

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: May 20, 2008 [X] 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 the contract (R2007-1407) with Comprehensive AIDS Program, Inc. for the period March 1, 2007, through February 29, 2008, to increase funding by \$20,400, for a total not to exceed amount of \$769,936.45.

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 needs of the affected clients. These funds are needed to meet expenditures by Comprehensive AIDS Program, Inc. for Medical Case Management for the recently completed contract year. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Funds are being moved to ensure that Comprehensive AIDS Program, Inc. will have funds to meet budgetary needs for the grant period for Case Management services that have been provided.

Attachments:

Amendment No. 4 Comprehensive AIDS Program, Inc.

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Recommended by: [Signature] 5-2-2008
Department Director Date

Approved by: [Signature] 5/12/08
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>20,400</u>	_____	_____	_____	_____
External Revenues	<u>(20,400)</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 1479 Object 8201
 Program Code various

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:

Amilwhite 5.8.08
 OFMB *DM* *05/7/08* *cn* *5/5/08*

Am. J. Acosta 5/9/08
 Contract Dev. and Control
Done 5/9/08

B. Legal Sufficiency:

[Signature] 5/12/08
 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
(Supplemental)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2007-1407, dated August 21, 2007) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2008 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 Medical Case Management.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on August 21, 2007 is hereby amended as follows:

I. A new Work Plan "A4" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A3" in its entirety for Medical Case Management. Units of service will increase from 56,404 units to 57,973 units.

II. A new Budget Exhibit "B4" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B3" in its entirety.

III. Increase funding for Medical Case Management by \$ 20,400 for a new total of \$753,657.45

IV. Total contract not to exceed amount will be \$769,936.45.

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:

Signature

By: 
Signature

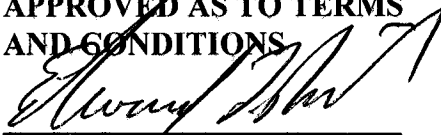
Executive Director

Robbin J. Rodriguez
Witness Name

5/2/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**


Edward L. Rich, Director

**TITLE I
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

**SERVICE: Medical Case Management-
SUPPLEMENTAL**

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 57,973 units of case management to an estimated 395 clients.</p> <p>2. 395 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. 395 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 51,045 units of service includes Statewide and countywide trainings at \$260 per day per staff equals 20 units at \$13 per unit per day (other H) and 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-SUPPLEMENTAL

AGENCY NAME: Comprehensive AIDS Program

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

Category	Administration	Program	Total	Cost per Unit
A. Personnel		360,699.53	360,699.53	6.22
B. Fringe Benefits		143,234.52	143,234.52	2.47
C. Travel		20,400.00	20,400.00	0.35
D. Equipment				
E. Supplies		19,500.00	19,500.00	0.34
F. Contractual				
G. Other	68,513.40	141,300.00	209,813.40	3.62
Total	68,513.40	685,134.05	753,647.45	13.00

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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	68,513	685,134	753,647
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	68,513	685,134	753,647

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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)		360,700	360,700
13. Employee Benefits			
a. FICA .0765	-	27,594	27,594
b. FI Unemployment \$7,000 x .04 x FTE	-	3,920	3,920
c. Workers' Compensation .02	-	7,214	7,214
d. Health Plan \$575 x 12 per mo per FTE	-	93,686	93,686
e. Retirement .03	-	10,821	10,821
14. Sub-Total Employee Benefits	-	143,235	143,235
15. Sub-Total Salaries & Benefits	-	503,934	503,934
16. Travel			
a. Travel/Transportation	-	14,000	14,000
b. Conference/Registration/Travel	-	6,400	6,400
17. Sub-Total Travel		20,400	20,400

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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	-	14,000	14,000
b. Program Supplies (actual purchase)		5,500	5,500
20. Sub-Total Supplies	-	19,500	19,500
21. Contractual (Part-time Case Managers @ \$15per hour)			-
22. Other			
a. Communications/Utilities			
1. Telephone	-	12,600	12,600
2. Postage & Shipping	-	2,100	2,100
3. Utilities (Power/Water/Gas	-	12,600	12,600
Sub-Total Communications/Utilities	-	27,300	27,300

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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	-	63,000	\$63,000
2. Equipment			
Sub-Total Rental		\$63,000	\$63,000
D. Repair & Maintenance			
1. Building Maintenance	-	12,600	\$12,600
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$12,600	\$12,600
E. Specific Assistance to Individuals			
F. Dues & Membership	-	210	\$210

