#### **Purchase Order**

**Dispatch via Print** 

Payment Terms	Freight Terms	Ship Via				
Net 30	Prepd Allw	BEST WAY	Purchase Order	HH	STX-3-0000298596	
specifications, terr	formal bid, Invitation for Offer, or ms, and conditions set forth in the	advertisement and vendor's	<b>Date</b> 09/01/22	Revision	Page 1	
conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.  All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.			Ship To:	6943 - Austin:6101 E Oltorf Disability Determination Servi HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States		
\ 1 <i>A</i>	741976051 1 WORKQUEST 011 E 53RD 1/2 ST AUSTIN TX 787511703 United States	KQUEST E 53RD 1/2 ST IN TX 787511703		Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COMMISS 4601 W Guadalupe St Austin TX 78751 United States		
			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.	tx.us	

FY23 funding EX/0-TGC 2155.441, Managed Term Contract 962-S3 Requisition 0000198736 PO Service Dates 09-01-2022 to 08-31-2023

**Inventory Item ID - Line Description** 

This purchase order is contingent upon the continued availability of lawful appropriations by the Texas Legislature and may be canceled at any time in whole or part without penalty. HHS or the agency does not commit to ordering specific quantities of goods/services or dollar amounts with respect to this purchase order. The agency shall be obligated to pay for only those goods and/or services ordered and received by the agency. Any funds not utilized by 08-31-2023 are automatically canceled.

Quantity

Class/Item

Purchaser:

**UOM** 

Wells, Alicia N

Extended Amt

**Due Date** 

PO Price

Texas District: 14

Line-Sch

Job classification: 4437

Job class title: Physician II (Pos #81033)

Job skill level: Expert Temp: Dr. Hope Folarin Hours per week: 40 Estimated hours: 2080

#### JOB DESCRIPTION:

A State Agency Medical Consultant (SAMC) is a licensed physician (medical or osteopathic doctor) in the State of Texas, hired by and reporting to the Social Security Administration (SSA) state Disability Determination Services (DDS) Medical Consultant Services Division. The SAMC is respons ble for making accurate and timely physical and/or mental disability determinations on SSA disability claims based on SSA disability regulations. Duties include: Performing highly advanced disability determination medical case reviews ensuring the Social Security disability case is fully documented; all significant facts are reflected in the determination; conflicting evidenced is reconciled; the conclusion reached is sound and rational; the weight given to the evidence is explained; the reasoning and thought process followed in evaluating the evidence are reflected; and the effect of the impairment(s) on the disability applicants work capacity is clearly indicated. Work is performed under limited supervision, with considerable latitude for the use of initiative and judgment.

DDS employees perform all business functions for SSA, using the federal SSA network and equipment. Homeland Security Presidential Directive (HSPD)-12 security clearance is required.

#### Knowledge, Skills, and Abilities:

Skill in applying SSA medical regulations, policies, and procedures relating to disability adjudication.

Skill in evaluating physical and mental impairments as prescribed by Social Security.

Skill in reading and analyzing documents, reports, and correspondence, and relating the information to the requirements for disability determinations within the framework of the SSA disability program.

Ability to interpret rules, regulations, policies, procedures and diagnostic evaluations and assessments.

Skill in communicating both written and verbally, for understanding, to both medical professionals and lay-persons.

Skill in establishing and maintaining effective working relationships and rapport with managers, co-workers, supervisors, medical community, claimants, attorneys, the general public and other DDS, HHS, and SSA partners.

Ability to use Social Security Administration software system or a comparable system.

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If advertised by informal bid, Invitation for Offer, or Request for Proposal; all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor			<b>Date</b> 09/01/22	Revision	Page 2	
guarantees goods or s requirements.	ervices delivered meet or exce ing papers, invoices, and col		Ship To:	6943 - Austin:6101 E Oltorf Disability Determination Servi HEALTH & HUMAN SERVICES COMMISSION 6101 E Oltorf Austin TX 78741 United States		

1741976051 1 Vendor:

WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703

**United States** 

Bill To: Invoice-HHSC Accounting

HEALTH & HUMAN SERVICES COMMISSION

4601 W Guadalupe St Austin TX 78751 United States

Fax: 512/424-6901

**Email:** HHSC\_AP@hhsc.state.tx.us

Purchaser: Wells, Alicia N

Line-Sch **Inventory Item ID - Line Description** Quantity Class/Item **UOM PO Price Extended Amt Due Date** 

Ability to protect and safeguard confidential and sensitive personal, medical, and vocational information in accordance with federal and state mandates.

