community outreach events to be conducted by PAC; and

**WHEREAS**, the Parties now wish to amend the Agreement to have the scope of services reflect an updated first student cohort enrollment date and graduation requirements as required by the Commission on Dental Accreditation the accreditation entity for the PAC Dental Hygiene Program and add community outreach events to be conducted by PAC; **NOW THEREFORE:**

**ARTICLE I  
AMENDMENTS**

1. Article I., "Definitions" is amended to add the definition of "PACDHP" as follows:

"PACDHP" is defined as the Palo Alto College Associate of Applied Sciences (AAS) Degree Dental Hygiene Program and shall mean the two-year program for students pursuing an Associate of Applied Science Degree in Dental Hygiene at Palo Alto College.

2. Article III., "Scope of Services" section 3.1 is amended to modify the scope and read as follows:

3.1 PAC agrees to provide the services below in exchange for the compensation described in Article IV. Compensation. The "Services" are as follows:

A. Enroll the first cohort (graduating class of 2025) of 30 students in the new Palo Alto College Associate of Applied Sciences (AAS) Degree Dental Hygiene Program (PACDHP) when the new program and building are ready, estimated for completion by the Fall 2023 Semester.

B. In year one of the first PACDHP cohort, students will begin offering services to the public by the Spring 2024 Semester. In year two of the first PACDHP cohort, 29 students will serve a minimum of 580 patients, with 174 of those being children and adolescents. Students will provide a full range of dental hygiene services as outlined in Exhibit I to patients of all ages, periodontal classifications, and socio-economic status

C. The second cohort of 30 students of the PACDHP, and beyond, will continue to serve a minimum of 600 patients, with 180 of those being children and adolescents, in the second year of their five-semester curriculum of the PACDHP.

D. PACDHP shall follow the standardized fee for dental hygiene services as outlined by the age category below. Any patient that is brought forward to the PACDHP director that advocates for their patient's inability to pay will complete a fee waiver form, as outlined in Exhibit III.

Age Group Title	Age Range	Number of Appointments	Cost
Seniors	60 + years	Possibility of 2 to 7 appointments in the treatment outlined	Free
Adults	20-59 years		\$ 30.00
Adolescents	12 -19 years		\$ 20.00
Children	5 -11 years		\$ 10.00
Additional Items:			
Sealants	For any age as diagnosed	First 4 sealants are \$5.00 each	\$20.00
		Each additional sealant is \$1.00	\$1.00 per tooth
Note: At the completion of dental hygiene care in the Palo Alto College Dental Hygiene (PACDH) Program, continued care in the PACDH Program clinic is <b>not</b> guaranteed. It may be necessary for the patient to seek treatment in a private dental setting to continue their dental hygiene care needs and to provide any additional restorative dental needs outlined from a referral.			

E. PAC will provide patient data to City, at the completion of each PACDHP cohort's graduating semester, as seen in Exhibit II In addition, PAC will provide a cumulative report including, but not limited to:

1. Number of children seen in the dental hygiene program by the class of students;
2. Number of adult patients seen in the dental hygiene program by the class of students;
3. Number of children (< 18) referred to further care beyond the scope of dental hygiene;
4. Number of adults (18 +>) referred to further care beyond the scope of dental hygiene.

F. Beginning in the 2024 – 2025 academic year, PACDHP shall conduct at least two (2) culturally and linguistically appropriate community outreach events every year (August – July) to support dental hygiene and educate the community on the importance of preventive oral health.

G. Students enrolled in the PACDHP will provide in clinic educational sessions to patients, that include the oral health disease process that is specific to them, how to prevent any future damage, and maintain proper oral health methods customized to their need. This will include nutritional evaluations when needed with the focus on risk assessment for multiple disease factors for caries risk assessment, oral cancer risk assessment and periodontal risk assessment.

