

Discuss and take appropriate action on replacing corrugated metal pipe with box culverts on Arnold Drive near the Bartlett prison.

County Engineer Joe England advised he is meeting the City of Bartlett Mayor along with a representative of the Little River Soil Conservation District this afternoon at 3 p.m..

This item was tabled until the meeting of October 27, 1998.

**REQUEST MEMORANDUM**

October 13, 1998

cont.

PRESENTLY: In late spring of 1998, the drainage ditch between FM 487 and CR 342 on the Bohac property was widened and channelized whereby previous drainage to the prison area was closed off and all drainage was flowing to the area around the 2 metal pipes that flow under CR 342. It appears that a box culvert will be necessary to handle this turn of events.

Included with this request is a topography map, ownership map and photographs of the drainage area showing the previous and present drainage of the area.

Mr. Joe England, Williamson County Engineer, Tim Vrabel, the Lentz Estate Farm tenant and myself, agent for the Owner inspected the problem area on October 7, 1998. Mr. Mehevec met with Mr. Vrabel in the problem area shortly thereafter and is now aware of the problem.

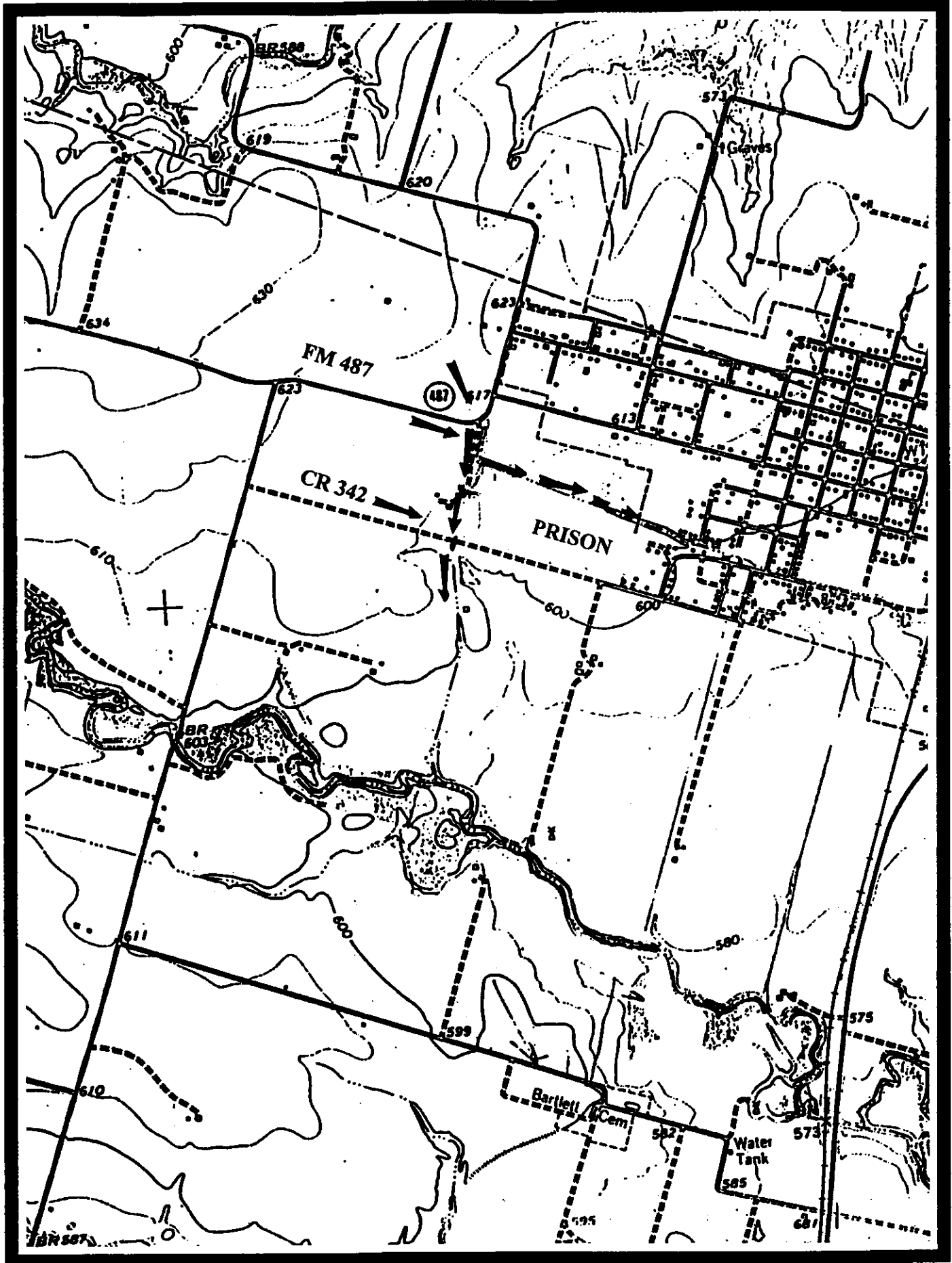
Please review the enclosed matter and give this request its due consideration to alleviate this problem area.

