

PALM BEACH COUNTY

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

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Meeting Date: January 15, 2008 **Consent** **Regular**
 Workshop **Public Hearing**

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

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I. EXECUTIVE BRIEF

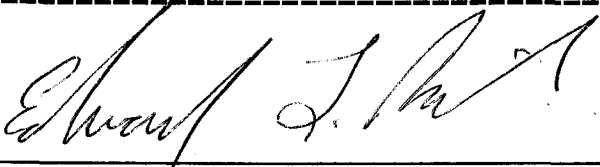
Motion and Title: Staff recommends motion to approve: Amendment No. 4 to contract (R2007-0741) with Comprehensive AIDS Program, Inc. to increase funding by \$100,000 for a total not to exceed amount of \$1,262,814 for the period March 1, 2007, through February 29, 2008, for Medical Case Management.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and dollars unlikely to be spent by the end of the contract period are reallocated to best meet the need of the affected clients. These funds are from Grantee Administration and Quality Management formula budget lines which cannot be carried over to the next contract year. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Funds are being moved to ensure that agencies needing funds to serve the community until the end of the grant period can continue to provide needed services.

Attachments:

Amendment No. 4 Comprehensive AIDS Program, Inc.

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Recommended by:  12-20-2007
 Department Director Date

Approved by:  1-2-08
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>100,000</u>	_____	_____	_____	_____
External Revenues	<u>(100,000)</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
NET FISCAL IMPACT	<u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)					

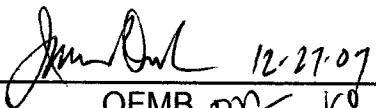
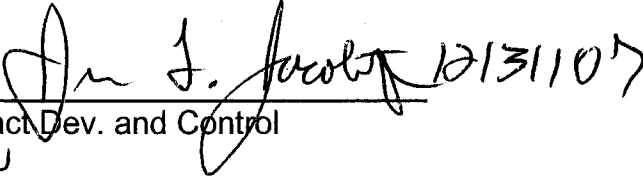
Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201
 Program Code 32

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding provided through the U.S. Department of Health and Human Services.
 No county match is required.

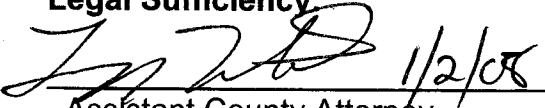
C. Departmental Fiscal Review:

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 OFMB *mm* *vd* Contract Dev. and Control
12/26/07 *12/21* *JW*

B. Legal Sufficiency:


 Assistant County Attorney

This amendment complies with our review requirements.

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO RYAN WHITE PART A
HIV HEALTH SUPPORT SERVICES
(Formula)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2007-0741, dated May 15, 2007) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, Florida 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for for Medical Case Management.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 15, 2007 is hereby amended as follows:

I. A new Work Plan "A2" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A1" in its entirety for Medical Case Management. Units of service will increase from 89,447 units to 97,139 units.

II. A new Budget Exhibit "B2" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B1" in its entirety.

III. Increase funding for Medical Case Management by \$100,000 for a new total of \$1,262,814.

IV. Total contract not to exceed amount will be \$1,424,829.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Fourth Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:

Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:
Richard F. Durant
Signature

Richard F. Durant
Witness Name

By: [Signature]
Signature

Larry Leed, Deputy Executive Director

12/20/07
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

[Signature]
Edward L. Rich, Director

**TITLE I
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

SERVICE: Medical Case Management

AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p> <p>1. A unit of service is a quarter hour of case management. CAP will provide a total of 97,140 units of case management to an estimated 777 clients.</p> <p>2. 777 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.</p> <p>3. 777 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$13.00 per quarter hour 97,140 units of service plus Statewide and countywide trainings at \$260 per day per staff equals 20 units at \$13 per unit per day (other H) plus actual cost of new computer upgrade needs (other M)</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p> <p>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>	<p>3/1/2007</p>	<p>2/29/2008*</p>	<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p> <p>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL CASE MANAGEMENT

