Agenda Item No.: 3X1

PALM BEACH COUNTY BOARD OF COUNTY COMMISIONERS

AGENDA ITEM SUMMARY

Meeting Date: August 19, 2008		Regular Public Hearing
Department Submitted By: Public Safe Submitted For: Youth Affe		
l.	EXECUTIVE BRIEF	
Motion and Title: Staff recomme 2 to a standard agreement with Chan amount not to exceed \$54,000 30, 2009 to provide pediatric service.	ldren's Healthcare Associates, P. for the period October 1, 2008 t	A. (R2006 1321) in hrough September
Summary: When the original Cor authority to the County Administrate extensions/amendments to the con	r or designee to execute time	egated the
Background and Police Issues		
Attachments: 1. Amendment No. 2 w/Childre	n's Healthcare Associates, P.A.	
Recommended & Approved by:	Mul Amulu A Assistant County Administrator	6/19/08

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures					
Operating Costs		54,000			
External Revenues					
Program Income (County)					
In-Kind Match (County)					
Net Fiscal Impact		54,000			
# ADDITIONAL FTE					
POSITIONS (Cumulative)	0	Ò			
Frages: Is Item Included In Current Bud Budget Account No.: Fund 0001	dget? Yes <u>x</u> L Department <u>6</u>	No 60 Unit _8220	Object 3401	Program	-
Fund	_ Department _	Unit	Object		
B. Recommended Sources of Fu	ınds/Summary o	f Fiscal Impa	nct:		
C. Departmental Fiscal Review:	Thywe	Thila	muev.		

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev	7. and Control Comments:
Atwillhite 7.7.08	Administration 2. Jan 18/28

B. Legal Sufficiency:

Assistant County Attorney

C. Other Department Review:

Department Director

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

AMENDMENT NO. 2 TO THE AGREEMENT BETWEEN PALM BEACH COUNTY AND CHILDREN'S HEALTHCARE ASSOCIATES, P.A. TO PROVIDE PEDIATRIC SERVICES FOR THE HIGHRIDGE FAMILY CENTER

THIS AMENDMENT NO. 2, to the Agreement made and entered into at West Palm Beach Florida on October 1, 2006 (R2006 1321), between Palm Beach County, Florida a political subdivision of the State of Florida, hereinafter referred to as "COUNTY", and CHILDREN'S HEALTHCARE ASSOCIATES, P.A., a Florida Professional Corporation, hereinafter referred to as "PEDIATRICIAN".

WHEREAS, the parties entered into the Agreement of October 1, 2006 for providing pediatric services at the COUNTY'S Highridge Family Center: and

WHEREAS, the parties now desire to extend the Agreement for an additional year.

NOW THEREFORE, in consideration of the mutual promises contained herein the parties agree as follows:

- Article 2 is modified to provide that all services shall be completed by September 30, 2009.
- Effective during the period of October 1, 2008 through September 30, 2009, the compensation to the PEDIATRICIAN under Article 3 shall be in the amount of four thousand five hundred dollars (\$4,500.00) per month, for a maximum amount of fifty four thousand dollars (\$54,000.00) during FY 08-09.
- Except as expressly modified above the Agreement is hereby confirmed and remains in full force and effect.

IN WITNESS WHEREOF, THE Board of County Commissioners of Palm Beach
County Florida has made and executed this Agreement on behalf of the COUNTY and
PEDIATRICIAN has hereunto set his/her hand the day and year above written.

ATTEST: SHARON R. BOCK	PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS:
By: Clerk & Comptroller	By: Vincent J. Bonvento Assistant County Administrator
WITNESS: Janua Jally Signature Janua Talley Name (type or print) Catherine Supurity Signature Latherine Supurity Name (type or print)	PEDIATRICIAN: Children's Healthcare Associates PA Company Name Signature Janis A. Jones M.D. Name (type or print) Pre Sident Title
APPROVED AS TO FORM AND LEGAL SUFFICIENCY	(corp. seal)
By: County Attorney	
APPROVED AS TO TERMS AND CONDITIONS	
By: Department Director	

Children's HealthCare Associates

Janis Jones, M.D. Jaime Lambrecht, M.D. Greta Stiebel-Chin, M.D. Guillermo Vila, M.D. St. Mary's Medical Pavilion 927 45th Street Suite #205 West Palm Beach, Florida 33407 Telephone: (561) 844–6605 Fax: (561) 848–9059

RECEIVED

APR 0 3 2008

YOUTH AFFAIRS

April 1, 2008

Dr. Anthony Saniol Director/Division of Youth Affairs High Ridge Family Center 4200 Australian Avenue West Palm Beach, FL 33407

Dear Dr. Spaniol:

Children's Healthcare Associates, P.A. would be pleased to continue to provide medical services to the High Ridge Youth Service Center. The proposed fee for the 2008-2009 contract year will remain at \$4,500.00 per month. Should you have any questions, please do not hesitate to contact our office at (561) 844-6605.

Thank you for the opportunity to provide services to your organization.

Sincerely

Janis Jones, M.D.