Very truly yours,



Sam Williams  
Agent for the Owner

cc: Joe England, Williamson County Engineer  
Tim Vrabel, Lentz Estate Farm tenant

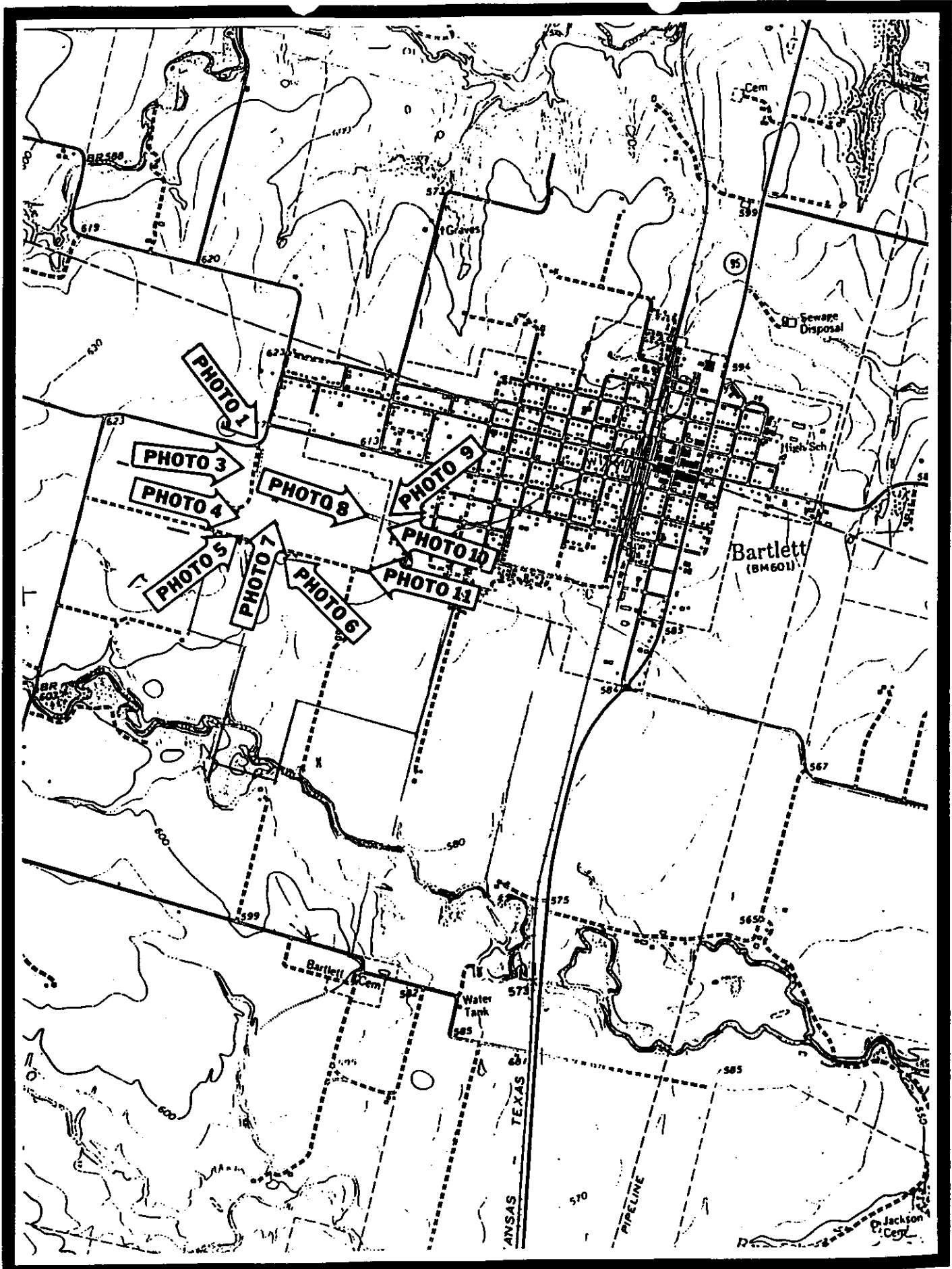


## PREVIOUS DRAINAGE

## RECORDERS MEMORANDUM

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Photograph Views



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PREVIOUS DRAINAGE

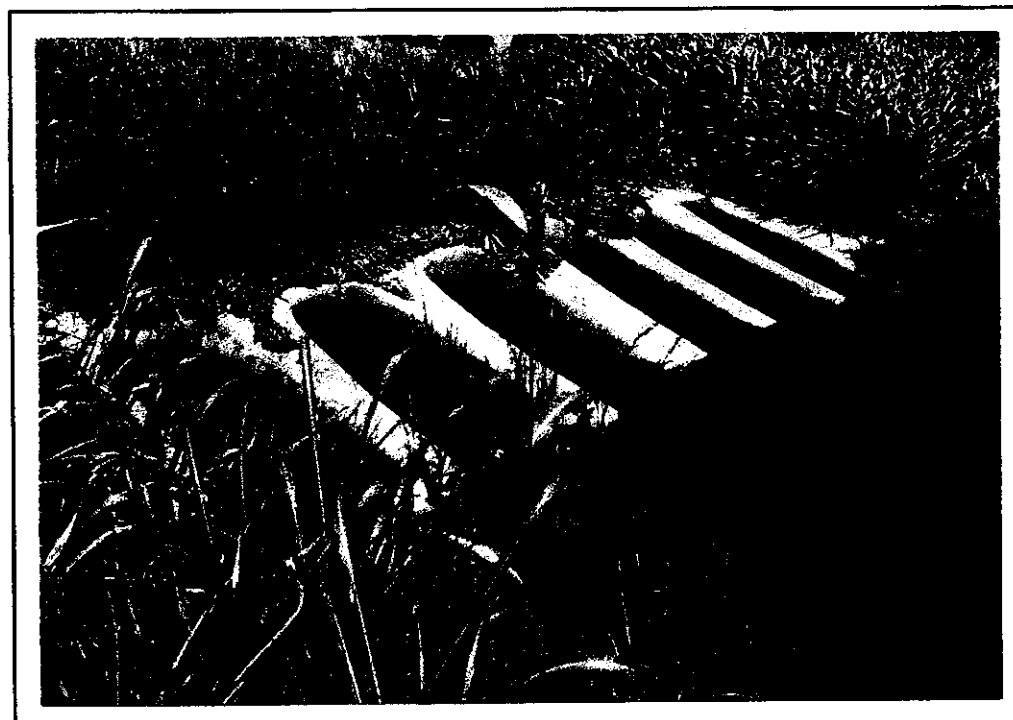
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PHOTO 2