AGENCY NAME: Comprehensive AIDS Program

BUDGET PERIOD: from 3/1/2007 to 2/29/2008*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	801,249	801,249	8.25
B. Fringe Benefits	-	186,997	186,997	1.93
C. Travel	-	18,973	18,973	0.20
D. Equipment	-	-	-	
E. Supplies	-	16,858	16,858	0.17
F. Contractual	-	1,000	1,000	0.01
G. Other	114,801	122,936	237,737	2.45
Total	114,801	1,148,013	1,262,814	13.00

4

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program Budget Period: 3/1/2007 to 2/29/2008*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	114,801	1,148,013	1,262,814
2. Foundations			-
3. Other Grants	-	-	-
4. Fund Raising			-
5. Contributions/Legacies/Bequests			-
6. Membership dues			-
7. Program Service Fees and Sales to the Public			-
8. Investment Income			-
9. In Kind			-
10. Miscellaneous Revenue			-
11. Total Revenue	114,801	1,148,013	1,262,814

5

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		801,249	801,249
13. Employee Benefits			
a. FICA .0765	-	61,296	61,296
b. FI Unemployment \$7,000 x .04 x FTE	-	3,320	3,320
c. Workers' Compensation .02	-	16,025	16,025
d. Health Plan \$575 x 12 per mo per FTE	-	82,319	82,319
e. Retirement .03	-	24,037	24,037
14. Sub-Total Employee Benefits	-	186,997	186,997
15. Sub-Total Salaries & Benefits	-	988,246	988,246
16. Travel			
a. Travel/Transportation	-	11,858	11,858
b. Conference/Registration/Travel	-	7,115	7,115
17. Sub-Total Travel		18,973	18,973

6

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	11,858	11,858
b. Program Supplies (actual purchase)		5,000	5,000
20. Sub-Total Supplies	-	16,858	16,858
21. Contractual (Part-time Case Managers @ \$15per hour)		1,000	1,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	10,672	10,672
2. Postage & Shipping	-	1,779	1,779
3. Utilities (Power/Water/Gas	-	10,672	10,672
Sub-Total Communications/Utilities	-	23,123	23,123

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	53,361	\$53,361
2. Equipment			
Sub-Total Rental		\$53,361	\$53,361
D. Repair & Maintenance			
1. Building Maintenance	-	10,672	\$10,672
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$10,672	\$10,672
E. Specific Assistance to Individuals			
F. Dues & Membership	-	178	\$178

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	178	178
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	6,115	6,115
I. Printing	-	3,557	3,557
J. Copy Cost	-	3,557	3,557
K. Advertising/Recruitment/PR	-	2,965	2,965
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	5,000	5,000
N. Insurance/General Liability/Malpractice	-	14,230	14,230
N. Administrative expense allowed at 10%	114,801	-	114,801
23. Sub-Total Other	114,801	122,936	237,737
24. Total Expenditures	114,801	1,148,013	1,262,814
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.18	11.82	13.00
Total Units less statewide trainings and computer upgrades to be reimbursed			97,140

9

SALARIES PER SERVICE

Service: MEDICAL CASE MANAGEMENT
 Agency: Comprehensive AIDS Program
 Budget Period: 3/1/2007 to 2/29/2008*

*Total Salary = No. of days x Hrs per day x Hourly rate

** Requested amount = Total salary x percent funded

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Chief Program Director/CPO	Prog	103,168	3,968	262	8	49.60	103,962	40%		41,585	41,585
3 Program Managers	Prog	151,300	5,819	262	8	72.74	152,464	70%		106,725	106,725
4 Program Supervisors	Prog	147,850	5,687	262	8	71.08	148,987	70%		104,291	104,291
5 Program Specialists	Prog	110,800	4,262	262	8	53.27	111,652	70%		78,157	78,157
23 Case Managers/Techs	Prog	667,000	25,654	262	8	320.67	672,131	70%		470,492	470,492
Total Personnel (Line Item Budget Line A)		1,180,118	45,389				1,189,196			801,249	801,249