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007

to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	210	210
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	7,280	7,280
I. Printing	-	4,200	4,200
J. Copy Cost	-	4,200	4,200
K. Advertising/Recruitment/PR	-	3,500	3,500
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	2,000	2,000
N. Insurance/General Liability/Malpractice	-	16,800	16,800
N. Administrative expense allowed at 10%	68,513	-	68,513
23. Sub-Total Other	68,513	141,300	209,813
24. Total Expenditures	68,513	685,134	753,647
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			57,973

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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	769,936.45	541,631	188,080	1,380,278	150,000	463,333	5,003,087
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	769,936.45	541,631	188,080	1,380,278	150,000	663,333	5,203,087

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	360,700	371,412	79,885	495,854	98,575	225,000	2,472,746
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	211,616	186,675					
HIV Prevention Manager	2,337							
Treatment Adherence Coordinator	32,487							
	841,320	360,700	371,412	79,885	495,854	98,575	225,000	2,472,746

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

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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	360,700	371,412	79,885	495,854	98,575	225,000	2,472,746
13. Employee Benefits								
a. FICA	64,361	27,594	28,413	6,111	37,933	7,541	17,000	188,953
b. FI Unemployment	3,598	3,920	899	630	9,967	1,981	3,000	23,995
c. Workers' Comp	16,826	7,214	7,428	3,195	22,908	4,554	6,000	68,126
d. Health Plan	88,857	93,686	23,812	14,794	118,681	12,612	40,000	392,442
e. Retirement	25,239	10,821	11,142	2,397	14,876	2,957	9,000	76,432
14. Sub-Total Employee Benefits	198,881	143,235	71,694	27,127	204,365	29,646	75,000	749,948
15. Sub-Total Salaries/Benefits	1,040,201	503,935	443,106	107,012	700,219	128,221	300,000	3,222,694
16. Travel								
a. Travel/transportation	14,858	14,000	3,210	4,806	20,434	2,000	12,340	71,648
b. Conferences/Registration/Travel	8,615	6,400	1,926	3,375	9,781		6,400	36,497
17. Sub-Total Travel	23,473	20,400	5,136	8,181	30,215	2,000	18,740	108,145

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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	14,000	3,210	945			10,000	41,213
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	19,500	6,210	30,587	66,779	1,000	20,322	164,456
21. Contractual	99,578	7,719	1,000				1,000	109,297
22. Other								
a. Communications/Utilities								
1. Telephone	10,672	12,600	2,889				3,000	29,161
2. Postage & Shipping	1,779	2,100	482				1,000	5,361
3. Utilities (Power/Water/Gas)	10,672	12,600	2,889				6,000	32,161
Sub-Total Communications/Utilities	23,123	27,300	6,260				10,000	66,683

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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	63,000	14,445	10,800	76,920	11,040	36,200	270,566
2. Equipment					1,200			1,200
Sub-Total Rental	58,161	63,000	14,445	10,800	78,120	11,040	36,200	271,766
D. Repair & Maintenance								
1. Building Maintenance	10,672	12,600	2,889				6,000	32,161
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	10,672	12,600	2,889				6,000	32,161
E. Specific Assistance to Individuals	57,026	7,090			373,500		125,000	562,616
F. Dues & Membership	178	210	48				100	536
G. Subscriptions	378	210	48				100	736

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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	7,280	1,669	2,000			3,500	20,564
I. Printing	5,357	4,200	963	7,902			2,000	20,422
J. Copy Cost	3,557	4,200	963				2,000	10,720
K. Advertising	3,165	3,500	803		15,000		1,800	24,268
L. Audit Fees								
M. Office Furniture & Equipment	5,500	2,000	5,000	4,500			4,000	21,000
N. Insurance	14,230	16,800	3,852				8,000	42,882
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	69,992	49,239	17,098	116,445	7,739	49,571	447,341
25. Sub-Total Other	326,519	218,382	86,179	42,300	583,065	18,779	323,271	1,598,495
26. Sub-Total Expenditures	\$1,509,829	\$769,936.45	\$541,631	\$188,080	\$1,380,278	\$150,000	\$663,333	\$5,203,087

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All Financial Information Rounded to Nearest Dollar