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PHOTO 4



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PHOTO 5

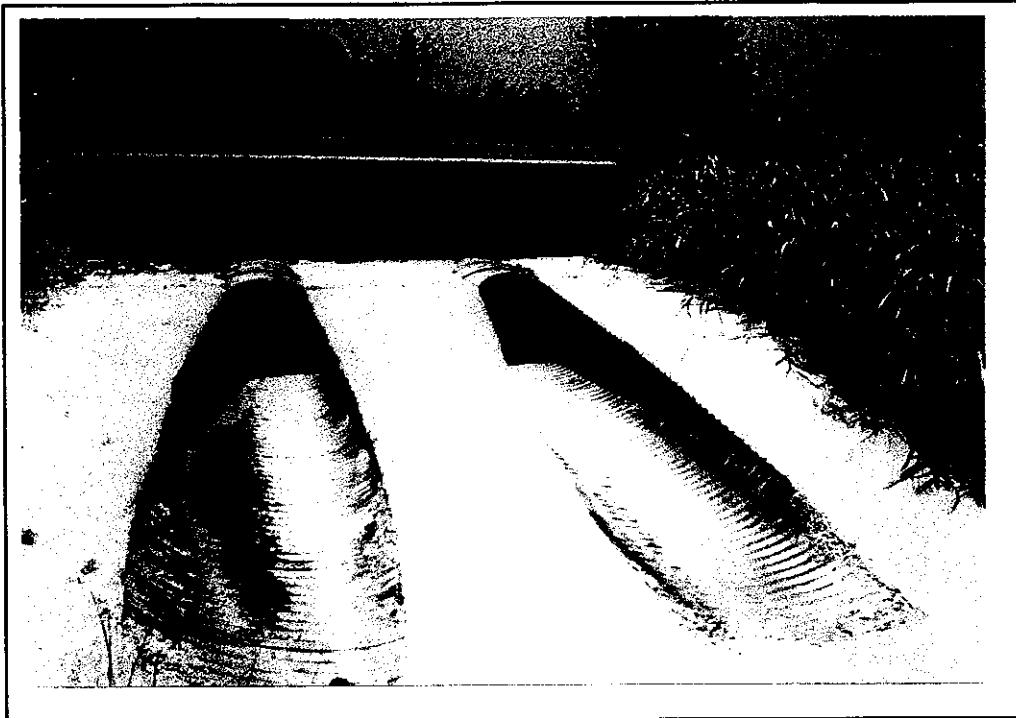
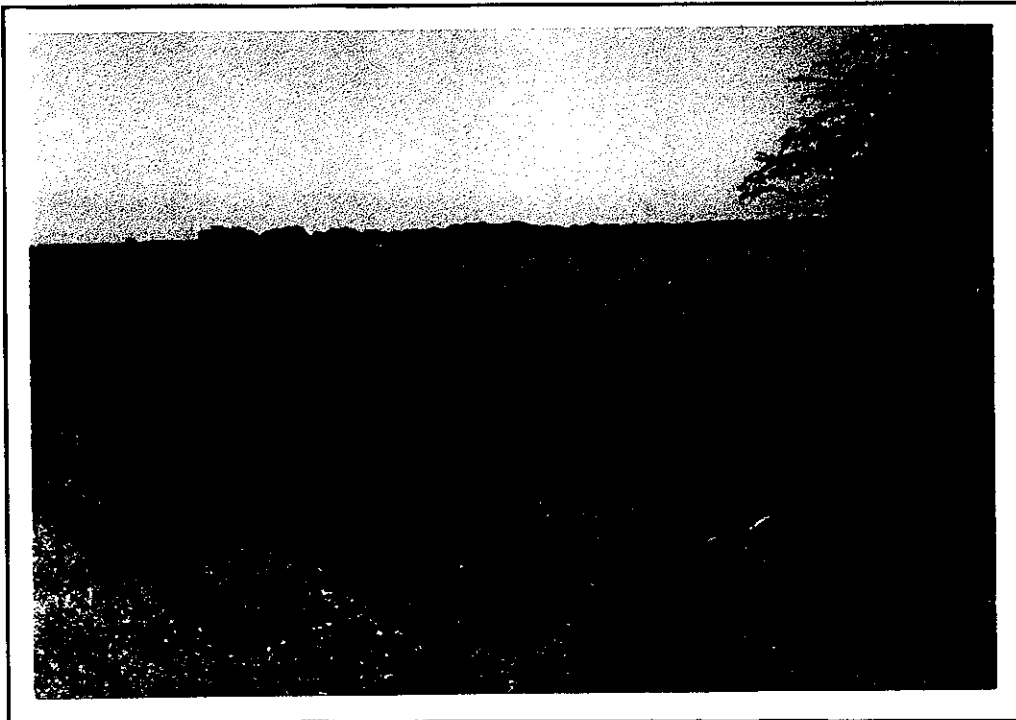