FTE Admin

(need to add up)>>>>>>>> FTE Prog 24.20 actual fte's by %

10

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

REVENUES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	1,509,829	731,159	541,631	188,080	1,380,278	150,000	463,333	4,964,310
2. Foundations								
3. Other Grants								
4. Fund Raising							150,000	150,000
5. Contributions/ Legacies/Bequests							50,000	50,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	1,509,829	731,159	541,631	188,080	1,380,278	150,000	663,333	5,164,310

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584
Chief Program Director	46,831	20,792	31,188					
3 Regional Program Managers	106,725	37,068	68,841					
4 Program Supervisors	104,291	52,146	48,421					
5 Program Support Specialists	78,157	39,078	36,287					
40 Case Managers/Techs	470,492	190,454	186,675					
HIV Prevention Manager	2,337							
Treatment Adherence Coordinator	32,487							
	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584

12

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584
13. Employee Benefits								
a. FICA	64,361	25,975	28,413	6,111	37,933	7,541	17,000	187,334
b. FI Unemployment	3,598	2,996	899	630	9,967	1,981	3,000	23,071
c. Workers' Comp	16,826	6,791	7,428	3,195	22,908	4,554	6,000	67,703
d. Health Plan	88,857	73,993	23,812	14,794	118,681	12,612	40,000	372,749
e. Retirement	25,239	10,186	11,142	2,397	14,876	2,957	9,000	75,797
14. Sub-Total Employee Benefits	198,881	119,941	71,694	27,127	204,365	29,646	75,000	726,654
15. Sub-Total Salaries/Benefits	1,040,201	459,479	443,106	107,012	700,219	128,221	300,000	3,178,238
16. Travel								
a. Travel/transportation	14,858	10,700	3,210	4,806	20,434	2,000	12,340	68,348
b. Conferences/Registration/Travel	8,615	6,420	1,926	3,375	9,781		6,400	36,517
17. Sub-Total Travel	23,473	17,120	5,136	8,181	30,215	2,000	18,740	104,865

13

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	13,058	10,700	3,210	945			10,000	37,913
b. Program Supplies	7,000	5,500	3,000	29,642	66,779	1,000	10,322	123,243
c. Computer Software								
20. Sub-Total Supplies	20,058	16,200	6,210	30,587	66,779	1,000	20,322	161,156
21. Contractual	99,578	32,803	1,000				1,000	134,381
22. Other								
a. Communications/Utilities								
1. Telephone	10,672	9,630	2,889				3,000	26,191
2. Postage & Shipping	1,779	1,605	482				1,000	4,866
3. Utilities (Power/Water/Gas)	10,672	9,630	2,889				6,000	29,191
Sub-Total Communications/Utilities	23,123	20,865	6,260				10,000	60,248

14

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	1,800							1,800
C. Rental								
1. Building	58,161	48,150	14,445	10,800	76,920	11,040	36,200	255,716
2. Equipment					1,200			1,200
Sub-Total Rental	58,161	48,150	14,445	10,800	78,120	11,040	36,200	256,916
D. Repair & Maintenance								
1. Building Maintenance	10,672	9,630	2,889				6,000	29,191
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	10,672	9,630	2,889				6,000	29,191
E. Specific Assistance to Individuals	57,026	30,623			373,500		125,000	586,149
F. Dues & Membership	178	161	48				100	487
G. Subscriptions	378	161	48				100	687

15

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	6,115	5,564	1,669	2,000			3,500	18,848
I. Printing	5,357	3,210	963	7,902			2,000	19,432
J. Copy Cost	3,557	3,210	963				2,000	9,730
K. Advertising	3,165	2,675	803		15,000		1,800	23,443
L. Audit Fees								
M. Office Furniture & Equipment	5,500	2,000	5,000	4,500			4,000	21,000
N. Insurance	14,230	12,840	3,852				8,000	38,922
O. Fundraising							75,000	75,000
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	137,257	66,468	49,239	17,098	116,445	7,739	49,571	443,817
25. Sub-Total Other	326,519	205,557	86,179	42,300	583,065	18,779	323,271	1,585,670
26. Sub-Total Expenditures	\$1,509,829	\$731,159	\$541,631	\$188,080	\$1,380,278	\$150,000	\$663,333	\$5,164,310

16

All Financial Information Rounded to Nearest Dollar