

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: January 13, 2009 Consent Regular
 Workshop Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Part A

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EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 1 to contract (R2008-1005) with Palm Beach County Health Department, for the period March 1, 2008, through February 28, 2009, to decrease funding by \$200,000 for Laboratory/Diagnostic services.

Summary: Palm Beach County Health Department has been successful in their efforts to first bill other insurance sources and use Ryan White Part A funding as the last resort. As a result, \$200,000 is being moved to the Administrative reserve and will be reallocated at a later date. No County funds are required. (Ryan White) Countywide (TKF).

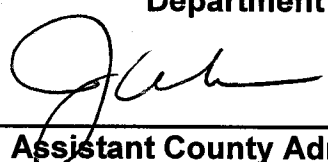
Background and Justification: Under the new Ryan White Treatment Modernization Act of 2006, The Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages. These changes have been approved by the Care Council Priorities and Allocation Committee.

Attachments:

Amendment No.1 with Palm Beach County Health Department

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Recommended by:  12-19-2008
 Department Director Date

Approved by:  1/2/09
 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>(200,000)</u>	_____	_____	_____	_____
External Revenues	<u>200,000</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 1479 Object 8101
 Program Code 40

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: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 12-24-08.
 M. OFMB 12/23/08
 12/24/08
[Signature] 12/24/08
 Contract Dev. and Control

B. Legal Sufficiency:
[Signature] 12/31/08
 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. R2008 -0953, dated June 3, 2008) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Palm Beach County Health Department hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 826 Evernia Street, West Palm Beach, FL 33401.

WITNESSETH:

WHEREAS, the need exists to amend the contract to decrease funding for Laboratory/Diagnostic Services.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 3, 2008 is hereby amended as follows:

- I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Laboratory/Diagnostic Services. Units of service will decrease from 8,387 units to 4,549 units.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Laboratory/Diagnostic Services shall replace the original Exhibit "B" in its entirety.
- III. Decrease funding for Laboratory/Diagnostic Services by \$200,000 for a new total of \$ 237,032.
- IV. Total contract not to exceed amount will be \$ 489,623.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First 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: _____
John F. Koons, Chair

Date


WITNESS:

Signature

By: 
Signature
Jean M. Malecki, M.D., M.P.H., F.A.C.P.M.

Director


Witness Name


Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**



Edward L. Rich, Director

WORKPLAN
Medical - Diagnostic Laboratory Services - Supplemental

APPLICANT: Palm Beach County Health Department

AREA TO BE SERVED: County-wide

<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>Describe the sequential steps to be taken to accomplish the objective.</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>1. <u>Objective:</u> To provide all laboratory tests required for comprehensive patient care (including viral load tests) for approximately <u>275</u> unduplicated clients. It is estimated that <u>4,549</u> tests/profiles (units) will be reimbursed at Medicare rates for lab work done in the Health Department lab <u>or</u> at actual costs (including a handling fee) for lab work done in non-Health Department laboratories.</p> <p>2. <u>Impact Statement:</u> Ryan White patients will have access to necessary diagnostic testing to ensure the appropriateness of medical treatment thus enhancing their health status and quality of life.</p>	<p>Packing and transportation of specimens from clinics to Central Lab.</p> <p>When specimens are received in central laboratory:</p> <ol style="list-style-type: none"> 1. Record the date and time for all laboratory requests as required by CLIA regulations using the LIS (Laboratory Information System)-specimen receipt verification. 2. Process specimen as appropriate for tests ordered. 3A. For tests to be done by outside lab: Build batch 	<p>3/1/2008</p>	<p>2/28/2009</p>	<p>This is a continuation of previously funded activities.</p>