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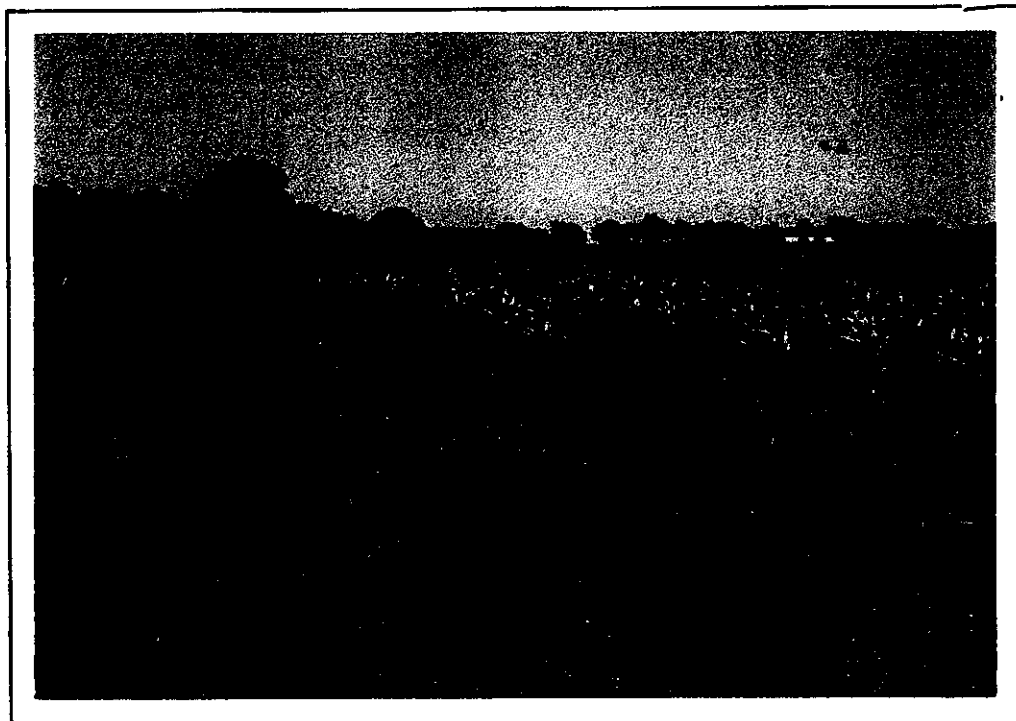
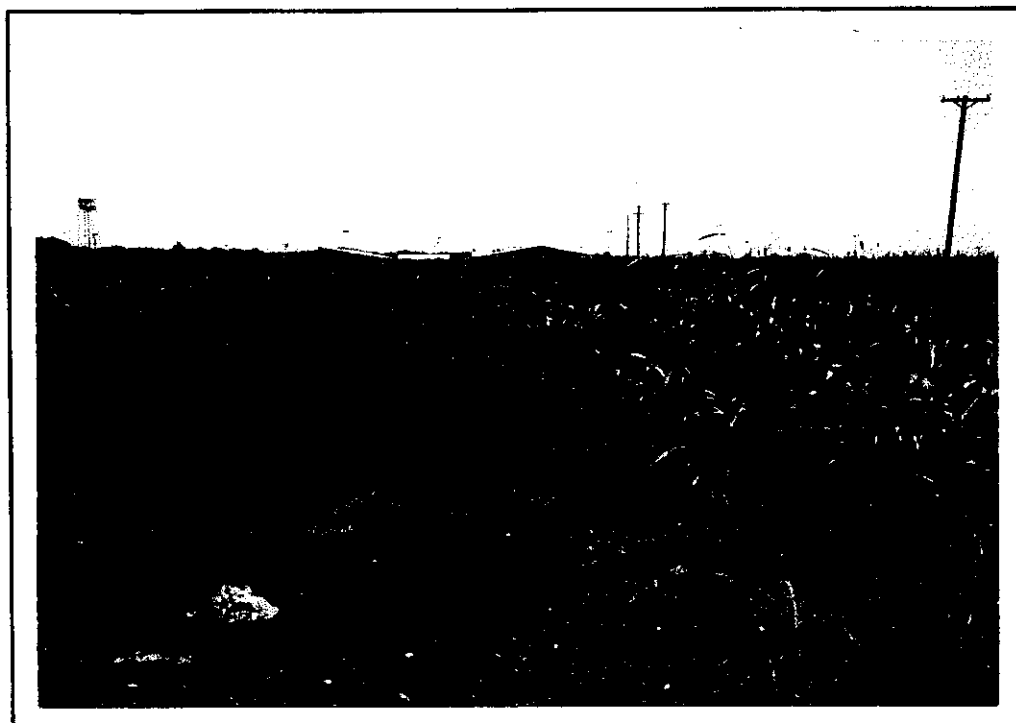


