

# PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: May 5, 2009	[X] Consent [] Workshop	[ ] Regular [ ] Public Hearing
Department Submitted By: Community Se Submitted For: Ryan White Pa		

#### I. **EXECUTIVE BRIEF**

Motion and Title: Staff recommends motion to approve: Amendments to the Ryan White Part A HIV Health Support Services Contracts for the period March 1, 2008 through February 28, 2009 to change the unit cost rate of Medical Case Management and increase funding for Medical Case Management by \$115,133.

- A. Amendment No. 2 to contract (R2008-0951, dated June 3, 2008) (Formula) with Comprehensive AIDS Program to increase funding for Medical Case Management by \$75,361 for a total not to exceed amount of \$1,322,535.
- B. Amendment No. 1 to contract (R2008-0952, dated June 3, 2008) (Supplemental) with Comprehensive AIDS Program to increase funding for Medical Case Management by \$39,772 for a total not to exceed amount of \$576,697.

**Summary:** Ryan White HIV Health Support service dollars are reviewed and allocated to agencies in an attempt to spend 98% of Formula funds. Adjustments to the unit cost rate are necessary to better serve clients and more appropriately reflect the cost of Medical Case Management provided. A unit of service is defined as one fifteen minute encounter with a client. The amendments will change the cost per unit from \$13.50 to \$14.50. Funding of \$115,133 is being moved from the Administrative budget. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Under the new Ryan White Treatment Modernization Act of 2006, Palm Beach County is required to spend 98% of Formula funds received for the 2008-2009 grant period to be eligible to receive Supplemental funds for the 2009- 2010 grant period. The allocation of \$115,133 to Comprehensive AIDS Program will assure that Formula and Supplemental funds are spent at the required level.

Attachments: Amendment No. 2 Comprehensive AIDS Program, Inc. (Formula)

Amendment No.1 Comprehensive AIDS Program, Inc. (Supplemental)

Recommended by: 4/28/09

Bepartment Director Date

Approved by: 4/30/09
Assistant County Administrator Date

# II. FISCAL IMPACT ANALYSIS

A.	Five Year Summa	ry of Fiscal I	mpact:			
Capita Opera Extern Progr In-Kin NET I	scal Years al Expenditures ating Costs hal Revenues am Income (County) d Match (County) FISCAL IMPACT DITIONAL FTE TIONS (Cumulative	<u>0</u>	2010	2011	2012	2013
	n Included in Curren et Account No.: Fun Pro	•	Yes_X Dept_142 W32/RY32	Unit <u>1475/1479</u>	No 9 Object <u>820</u>	<u>1</u>
B.	Recommended Secunding provided to No county match is	hrough the U.		_	•	vices.
C.	Departmental Fisc	cal Review:				
Α.	OFMB Fiscal and/	<del></del>	/IEW COMM Administrat		:	
	Legal Sufficiency Assistant County	4/3	4		Jacobo Mandona Mor no mandra	with comp,
C.	Other Department	: Review:				
	Department Dire	ector				

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.R2008-0951, 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 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, FL 33406.

#### WITNESSETH:

WHEREAS, the need exists to amend the contract to increase Medical Case Management and to change the unit of service cost for Medical Case Management.

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

- I. New Budgets Exhibit "B2" attached hereto showing 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 services by \$135,049 for a new total of \$1,193,632.
  - IV. Total contract not to exceed amount will be \$1,382,223.

#### **OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Second 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, Chairman				
WITNESS:  Signature  LARRY LEET)  Witness Name	By: Signature  Chief Executive Officer Yolette Bonnet  July 19 9  Date				
APPROVED AS TO FORM AND LEGAL SUFFICIENCY  County Attorney	APPROVED AS TO TERMS AND CONDITIONS  Director				

## TITLE I WORKPLAN

APPLICANT: Comprehensive AIDS Program	SERVICE: Medical Case Management - FORMULA	AREA TO BE	SERVED:	PALM BEACH COUNTY	1
OBJECTIVE(S)	<u>ACTIVITIES</u>	START DATE	END DATE	NON-DUPLICATING STATEMENT	
Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service      Impact Statement: When the	Describe the sequential steps to be taken to accomplish the objective			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.	
objective is accomplished, what impact will it have?				additional units of services are needed.	
1. A unit of service is a quarter hour of case management. CAP will provide a total of 82,320 units of case management to an estimated 678 clients.	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.	3/1/2008	2/28/2009*	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.	
<ol> <li>678 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical &amp; social service support.</li> </ol>	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)			CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.	~
3. 678 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.	3. Eighty percent (80%) of clients will comply/foliow-up with the referral.		4.93		
unit=quarter hour Unit cost = \$14.50 per quarter hour 82,320 units of service plus State, county, and CAREware trainings at \$270 p equals 20 units at \$14.50 per unit per day (other H) plus actual cost \$41,204.15 of new computer upgrade					