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<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>*CLIA (Clinical Laboratory Improvement Amendments) certificate is issued by the Department of Health and Human Services (Dept. of HHS), Health Care Financing Administration (HCFA).</p> <p>Unit of Service = <u>units (tests/profiles)</u> (4,549 units)</p>	<p>(packing slip) in the LIS, print batch list from LIS, perform all processing procedures, prepare for shipping and arrange shipping. Upon receipt of results, enter into LIS, review results and send results to ordering clinic through LIS. Periodically reconcile bills.</p> <p>3B. For tests done "in-house": specimen-accessioning, analyzer set up, calibration, maintenance, etc. Perform appropriate QC, patient testing, trouble-shooting, documentation, etc. Review and maintain all results/ records. Forward patient reports to appropriate clinic through LIS. The laboratory follows all CLIA* and State of Florida, Department of Health (including Chapter 483 – Clinical Laboratory Law) rules and regulations. The laboratory is approved by CLIA as a "Highly Complex Laboratory".</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	<p>This is a continuation of previously funded activities.</p>

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BUDGET NARRATIVE SUMMARY

Proposed Service: Diagnostic Laboratory Services - Supplemental

Agency Name: Palm Beach County Health Department

Budget Period March 1, 2008 to February 28, 2009

Category	Administration	Program	Total Amount	Cost per Unit
A. Personnel	\$	\$	\$	
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Other	\$	\$ 237,032	\$ 237,032	
Total	\$	\$ 237,032	\$ 237,032	

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BUDGET NARRATIVE

Exhibit "B"
 Section _____
 Page 2 of 6

Service: Diagnostic Laboratory Services - Supplemental

Agency: Palm Beach County Health Department

Budget Period: March 1, 2008 to February 28, 2009

REVENUES		Administration Amount	Program Amount	Total Service Costs
1.	Funds from Government Sources (Specify Source of Funds)	0	237,032	237,032
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	\$ 0	\$ 237,032	\$ 237,032

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BUDGET NARRATIVE

Exhibit "B4"
Section _____
Page 3 of 6

Service: Diagnostic Laboratory Services - Supplemental

Agency: Palm Beach County Health Department

Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)			
13. Employee Benefits			
a. FICA			
b. FI Unemployment			
c. Workers' Compensation			
d. Health Plan			
e. Retirement			
14. Sub-Total Employee Benefits			
15. Sub-Total Salaries & Benefits			
16. Travel			
a. Travel/Transportation			
b. Conferences/Registration/Travel			
17. Sub-Total Travel			

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BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 4 of 6

Service: Diagnostic Laboratory Services - Supplemental

Agency: Palm Beach County Health Department

Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)			
19. Supplies a. Office Supplies			
b. Program Supplies			
20. Sub-Total Supplies			
21. Contractual			
22. Other A. Communications/Utilities 1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

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BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 5 of 6

Service: Diagnostic Laboratory Services - Supplemental

Agency: Palm Beach County Health Department

Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C, Rental			
1. Building			
2. Equipment			
Sub-Total Rental			
D. Repair & Maintenance			
1. Building Maintenance			
2. Equipment Maintenance			
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership			

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BUDGET NARRATIVE

Exhibit "BY"
 Section _____
 Page 6 of 6

Service: Diagnostic Laboratory Services - Supplemental

Agency: Palm Beach County Health Department

Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions			
H. Training & Development			
I. Printing			
J. Copy Cost			
K. Advertising			
L. Audit Fees			
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Miscellaneous (Attach a sheet showing details) Laboratory Diagnostic Testing. [Charged at Medicare Rates per PBC County Commissioners or at actual costs (including a handling fee) for work done in non-Health Department laboratories.]		237,032	237,032
23. Sub-Total Other		237,032	237,032
24. Total Expenditures	\$	\$ 237,032	\$ 237,032
25			
SCHC-Lab2007-08Rev.xls			

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Ex. B1

TOTAL BUDGET BY SERVICE AND CATEGORIES
Ryan White HIV/AIDS Treatment Modernization Act Part A Funding

Agency Name: Palm Beach County Health Department

Budget Period: March 1, 2008 - February 28, 2009

Category	Service Category					Total
	Primary Ambulatory Outpatient Medical Care	Laboratory Diagnostic Testing	Nurse Care Coordination	Treatment Adherence	Dental Care	
A. Personnel	\$ 91,626				\$ 59,531	\$ 151,157
B. Fringe Benefits	\$ 24,671				\$ 18,526	\$ 43,197
C. Travel	\$ 776				\$ 784	\$ 1,560
D. Equipment						\$ -
E. Supplies	\$ 1,876				\$ 16,020	\$ 17,896
F. Contractual						\$ -
G. Other	\$ 23,023	\$ 237,032			\$ 15,758	\$ 275,813
Total	\$ 141,972	\$ 237,032	\$ -	\$ -	\$ 110,619	\$ 489,623