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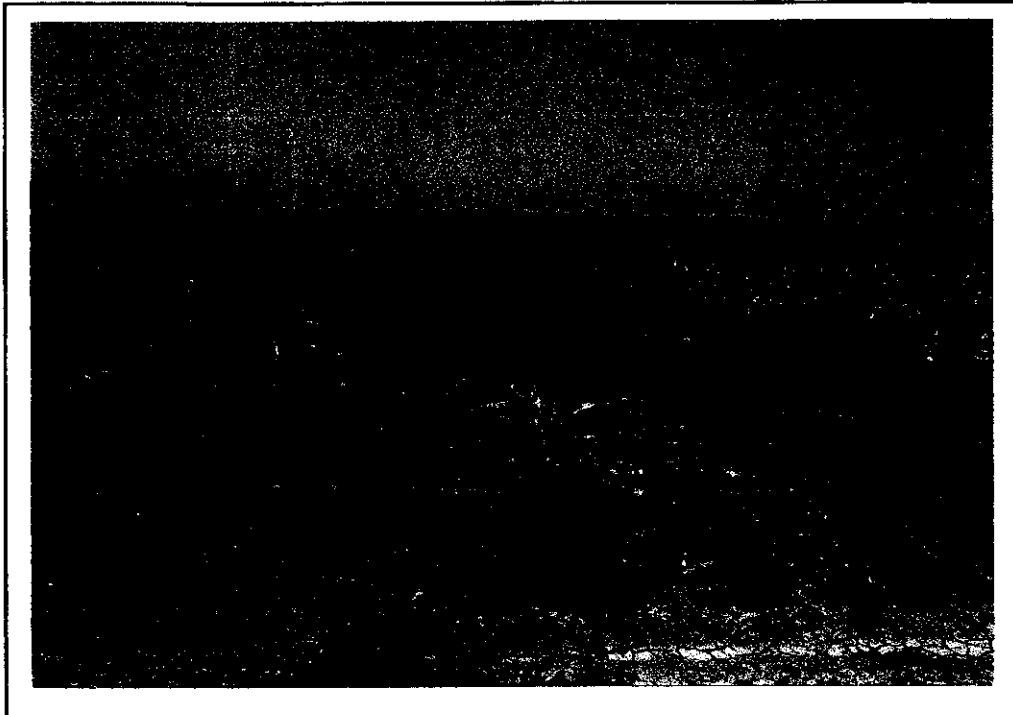
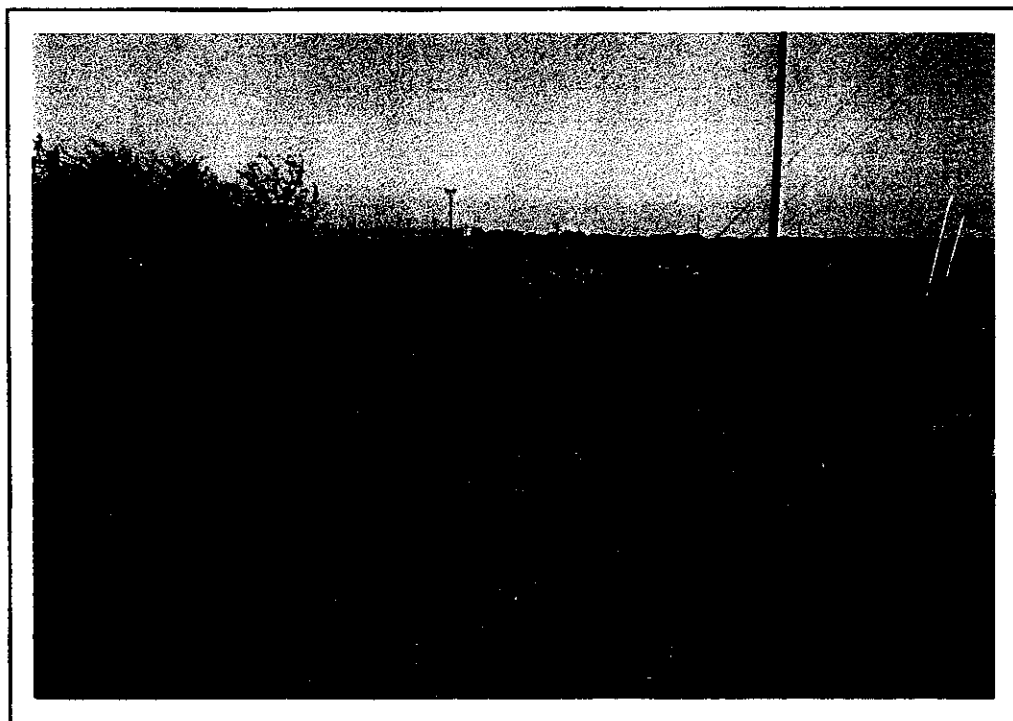