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West Palm Beach, FL 33407							
Ļ	/FB/	<u> 561 848 9048</u>		INSURER E:			
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		POLICY PRO- JECT LOC				PRODUCTS - COMP/OF AGG	\$ 1,000,000
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						PROPERTY DAMAGE (Peraccident)	\$
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		ANYAUTO				OTHER THAN	\$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$
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36307



WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

	urance Company			NCCI Com	pany Code:	36307
		New []	Revision	Policy No.:	01CB4-901D16	9-05
	<u> </u>	[]Renewal	Re-write:	of Prior Policy No.:	01CB4-901D16	89-04
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Children's Hea 927 45th Stree	Ithcare Associates P.A. t, Suite 205 ach FL 33407	54 SE	-Gracey, lo 6th Avenu Beach, F	•		
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First Professionals Insurance Cumpany

MEMORANDUM OF INSURANCE

TO: TO WHOM IT MAY CONCERN:

NAMED INSURED: CHILDREN'S HEALTHCARE ASSOCIAT 927 45TH STREET SUITE #205 WEST PALM BEACH, FL 33407

*Please see attached schedule for available limits.

This is to advise you that the First Professionals Insurance Company, Inc. has issued to the named insured the policy enumerated below, subject to all the terms of such policy. This memorandum neither affirmatively or negatively amends, extends or alters the coverage of such policy.

POLICY NUMBER	TYPE OF INSURANCE	LIMITS		S REPORTING PERIOD
99275	Professional	250,000 each claim	Fram:	12/15/2007
	Liability	750,000 aggregate	To:	12/15/2008

Retroactive Date: See Schedule

Date Issued: 12/05/2007

Vice President of Underwriting

FPIC-9(1/86)

342/18

FL-PC9275

JAN-04-2008 09:23

CHILDRENS HEALTHCARE

5618489059

P.01

FIRST PROFESSIONALS INSURANCE COMPANY, INC. Medical Professional Liability Insurance Policy

Schedule: Organization and Individuals Protected

Policy Number: 99275 Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

PROFESSIONAL ASSOCIATION,	RETROACTIVE
CORPORATION OR PARTNERSHIP	DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER	STATE LIC. NO.	INDIVIDUAL	CLASS CODE	RETROACTIVE DAYS	LIMITS
71504	37019	JANIS A. JONES, M.D.	80267	07/01/1982	\$250,000 - \$750,000
71505	41962	JAIME D. LAMBRECHT, M.D.	80267	07/01/1983	\$250,000 - \$750,000
71506	59360	GUILLERMÓ VILA, M.D.	60257	04/17/1991	\$250,000 - \$750,000
71507	44971	GRETA STIEBEL-CHIN, M.D.	80267	04/01/1988	\$250,000 - \$750,000
71511	08637	LISA FERREIRA, D.O.	80267	08/01/2002	\$250,000 - \$750,000
71851	82436	HANS EDUARDO HUBSCH, M.D.	80267	02/15/2005	\$250,000 - \$750,000
74339	65962	NOELLA MERCEDES CLARKE-AARON, M.D.	80267	08/15/2005	\$250,000 - \$750,000
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CHILDRENS HEALTHCARE

5618489059

P.01

FIRST PROFESSIONALS INSURANCE COMPANY, INC. Medical Professional Liability Insurance Policy

Schedule: Organization and Individuals Protected

Policy Number: 99275 Effective Date: 12/15/2007

The following organization(s) are insured by this policy:

PROFESSIONAL ASSOCIATION,	RETROACTIVE
CORPORATION OR PARTNERSHIP	DATE
CHILDREN'S HEALTHCARE ASSOCIAT	07/01/1988

The following individuals are insured by this policy:

CERT. NUMBER			CLASS CODE	RETROACTIVE DATE	LIMITS	
71504	37019	JANIS A. JONES, M.D.	80267	07/01/1982		
71505	41962	JAIME D. LAMBRECHT, M.D.			\$250,000 - \$750,000	
71508	59380		80267	07/01/1983	\$250,000 - \$750,000	
71507		GUILLERMO VILA, M.D.	80267	04/17/1991	\$250,000 - \$750,000	
-	44971	Greta Stiebel-Chin, M.D.	80287	04/01/198B	\$250,000 - \$750,000	
71511	08637	LISA FERREIRA, D.O.	80267	08/01/2002	,	
71851	82436	HANS EDUARDO HUBSCH, M.D.	,		\$250,000 - \$750,000	
74339	85962		80267	02/15/2005	\$250,000 - \$750,000	
74340	66735	NOELLA MERCEDES CLARKE-AARON, M.D.	80267	08/15/2005	\$250,000 - \$750,000	
		SHIRLEY JEAN TROWELL-BELL, M.D.	80267	09/01/2005	\$250,000 - \$750,000	
77 7 11	92897	STEPHANIE MARIE HENRY, M.D.	80267	08/01/2005	\$250,000 - \$750,000	

End of Schedule

Date Issued: 12/05/2007

President

Authorized Representative

P.03

FIRST PROFESSIONALS INSURANCE COMPANY, INC.

CHILDREN'S HEALTHCARE ASSOCIAT

Claims Reporting Period

Policy Number: 99275 From:12/15/2007 To:12/15/2008

Schedule of Covered Physicians

Lic. No	Physician	Retro Date	Specialty	Limits	
44971 66735 37019 59360 41962 92897 08637 82436 85962 C9275	G. STIEBEL-CHIN, M.D. S. TROWELL-BELL, M.D. J. JONES, M.D. G. VILA, M.D. J. LAMBRECHT, M.D. S. HENRY, M.D. L. FERREIRA, D.O. H. HUBSCH, M.D. N. CLARKE-AARON, M.D. Organization Coverage	04/01/88 09/01/05 07/01/82 04/17/91 07/01/83 08/01/05 06/01/02 02/15/05 08/15/05	PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY PEDIATRICS - NO SURGERY	\$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/ \$250,000/	\$750,000 \$750.000

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