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TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

<u>REVENUES</u>	<u>Part A Ryan White Supplemental</u>	<u>Part A Ryan White Formula</u>	<u>Part A Ryan White MAI</u>	<u>PBC/BCC Tax Dollars</u>	<u>Other * Federal</u>	<u>Other * State</u>	<u>Other * Local</u>	<u>Total</u>
1. Funds from Govt. Sources				2,350,510	7,338,735	22,538,153		32,227,398
2. Foundations							208,444	208,444
3. Other Grants	489,623	1,504,585	35,000	5,325,579	2,393,624	567,789	3,666,443	13,982,643
4. Fund Raising								0
5. Contributions/ Legacies/Bequests								0
6. Membership Dues								0
7. Program Svc Fees/ Sales to Public				7,582,178		4,527,560	5,261,752	17,371,490
8. Investment Income						100,000		100,000
9. In-Kind								0
10. Miscellaneous						550		550
11 Total Revenues	489,623	1,504,585	35,000	15,258,267	9,732,359	27,734,052	9,136,639	63,890,525

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EX. B1

TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

EXPENDITURES	Part A Supplemental	Part A Formula	Part A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	151,157	403,679	17,386	9,036,341	5,763,755	16,424,825	5,410,955	37,208,098
List all employee salaries individually								
084874	25,767	54,604	7,824			22,143		110,338
082963	10,934	23,170	2,926			9,790		46,820
082934	7,477	15,846	2,176			6,521		32,020
001973	6,807	14,424	1,996			5,920		29,147
028889	6,085	12,894	1,755			102,665		123,399
032749	2,461	5,215	709			29,019		37,404
045534		15,161				39,970		55,131
081287		13,962				36,809		50,771
081289		13,765				44,808		58,573
035251		9,212				41,967		51,179
084277		9,391				42,780		52,171
000442		30,352		22,007	9,390			61,749
054387 051896 950310 950013 950401 950565 068858 950550 068859 950598	27,947	58,323		8,691	5,544	15,798	5,204	121,507
085866 084277 035251 045534 051134 081287 003314 081289	13,481	28,399		4,117	2,626	7,484	2,466	58,573
067729 000488 066956 003081 061460	5,259	11,078		1,302		5,209		22,848
043605 033487 051135 002082 054775	6,015	12,670				5,957	1,490	26,132
066959 058502 036582	5,533	11,654				6,851		24,038
003534 003644 004048	2,092	4,407				20,235		26,734
028653 029037 034281	3,739	7,877		2,194	19,747	43,881		77,438
002339	4,693	9,886				28,299		42,878
086241	1,594	1,594				43,829		47,017
950030	10,043	21,157						31,200
950558	6,696	14,104						20,800
065382	4,536	4,536				17,684		26,756
total	151,157	403,679	17,386	38,313	37,307	577,619	9,160	1,234,621

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Ex. B1

TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

EXPENDITURES	Part A Ryan White Supplemental	Part A Ryan White Formula	Part A Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
13. Employee Benefits:								
a. FICA	11,563	30,882	1,330					
b. FL Unemployment	247	601	22					
c. Workers' Comp.	1,345	3,683	174					
d. Health Plan	16,803	46,052	2,524					
e. Retirement	13,239	36,289	1,361					
14. Sub-Total Employee Benefits	43,197	117,507	5,411	2,829,320	1,804,658	5,142,688	1,694,195	11,636,976
15. Sub-Total Salaries/Benefits	194,354	521,186	22,797	11,865,661	7,568,413	21,567,513	7,105,150	48,845,074
16. Travel								
a. Travel/Transportation	383	2,495	0	102,528	65,396	186,358	61,393	418,553
b. Conferences/ Registration/Travel	1,177	5,185	0	4,436	2,829	8,063	2,656	24,346
17. Sub-Total Travel	1,560	7,680	0	106,964	68,225	194,421	64,049	442,899