H. PACDHP will permit Metro Health's Oral Health Program to use the PACDHP clinic to provide

onsite dental hygiene clinical services. A no-cost Alamo Community College District facility use agreement will be established between the parties for the provision of these services at the PACDHP clinic as agreed upon by both entities.

3. Article XXIV., "Incorporation of Exhibits" is amended to add Exhibit I, II and III and read as follows:

Each of the Exhibits listed below is an essential part of the Agreement, which governs the rights and duties of the parties, and shall be interpreted in the order of priority as appears below:

Exhibit I-Dental Hygiene Services

Exhibit II- Palo Alto College Dental Hygiene Program Patient Registration & Dental History

Exhibit III – Palo Alto College Dental Hygiene Program Advocacy Fee Waiver Form

## **ARTICLE II** **TERMS AND CONDITIONS**

All other terms, conditions, covenants and provisions of the Agreement approved through Ordinance No. 2018-09-13-0709, are hereby in effect, renewed and extended, save and except those terms which the Parties have amended through this amendment.

**EXECUTED** and **AGREED** to on this \_\_\_\_\_ day of \_\_\_\_\_, 2024. This amendment may be executed in any number of counterparts, each of which shall be deemed an original and constitute one and the same instrument.

### **CITY OF SAN ANTONIO**

\_\_\_\_\_  
Claude A. Jacob, DrPH, MPH  
Health Director  
San Antonio Metropolitan Health District

\_\_\_\_\_  
Date

### **APPROVED AS TO FORM:**

\_\_\_\_\_  
City Attorney

### **PALO ALTO COLLEGE**

\_\_\_\_\_  


Dr. Robert Garza  
Palo Alto College President

\_\_\_\_\_  
11/17/24

\_\_\_\_\_  
Date

### **APPROVED AS TO FORM ONLY**

\_\_\_\_\_  
  
GENERAL COUNSEL, ALAMO COLLEGES

## **EXHIBIT I**

### **1. What are the Services that are provided to the patients?**

- a. Comprehensive Medical and Dental History Review
- b. Vital Signs - Blood Pressure, Respirations, Temperature
- c. Intra and Extraoral examination for Oral Cancer
- d. Full Mouth Radiographic Imaging (all digitally recorded)
- e. Comprehensive Dental Charting
  - i. Dental Charting of Existing and possible pathological areas
- f. Comprehensive Periodontal Charting, Inclusive of:
  - i. Probe Depths
  - ii. Recession
  - iii. Clinical Attachment Loss
  - iv. Bleeding Points
  - v. Furcation Involvement
  - vi. Mobility
- g. Completion of all Risk Assessment processes:
- h. Caries Risk Assessment
  - i. Periodontal Risk Assessment
  - ii. Cancer Risk Assessment
- i. Development of individualized care/treatment plan that requires the justification for the type of care suggested, with the expected outcomes of completion of treatment or what will occur if the treatment is not completed.
- j. Evaluate the need for:
  - i. Sealant placement
  - ii. Nutritional Counseling
  - iii. Fabrication of Fluoride Trays
  - iv. Extensive Oral Health Education
- k. Polishing/Selective Polishing Procedures
- l. If needed:
  - i. Cleaning of Dentures
- m. Referrals if needed for additional treatment, outside the scope of dental hygiene



# Appointment Sheet

	I	II	III	A / B
A	A-Date-D			D
<input type="checkbox"/>	Clinical Software			<input type="checkbox"/>
<input type="checkbox"/>	TE-PtProf			<input type="checkbox"/>
<input type="checkbox"/>	TE-StGRD			<input type="checkbox"/>
<input type="checkbox"/>	Tracking			<input type="checkbox"/>

Date of Screening:	Is Premedication Required?	Yes	No
Student Screener:	Is Medical Release Form Completed?	Yes	No
DDS Screener:	If yes, how was the release sent?	Fax	Mail Patient
	Date Medical Release Sent:		

**The form must be completed in its entirety at the screening appointment.  
Once this form is completed, it will be uploaded into the Patient documents of Clinical Software**