<sup>\*</sup> or Date of Depletion of Funds, whichever comes first

## **BUDGET NARRATIVE SUMMARY**

PROPOSED SERVICE:

MEDICAL CASE MANAGEMENT - FORMULA

**AGENCY NAME:** 

**Comprehensive AIDS Program** 

**BUDGET PERIOD: from** 

3/1/2008

to

2/28/2009\*

Category	Administration	Program	Total	Cost per Unit
A. Personnel		627,866	627,866	7.63
B. Fringe Benefits	· · · · · · · · · · · · · · · · · · ·	200,027	200,027	2.43
C. Travel	-	26,024	26,024	0.32
D. Equipment	<u>-</u>	<u>-</u>	<u>-</u>	
E. Supplies	-	21,640	21,640	0.26
F. Contractual	_	1,500	1,500	0.02
G. Other	108,512	208,063	316,575	3.85
Total	108,512	1,085,120	1,193,632	14.50

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program Budget Period: 3/1/2008 to 2/28/2009\*

REVENUES	Administration Amount	Program  Amount	Total Service Costs
Funds from Government Sources Ryan White Title I	108,512	1,085,120	1,193,632
2. Foundations			
3. Other Grants	-		_
4. Fund Raising			
5. Contributions/Legacies/Bequests		·	-
6. Membership dues			
7. Program Service Fees and Sales to the Public			· <u>-</u>
8. Investment Income			-
9. In Kind			· <u>-</u>
10. Miscellaneous Revenue			-
11. Total Revenue	108,512	1,085,120	1,193,632

Service: MEDICAL CASE MANAGEMENT - FORMULA

2/28/2009\* Agency: Comprehensive AIDS Program Budget Period: 3/1/2008 to Total Program Administration Expenditures **Service Costs Amount Amount** 627,866 627,866 12. Salaries (Must agree with Form C-1) 13. Employee Benefits 48,032 48,032 a. FICA .0765 3,675 3,675 b. Ft Unemployment \$7,000 x .0335 x FTE 12,557 12,557 c. Workers' Compensation .02 116,926 116,926 d. Health Plan \$606 x 12 per mo per FTE 18,836 18,836 e. Retirement .03 200,027 200,027 14. Sub-Total Employee Benefits 827,893 827,893 15. Sub-Total Salaries & Benefits 16. Travel 16,640 16,640 a. Travel/Transportation

9,384

26,024

9,384

26,024

ى

b. Conference/Registration/Travel

17. Sub-Total Travel

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program	Budget Period:	3/1/2008	to	2/28/2009*
Expenditures		Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)			<u>-</u>	- 1
19. Supplies				
a. Office Supplies		·	16,640	16,640
b. Program Supplies (actual purchase)			5,000	5,000
20. Sub-Totał Supplies		-	21,640	21,640
21. Contractual (Part-time Case Managers @ \$15per hour x 100 hrs)		·	1,500	1,500
22. Other		·		
a. Communications/Utilities				
1. Telephone		· <u>-</u>	15,640	15,640
2. Postage & Shipping		<u>-</u>	2,346	2,346
3. Utilities (Power/Water/Gas	the commence of the commence o		15,640	15,640

33,626

33,626

Sub-Total Communications/Utilities

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program	Budget Period:	3/1/2008	to	2/28/2009*
Expenditures		Administration Amount	Program Amount	Total Service Costs
B. Food Service				
C. Rental				
1. Building			70,380	\$70,380
2. Equipment				
Sub-Total Rental			\$70,380	\$70,380
D. Repair & Maintenance				
1. Building Maintenance		-	15,640	\$15,640
2. Equipment Maintenance			-	
Sub-Total Repair & Maintenance			\$15,640	\$15,640
E. Specific Assistance to Individuals				
F. Dues & Membership	·	-	235	

Service:

**MEDICAL CASE MANAGEMENT - FORMULA** 

Agency: Comprehensive All	OS Program Budget Pe	riod: _	3/1/2008	to	2/28/2009*
Expenditures			Administration Amount	Program Amount	Total Service Costs
G. Subscriptions			·	313	313
H. Training & Development	Includes Countywide & Statewide training required for staff. \$260 per day per staff=20units per day	or all	-	8,133	8,133

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EXHIBIT B SECTION\_\_\_\_\_\_
PAGE \_\_\_ of 2

## **SALARIES PER SERVICE**

Service:

MEDICAL CASE MANAGEMENT - FORMULA

Agency:

Comprehensive AIDS Program

**Budget Period:** 

3/1/2008 to <u>2/28/2009\*</u>

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

\*\* Requested amount = Total salary x percent funded

(1)		(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	107,302	4,127	260	8	51.59	107,302	20%		21,460	21,460
1 Program Managers	Prog	56,706	2,181	260	8	27.26	56,706	70%		39,694	39,694
3 Program Supervisors	Prog	105,584	4,061	260	8	50.76	105,584	70%		73,909	73,909
4 Program Specialists	Prog	96,504	3,712	260	8	46.40	96,504	70%		67,553	67,553
21 Case Managers/Techs	Prog	607,500	23,365	260	8	292.07	607,500	70%		425,250	425,250
								1			
					<u> </u>						
Total Personnel (Line Item Budget Line A)		973,596	37,446				973,596			627,866	627,866