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Ex B1

TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

EXPENDITURES	Part A Ryan White Supplemental	Part A Ryan White Formula	Part A Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment	0	0	0	99,025	63,162	179,992	59,296	401,475
19. Supplies								
a. Office Supplies	1,072	5,835	0	205,157	130,857	372,901	122,848	838,670
b. Program Supplies	16,824	39,551	8,339	514,733	328,318	935,600	308,222	2,151,587
c. Computer Software	0	0	0	46,248	29,499	84,063	27,693	187,503
20. Sub-Total Supplies	17,896	45,386	8,339	766,138	488,674	1,392,564	458,763	3,177,760
21. Contractual	0	51,146	0	1,247,357	795,616	2,267,247	746,916	5,108,282
22. Other								
A. Communications/Utilities								
1. Telephone	2,017	6,102	0	172,469	110,008	313,487	103,274	707,357
2. Postage & Shipping	548	1,155	0	39,809	25,392	72,359	23,838	163,101
3. Utilities (Power/Water/Gas)	2,642	6,025	682	229,710	146,523	417,529	137,549	940,660
Sub-Total Communications/Utilities	5,207	13,282	682	441,988	281,923	803,375	264,661	1,811,118

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Ex.B1

TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

EXPENDITURES	Part A Ryan White Supplemental	Part A Ryan White Formula	Part A Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	0	0	0	0	0	0	0	0
C. Rental								
1. Building	0	0	0	306,498	195,497	557,104	183,531	1,242,630
2. Equipment	418	879	0	86,542	55,200	157,302	51,821	352,162
Sub-Total Rental	418	879	0	393,040	250,697	714,406	235,352	1,594,792
D. Repair & Maintenance								
1. Building Maintenance	90	189	0	11,966	7,632	21,749	7,165	48,791
2. Equipment Maintenance	317	968	0	132,889	84,762	241,545	79,574	540,055
Sub-Total Repair & Maintenance	407	1,157	0	144,855	92,394	263,294	86,739	588,846
E. Specific Assistance to Individuals	0	0	0	789	503	1,435	473	3,200
F. Dues & Membership	0	0	0	3,946	2,517	7,173	2,363	15,999
G. Subscriptions	0	0	0	1,860	1,186	3,380	1,114	7,540

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EX.B1

TOTAL AGENCY BUDGET

Agency: Palm Beach County Health Department

Agency Budget for Fiscal Year 2007 to 2008

EXPENDITURES	Part A Ryan White Supplemental	Part A Ryan White Formula	Part A Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	0	0	0	17,019	10,855	30,935	10,191	69,000
I. Printing	340	982	0	32,784	20,911	59,589	19,631	134,237
J. Copy Cost	335	707	0	76,434	48,753	138,930	45,769	310,928
K. Advertising	70	148	0	2,204	1,406	4,006	1,320	9,154
L. Audit Fees	0	0	0	9,866	6,293	17,933	5,908	40,000
M. Office Furniture and Equipment	0	0	0	36,677	23,394	66,665	21,962	148,698
N. Miscellaneous FL State Indirect Cost	32,004	96,445	3,182	-	-	-	-	131,631
N. Miscellaneous Lab/Diagnostic Tests	237,032	765,587	0	11,660	7,437	21,194	6,982	1,049,892
23. Sub-Total Other	275,813	879,187	3,864	1,173,122	748,269	2,132,315	702,465	5,915,034
24. Total Expenditures	489,623	1,504,585	35,000	15,258,267	9,732,359	27,734,052	9,136,639	63,890,525

TAGCY-RW.WK1

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EX. B1

FORM C-1: TOTAL AGENCY SALARIES

Agency Name: Palm Beach County Health Department

Program: Agency Budget - Diagnostic Laboratory Services - Supplemental

Budget for Fiscal Year 03/01/2008-2/28/2009

PERSONNEL	POS #	ANNUAL SALARY	Part A Ryan White Formula	Part A Ryan White Supplemental	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other State	Other Local	TOTAL
<i>Positions/Salaries</i>										
N/A										\$0
Sub-Total Salaries		-	-	-	-	-	-	-	-	-

(Figure should match Form A, Page 2 of 5)

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