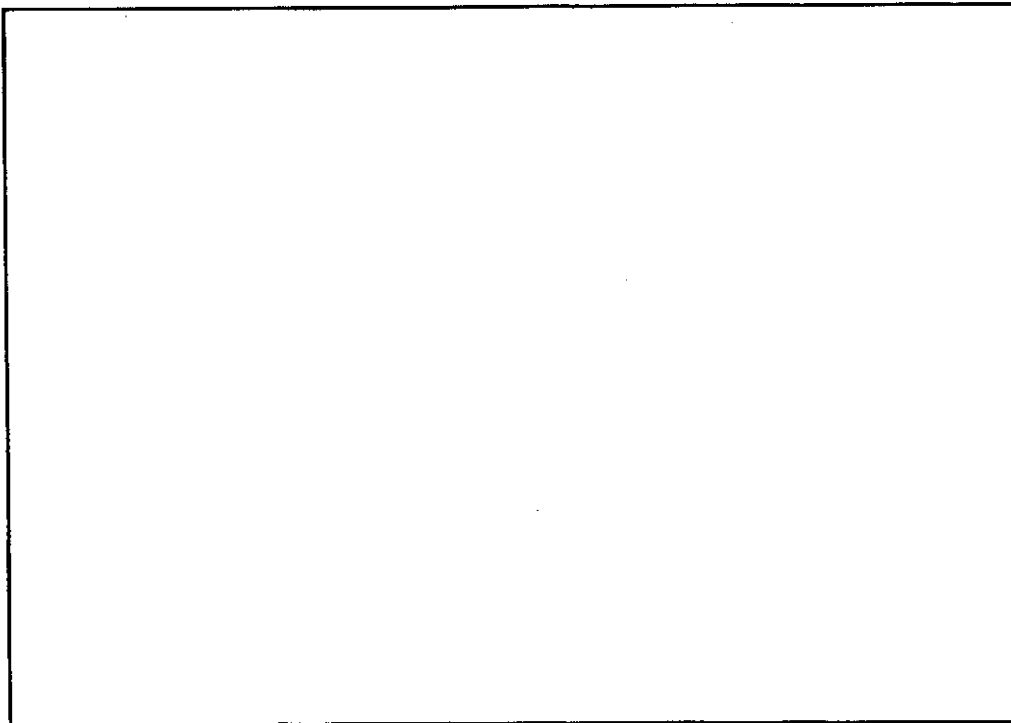
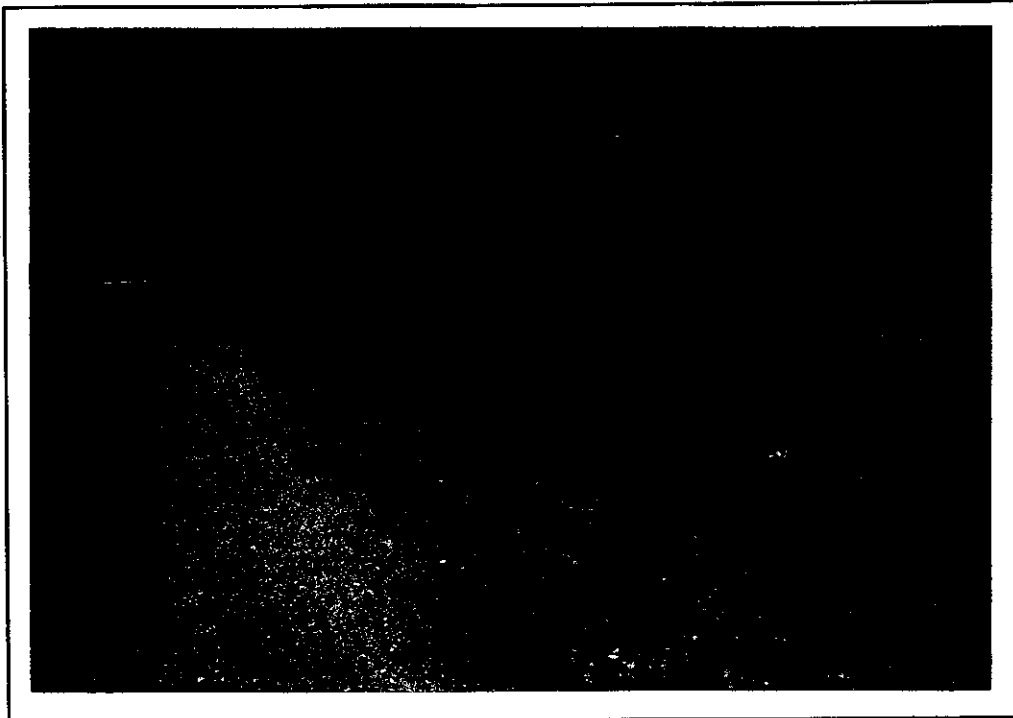
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AGENDA ITEM # 13

October 20, 1998

Open and consider awarding, rejecting, or extending bid for pharmaceutical services for Liberty Hill/Leander area.

At 10 a.m. Commissioner Heiligenstein announced time to receive bids for pharmaceutical services for Liberty Hill/Leander area.

At 10:01 a.m. Commissioner Heiligenstein announced time closed to receive bids for pharmaceutical services for Liberty Hill/Leander area.

Bids were received from Leander Pharmacy and M & L Pharmacy.

Moved: Commissioner Heiligenstein

Seconded: Commissioner Hays

Motion: To refer the unopened bids to County Auditor Purchasing Department for award on October 27, 1998.

Vote: Motion carried 3 - 0 with Commissioner Mehevec absent from the dais.

< Clerk copy here >

**WILLIAMSON COUNTY BID FORM**

COPY

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME OF BIDDER: M & L PHARMACY

Mailing Address: P.O. Box 546

City: LIBERTY Hill State: TX Zip: 77642

Telephone: (512) 515-5123 Fax: ( ) N/A

Lawrence Wehlmann Date of BID: 10-19-98  
Signature of Person Authorized to Sign BID

Name and Title of Signer: LAWRENCE WEHLMANN VICE PRES / SEC. TREAS  
(Please Print or Type)

**PLEASE COMPLETE THE FOLLOWING:**

Prompt Payment Discount: \_\_\_\_\_ % \_\_\_\_\_ days. (If no discount is offered, Net 30 will apply.)