Skill in adapting to program changes and fluctuating workloads. Ability to manage time, work under pressure, organize job related responsibilities, and meet deadlines.

Knowledge of the provisions of the Social Security Act.

Knowledge of legal principles as they apply to the SSA disability program.

Service Period Start Date: 09/01/2022 End Date: 08/31/2023

Hours: 8:00 AM to 5:00 PM Days per week: Monday - Friday

Department: MCS

Street Address of Work Location: 6101 E Oltorf St.

City/State/Zip: Austin, Tx 78741

Bldg/Room#:

Supervisor Contact (Time card approval/resume reviewer/interviewer): Elizabeth Castillo

Phone: 512-437-8135

Email: elizabeth.castillo@ssa.gov Agency Contact: Donna Aleman

Phone: 512-437-8873

Email: donna.aleman@ssa.gov

Additional Agency Contact: Ruby Sarellano

Email: DDS.TX.S49.AP@ssa.gov

Phone: 512-437-5333

Accounts Payable Contact: Gloria Rodriguez

Phone: 512-437-5021

Email: Gloria.rodriguez@ssa.gov Contract Specialist: Dana Sherrill

Phone: 512-206-4992

Email: Dana.Sherrill@hhs.texas.gov

Vendor: WorkQuest Address: 1011 E 53 1/2 St Austin, TX 78751

Supplier/Payee ID: 1741976051

CPA ID#: 84202 Contact: Karin Wilcox Phone: 737-209-7290

Email: karin.wilcox@gsgtalentsolutions.com CC: tempservicepo@workquesttx.com

## **Purchase Order**

Payment Terms

Freight Terms

**Dispatch via Print** 

Payment To Net 30	erms Freight Terms Prepd Allw	Ship V BEST		Purchase Or	der	HHSTX-3-0	00029859	
specification	by informal bid, Invitation for Offer, or Reas, terms, and conditions set forth in the adve	ertisement and ve	endor's	<b>Date</b> 09/01/22	Revision		Pag	
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Vendor:	1741976051 1 WORKQUEST 1011 E 53RD 1/2 ST AUSTIN TX 787511703 United States			Bill To:	Invoice-HHSC Accounting HEALTH & HUMAN SERVICES COI 4601 W Guadalupe St Austin TX 78751 United States		MMISSION	
				Fax: Email:	512/424-6901 HHSC_AP@hhs	sc.state.tx.us		
Line-Sch	Inventory Item ID - Line Description	Class/Item	Ouantity	Purchaser: UOM	Wells, Alicia N PO Price	Extended Amt	Due Date	
Alicia Wells 512-406-25 Alicia.Wells		a.gov						
1-1	09/01/2022-09/30/2022 Position 81033 Temp Svs, Physician II Expert	962-69	176.00	HR	191.92000	\$33,777.92	09/01/2022	
				S	Schedule Total	\$33,777.92		
				Item To	otal for Line 1	\$33,777.92		
2-1	10/01/2022-08/31/2023 Position 81033 Temp Svs, Physician II Expert	962-69	1904.00	HR	191.92000	\$365,415.68	10/01/2022	
	r · ·							

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Over shipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Item Total for Line 2

Total PO Amount

\$399,193.60

Performance under this purchase order is acceptance of the attached affirmations and terms and conditions.

# **Purchase Order**

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Extended Amt Due Date

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Net 30	Prepd Allw	BEST WAY	Purchase Order	HHSTX-3-0000298596		
	y informal bid, Invitation for Offer, or		Date	Revision Page		
	terms, and conditions set forth in the a		09/01/22	4		
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			Fax: Email:	512/424-6901 HHSC_AP@hhsc.state.tx.us		

Quantity

Class/Item

Line-Sch

**Inventory Item ID - Line Description** 

Purchaser:

UOM

Alicia Wells, CTCD, CTCM

Wells, Alicia N

PO Price