FTE Admin

(need to add up)>>>>> FTE Prog

18.40 actual fte's by %

# Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

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	1,382,223	536,925	541,631	193,722	1,422,278	100,000	463,333	4,640,112
2. Foundations						·	100,000	100,000
3. Other Grants								
4. Fund Raising				j			150,000	150,000
5. Contributions/ Legacies/Bequests				•			60,000	60,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income		e a rest o					6,000	6,000
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	1,382,223	536,925	565,076	193,722	1,422,278	100,000	779,333	4,956,112

# Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675
Chief Program Director	21,460	10,730	31,188					
1 Regional Program Managers	39,694	39,695	68,841					
3 Program Supervisors	73,909	25,200	48,421					
4 Program Support Specialists	67,553	14,000	36,287					
21 Case Managers/Techs	425,250	165,199	186,675					
HIV Prevention Manager	2,412							
Treatment Adherence Coordinator	29,301							
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				·				
							·	
	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675

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

# Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675
13. Employee Benefits			•					
a. FICA	50,872	19,494	28,413	5,575	37,483	5,584	22,950	170,372
b. Fl Unemployment	2,417	1,833	3,714	729	4,900	730	3,000	17,323
c. Workers' Comp	13,299	5,096	7,428	1,458	9,800	1,460	6,000	44,540
d. Health Plan	96,326	56,722	20,996	15,788	125,569	7,947	72,720	396,068
e. Retirement	18,836	7,645	11,142	2,186	14,699	2,190	9,000	65,699
14. Sub-Total Employee Benefits	181,750	90,790	71,694	25,736	192,451	17,911	113,670	694,003
15. Sub-Total Salaries/Benefits	841,329	345,614	443,106	98,617	682,431	90,910	413,670	2,915,678
16. Travel a. Travel/transportation	16,640	7,800	3,210	4,272	24,957		11,806	68,685
b. Conferences/ Registration/Travel	9,384	4,680	1,926	3,784	9,049		6,400	35,223
17. Sub-Total Travel	26,024	12,480	5,136	8,056	34,006		18,206	103,908

#### Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2008

to

2/28/2009

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	16,640	7,634	3,210	1,000			10,000	38,484
b. Program Supplies	5,000	2,500	3,000	32,750	70,943		8,100	122,293
c. Computer Software								
20. Sub-Total Supplies	21,640	10,134	6,210	33,750	70,943		18,100	160,777
21. Contractual	115,388	21,267	1,000	14,560	8,400			160,615
22. Other a. Communications/Utilities	·							
1. Telephone	15,640	7,800	2,889			The second secon	3,000	29,329
2. Postage & Shipping	2,346	1,170	482	1,200			1,000	6,198
3. Utilities (Power/Water/Gas)	15,640	7,800	2,889		•		6,000	32,329
Sub-Total Communications/Utilities	33,626	16,770	6,260	1,200			10,000	67,856

# Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service								
C. Rental								
1. Building	70,380	35,100	14,445	7,740	76,920		36,360	240,945
2. Equipment					2,000			2,000
Sub-Total Rental	70,380	35,100	14,445	7,740	78,920		36,360	242,945
D. Repair & Maintenance								
1. Building Maintenance	15,640	7,800	2,889				6,000	32,329
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	15,640	7,800	2,889				6,000	32,329
E. Specific Assistance to Individuals	44,121	10,424			416,023		125,000	595,568
F. Dues & Membership	235	117	48				100	500
G. Subscriptions	313	242	48				100	703

## Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	8,133	4,056	1,669	953			3,500	18,311
I. Printing	5,474	2,730	963	5,097			2,000	16,264
J. Copy Cost	5,689	2,730	963				2,000	11,382
K. Advertising	3,910	1,950	803		10,000		1,800	18,463
L. Audit Fees								
M. Office Furniture & Equipment	41,204	5,000	5,000	3,000			4,000	58,204
N. Insurance	23,460	11,700	3,852				12,000	51,012
O. Fundraising							76,926	76,926
P. Vehicle Operation								
Q. Promotional/PR		. September 1981 and 1981	ranjjes	, ja reservit t	The control of	<u></u>	4.	
R. Fees/taxes/bank fees								*
S. Professional Fees								
T. Indirect Costs	125,657	48,811	49,239	20,749	121,555	9,090	49,571	424,672
25. Sub-Total Other	377,842	147,430	86,179	38,739	626,498	9,090	329,357	1,615,135
26. Sub-Total Expenditures	\$1,382,223	\$536,925	\$541,631	\$193,722	\$1,422,278	\$100,000	\$779,333	\$4,956,111