Radiographs diagnosed: **(Must be initialed and dated by the Clinic Supervising Dentist) (DDS Initials):** Date Prescribed:

(Please Circle below all Radiographs that have been prescribed)

FMS w/ HBWX	FMS w/ VBWX	VBWX	HBWX	Panoral	Panoral BWX	PA #
-------------	-------------	------	------	---------	-------------	------

**Please select the best Household Income category that fits for the patient below:**

<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$14,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$35,000	<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$65,000	<input type="checkbox"/> \$80,000	<input type="checkbox"/> \$95,000
<input type="checkbox"/> \$12,000	<input type="checkbox"/> \$16,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$40,000	<input type="checkbox"/> \$55,000	<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$85,000	<input type="checkbox"/> \$100,000
<input type="checkbox"/> \$18,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$45,000	<input type="checkbox"/> \$60,000	<input type="checkbox"/> \$75,000	<input type="checkbox"/> \$90,000	<input type="checkbox"/> \$200,000	

Anticipated PACDH Calculus Classification - overall	0	1	2	3
Anticipated PACDH Periodontal Classification - overall	Healthy	Gingivitis	Stage I	Stage II Stage III-IV Reduced Periodontium

Date Patient Activated by CC:	Date Patient Appointed to begin Care by Student:
Assigned to Student by CC:	Date Patient Discontinued:
Patient's Name:	Clinical Software Chart ID#:
Patient's Date of Birth:	Patient's Age:

Patient's Address:		
City:	State:	Zip Code:
If the patient is a child, Parent or Guardian's name:		Relationship to Patient:
Home Phone:	Work Phone:	Cell Phone:

**If the cell number is the patient's primary phone, then the cell phone as their home number in Clinical Software for their digital records.  
Circle all that apply below:**

What is the preferred number to call for appointments?	Home	Work	Cell
What is the preferred time to call to schedule and confirm appointments?	Day:	Time:	A.M. P.M.
What is the preferred day and time for appointments?	Any	M	TU W TH F Time: A.M. P.M.
How did the patient hear about the dental hygiene program?			
Please provide the patient's email address:			
Patient's Emergency Contact:	Name:	Relationship:	Phone:

**For patients that are unable to be appointed at this time, they will be placed into a patient pool for future aid, if scope of need is greater than PAC-DH can provide, notification will be shared with the patient:**

I have been advised that I have dental needs that are beyond the capabilities of the Dental Hygiene students at this time. I have been informed and encouraged to seek professional dental care.

Signature of patient or guardian: Date:

Comments – Please add any additional information to aid in the future scheduling of this patient:

--

Student  
Patient  
Faculty/Staff

EXHIBIT III



Palo Alto College

Dental Hygiene Program  
ADVOCACY – FEE WAIVER FORM

DATE:

STUDENT NAME:

PATIENT NAME:

CHART ID:

I, (Student Name) \_\_\_\_\_,  
have been assigned (Patient Name) \_\_\_\_\_, with Chart ID of  
(Insert Number) \_\_\_\_\_, would like to advocate on behalf of my patient to waive the fee for dental  
hygiene services of (insert fee associated with age) \$ \_\_\_\_\_.

My patient has expressed to me that they cannot pay for services of care at the Palo Alto College Dental Hygiene Clinic. I understand that I must see the Program Director to Advocate for my patient to seek and adjustment in the fees for services rendered with a justification statement. I understand that as a part of the Dental Hygiene Profession, I must be aware of all the roles a dental hygienist plays in the Profession as a patient Advocate.

Student Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Program Director's Approval Signature: \_\_\_\_\_

*Please scan this document into the patient's record. The document must go to Ms. Olga Segura to complete the write off procedures. |*

Signature: *Caroline Haring*

Email: [charing1@alamo.edu](mailto:charing1@alamo.edu)

Signature: *Lou M. J.*

Email: [ljuarez37@alamo.edu](mailto:ljuarez37@alamo.edu)