[ ☒ ] "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)

[ ☐ ] low item basis. (Will accept award on "any or all" items.)

List Additional Limitations if applicable: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO NOT SIGN OR SUBMIT THIS FORM  
WITHOUT READING ENTIRE DOCUMENT**

Copy

**BID SPECIFICATIONS/BID SHEETS**

**PHARMACY SERVICES FOR INDIGENT CARE**

**COUNTY INDIGENT HEALTH CARE (CIHCP) AND PRIMARY CARE (PHC) PROGRAMS**

Pharmacy must be able to refund pharmacy payments to Williamson County when necessary.

Medicaid provider number required – must accept and bill under Medicaid.

Client eligibility must be verified by phone before dispensing prescriptions. Verification by phone 8:00 AM through 5:00 PM, Monday thru Friday ONLY.

Invoices must have the following information:

- ❖ Client's Name
- ❖ NDC#
- ❖ Drug Name
- ❖ Drug Manufacturer
- ❖ Quantity dispensed
- ❖ Name of prescribing Physician

Participating Pharmacy will be selected for the following area:

- ❖ Liberty Hill/Leander

**PRICING REQUIRED AS FOLLOWS:**

Average Wholesale Price (AWP) minus 10 percent (%) plus a \$ 3.00 dispensing fee.

All bills must be priced using the above formula before submitting them to the Health District offices.

Service given to clients must be done so in a courteous and professional manner.

**CANCELLATION OF CONTRACT:** Services not being performed in a satisfactory manner and bills not being submitted per the specifications shall be a basis for cancellation of the contract by the Health District. Pharmacies will be given a reasonable opportunity before cancellation to correct the deficiencies. The contract may be cancelled by the Health District with a thirty (30) day written notice.

**BID:** PHARMACY DISPENSING FEE OF \$ 3.00

copy

# LETTER OF AGREEMENT

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## PARTICIPATING PHARMACIES AND WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT FOR COUNTY INDIGENT HEALTH CARE (CIHCP) AND PRIMARY CARE (PHC) PROGRAMS

M+L PHARMACY  
(Pharmacy name)

at P.O. Box 546 LIBERTY HILL, TX 78642  
(Address)

Agrees to Participate in the Williamson County Indigent Health Care Program and the Primary Health Care Program, administered through the Williamson County and Cities Health District (WCCHD), Social Services Division. The above named Pharmacy bids the following payment rate and agrees to charge this rate to the programs:

Average Wholesale Price, minus 10%, plus a \$ 3.00 dispensing fee.

The Pharmacy agrees to price all bills by this formula before sending them to the Health District offices.

All bills submitted for payment must include the following:

- ♦ Client's name
- ♦ NDC#
- ♦ Drug name
- ♦ Drug manufacturer
- ♦ Quantity dispensed
- ♦ Name of prescribing physician

Each client will be assigned to the contracted pharmacy of their choice, as noted on the authorization letter they bring to the Pharmacy. There is a limit of three (3) prescriptions per month for CIHCP clients, or one (1) prescription per month for PHC clients. All bills must be submitted within ninety-five (95) days of the date of service. Bills submitted after that time will be returned unpaid.

Social Service staff will review all Pharmacy bills for payment within thirty (30) days of receipt. PHC bills are paid directly through the WCCHD offices while the CIHCP bills require additional time due to being processed through the Williamson County Commissioners Court, the County Auditor and the County Treasurer.

The term of this agreement is from Date of Award through September 30, 1999.

LAWRENCE WEHLMANN

Lawrence Wehlmann

Pharmacy Representative

10-19-98  
Date

Williamson County and Cities Health District Representative

Date

PHARMACY SERVICES FOR INDIGENT CARE  
Attachment Page 2 of 2

VENDOR NAME:

M+L PHARMACY

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## WILLIAMSON COUNTY BID FORM

The undersigned, by his/her signature, represents that he/she is authorized to bind the bidder to fully comply with the terms and conditions of the attached Invitation for Bid, Specifications, and Special Provisions for the amount(s) shown on the accompanying bid sheet(s). By signing below, you have read the entire document and agreed to the terms therein.

NAME OF BIDDER: LEANDER PHARMACYMailing Address: 2701 S. Hwy 183City: LEANDER State: TEX Zip: 78641Telephone: (512) 259-4494 Fax: (259) 8086Gene Jacob Date of BID: 10-15-98  
Signature of Person Authorized to Sign BidName and Title of Signer: GENE JACOB APH.  
(Please Print or Type)

## PLEASE COMPLETE THE FOLLOWING:

Prompt Payment Discount: Net 30 days. (If no discount is offered, Net 30 will apply.)☒ "all or none" basis. (Will accept award of "all" items only. If left blank, low item will apply.)☐ low item basis. (Will accept award on "any or all" items.)

List Additional Limitations if applicable: \_\_\_\_\_

**DO NOT SIGN OR SUBMIT THIS FORM**  
**WITHOUT READING ENTIRE DOCUMENT**

**WILLIAMSON COUNTY HEALTH DISTRICT****BID SPECIFICATIONS/BID SHEETS****PHARMACY SERVICES FOR INDIGENT CARE****COUNTY INDIGENT HEALTH CARE (CIHCP) AND PRIMARY CARE (PHC) PROGRAMS**

Pharmacy must be able to refund pharmacy payments to Williamson County when necessary.

Medicaid provider number required – must accept and bill under Medicaid.

Client eligibility must be verified by phone before dispensing prescriptions. Verification by phone 8:00 AM through 5:00 PM, Monday thru Friday ONLY.

Invoices must have the following information:

- ❖ Client's Name
- ❖ NDC#
- ❖ Drug Name
- ❖ Drug Manufacturer
- ❖ Quantity dispensed
- ❖ Name of prescribing Physician

Participating Pharmacy will be selected for the following area:

- ❖ Liberty Hill/Leander

**PRICING REQUIRED AS FOLLOWS:**

Average Wholesale Price (AWP) minus 10 percent (%) plus a \$ 3.50 dispensing fee.

All bills must be priced using the above formula before submitting them to the Health District offices.

Service given to clients must be done so in a courteous and professional manner.

**CANCELLATION OF CONTRACT:** Services not being performed in a satisfactory manner and bills not being submitted per the specifications shall be a basis for cancellation of the contract by the Health District. Pharmacies will be given a reasonable opportunity before cancellation to correct the deficiencies. The contract may be cancelled by the Health District with a thirty (30) day written notice.

**BID:** PHARMACY DISPENSING FEE OF \$ 3.50.

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PHARMACY SERVICES FOR INDIGENT CARE

VENDOR NAME:

Leander PHARMACY

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## LETTER OF AGREEMENT

PARTICIPATING PHARMACIES AND  
WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT  
FOR  
COUNTY INDIGENT HEALTH CARE (CIHCP) AND  
PRIMARY CARE (PHC) PROGRAMS

Leander PHARMACY of 2701 S. HWY 183  
(Pharmacy name) (Address) Leander, Texas 78641

Agrees to Participate in the Williamson County Indigent Health Care Program and the Primary Health Care Program, administered through the Williamson County and Cities Health District (WCCHD), Social Services Division. The above named Pharmacy bids the following payment rate and agrees to charge this rate to the programs

Average Wholesale Price, minus 10%, plus a \$ 3.50 dispensing fee.

The Pharmacy agrees to price all bills by this formula before sending them to the Health District offices.

All bills submitted for payment must include the following:

- ♦ Client's name
- ♦ NDC#
- ♦ Drug name
- ♦ Drug manufacturer
- ♦ Quantity dispensed
- ♦ Name of prescribing physician

Each client will be assigned to the contracted pharmacy of their choice, as noted on the authorization letter they bring to the Pharmacy. There is a limit of three (3) prescriptions per month for CIHCP clients, or one (1) prescription per month for PHC clients. All bills must be submitted within ninety-five (95) days of the date of service. Bills submitted after that time will be returned unpaid.

Social Service staff will review all Pharmacy bills for payment within thirty (30) days of receipt. PHC bills are paid directly through the WCCHD offices while the CIHCP bills require additional time due to being processed through the Williamson County Commissioners Court, the County Auditor and the County Treasurer.

The term of this agreement is from Date of Award through September 30, 1999.

Eline Jacob RPh  
Pharmacy Representative

10-18-98  
Date

\_\_\_\_\_  
Williamson County and Cities Health District Representative

\_\_\_\_\_  
Date

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PHARMACY SERVICES FOR INDIGENT CARE

VENDOR NAME: Leander Pharmacy

Discuss and take appropriate action on sidewalks in Coupland.

First Assistant County Attorney Dale Rye had suggested Mr. Worthy obtain estimate of cost to bring sidewalks to ADA compliance and suggested the possibility Williamson County might bring the sidewalks to ADA compliance in exchange for the owners agreement to handle all maintenance and liability issues from that point forward.

If Williamson County should perform the work in this very unusual case it was only because the sidewalks are four feet off the ground.

The decision was made to table this item until the cost estimates have been received.

## AGENDA ITEM # 15

October 20, 1998

\*

Discuss and take appropriate action on additional funding for bridge on County Road 101.

Assistant County Auditor Julie Kiley advised the bid was let for a greater amount of money than was set aside for the bridge project in the Certificate of Obligation and is now \$48,103.00 over budget.

August 5, 1998, bid was awarded for \$400,437.00 to Dayco Construction.

Moved: Commissioner Boatright

Seconded: Commissioner Mehevec

Motion: To designate 1997/98 Road and Bridge construction funds as funding source for payment of the \$48,103.00.

Vote: Motion carried 4 - 0

## AGENDA ITEM # 16

October 20, 1998

\*

Discuss and take appropriate action on interlocal agreement for County Road 122.

Commissioner Heiligenstein advised this is a project Williamson County would have undertaken and feels it is in the best interest of tax payers to exchange the bond money with the City of Round Rock for their construction and future maintenance of County Road 122.

First Assistant County Attorney Dale Rye distributed a proposed interlocal agreement which basically states in exchange for \$400,000.00 and control of County Road 122, the City of Round Rock will take responsibility for the road and agree to annex it within a year from the date of payment.

This agreement applies to that part of County Road 122 located south from U.S. Highway 79 to the existing city limits of the City of Round Rock.

Moved: Commissioner Heiligenstein

Seconded: Commissioner Hays

Motion: To approve interlocal agreement for County Road 122 as presented and forward to the City of Round Rock for their action and if there are any major changes Mr. Rye will present the requested changes to Commissioners Court for consideration.

Vote: Motion carried 3 - 0 with Commissioner Mehevec absent from the dais.

< Clerk copy here >