

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 19, 2009 ☒ Consent ☐ Regular
 ☐ Workshop ☐ Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A


I. EXECUTIVE BRIEF


Motion and Title: Staff recommends motion to approve: Amendment No. 1 to Contract R2008-1003 with the Health Care District of Palm Beach County, for the period March 1, 2008, through February 28, 2009, increasing the units of service and total funding by \$34,666, for a new not to exceed contract amount of \$106,778, for Local Supplemental Drug Program services.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and reallocated to best meet the needs of affected clients. Additional funding of \$34,666 is being moved from the Grantee's administrative budget to compensate the provider agency for services provided during the grant period. 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 Allocations Committee.

Attachments: Amendment No. 1 Health Care District of Palm Beach County

Recommended by:  5/6/09
 Department Director Date

Approved by:  5/12/09
 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>34,666</u>	_____	_____	_____	_____
External Revenues	<u>(34,666)</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 RW52

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: ED

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jim D. 5-11-09 Jim J. Jacobson 5/14/09
5/11/09 OFMB 5/18/09 Contract Dev. and Control

B. Legal Sufficiency:

[Signature] 5/12/09
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 - 1002, 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 Health Care District of Palm Beach County hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 324 Datura Street Suite 400, West Palm Beach, FL 33401.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Local/ADAP Supplemental Drug Program.

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 Local Supplemental Drug Program services. Units of service will increase from 2,198 units to 3,328 units.

II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Local Supplemental Drug Program shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Local Supplemental Drug Program by \$34,666 for a new total of \$106,778.

IV. Total contract not to exceed amount will be \$ 106,778.

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

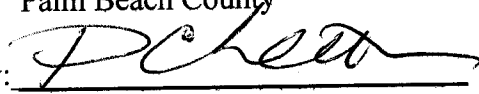
By: _____
Deputy Clerk

By: _____
John F. Koons, Chair

Date

WITNESS:

Signature

Michael B. Greene
Witness Name


Health Care District of
Palm Beach County
By: 
Signature
Dwight Chenette
Chief Executive Officer

5/5/09
Date


**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**



Director

Approved as to form and legal sufficiency
By: 
Nicholas W. Romanello, Esq.
Legal Counsel
Health Care District of Palm Beach County

WORK PLAN

DRUG REIMBURSEMENT – Local and ADAP - Supplemental

APPLICANT: Health Care District of Palm Beach County

AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<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>	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.
To provide FDA approved prescription drugs included on the "Palm Beach County Title I Prescription Drug Formulary", and approved by the Palm Beach County HIV CARE Council, to Ryan White eligible clients; and to provide ADAP drugs (Approved by the State of Florida AIDS Drug Assistance Program and included on the	1. Review patient eligibility for Ryan White Program pursuant to Palm Beach County HIV CARE Council adopted standards and eligibility criteria.	3/1/2008	2/28/2009	There is no program in Palm Beach County that specifically addresses the HIV infection problems in the communities where hard-to-reach individuals and under-served populations are prevalent. Due to unique religious and cultural beliefs, language

<p>ADAP formulary) to Ryan White eligible patients who are not eligible for the Florida AIDS Drug Assistance Program.</p> <p><u>Impact:</u> Improve patients' health status. i.e. Viral loads or CD4 counts and increase the life span of the client.</p> <p>Unit of Service = One month filled prescription. Unit cost = Actual cost of the drug plus a five dollar and fifty four (\$5.54) handling fee, per prescription. 3,328 units will be provided to Ryan White eligible clients.</p> <p>A unit of service includes one filled drug prescription, including information regarding dosages and adherence.</p>	2. Disseminate Ryan White Drug Assistance Formulary to all participating pharmacies and physicians (known to HCDPBC) treating HIV/AIDS infected patients.	3/1/2008	2/28/2009	<p>barriers, immigration status, and a basic mistrust of the traditional health care system, a special approach is required to reach this segment of the community.</p>
	3. Fill prescriptions for eligible Ryan White clients.	3/1/2008	2/28/2009	
	4. Prepare monthly reports for DUR. Review and prepare a trend analysis of pharmaceutical usage. Review billing records.	3/1/2008	2/28/2009	
	5. Prepare demographics, utilization, and other Community Service required reports	3/1/2008	2/28/2009	
	6. Audit for Grant compliance			

4

BUDGET NARRATIVE SUMMARY**Proposed Service:** Local Supplement Drug Program - Supplemental**Agency Name:** Health Care District of Palm Beach County**Budget Period** March 1, 2008 to February 28, 2009

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$1,070	\$3,523	\$4,593	
B. Fringe Benefits	\$262	\$870	\$1,132	
C. Travel	\$0	\$0	\$0	
D. Equipment	\$0	\$0	\$0	
E. Supplies	\$858	\$91,406	\$92,264	
F. Contractual	\$4,148	\$0	\$4,148	
G. Other	\$0	\$0	\$0	
Total	\$6,337	\$95,798	\$102,136	

BUDGET NARRATIVE

Exhibit "B" ↑

Section _____

Page 2 of 6

Service: Local Supplement Drug Program - Supplemental

Agency: Health Care District of Palm Beach County

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

Revenues	Administration Amount	Program Amount	Total Services Cost
Funds from Government Sources (Specify Source of Funds) Ryan White Title I	\$6,337	\$95,798	\$102,136
Foundations	\$0	\$0	\$0
Other Grants	\$0	\$0	\$0
Fund Raising	\$0	\$0	\$0
Contributions/Legacies/Bequests	\$0	\$0	\$0
Membership Dues	\$0	\$0	\$0
Program Service Fees and Sales to the Public	\$0	\$0	\$0
Investment Income	\$0	\$0	\$0
In Kind	\$0	\$0	\$0
D. Miscellaneous Revenue	\$0	\$0	\$0
1. Total Revenue	\$6,337	\$95,798	\$102,136

BUDGET NARRATIVE

Exhibit "B" |

Section _____

Page 3 of 6

Service: Local Supplement Drug Program - Supplemental

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
2. Salaries (Must agree with Form C-1)	\$1,070	\$3,523	\$4,593
3. Employee Benefits			\$351
a. FICA 7.65% of salaries	\$82	\$270	
b. FI Unemployment 0.13% of salaries	\$1	\$5	\$6
c. Workers' Compensation 1.17% of salaries	\$13	\$41	\$54
d. Health Plan	\$6	\$26	\$32
e. Retirement 15% of salaries	\$160	\$528	\$689
4. Sub-Total Employee Benefits	\$262	\$870	\$1,132
5. Sub-Total Salaries & Benefits	\$1,332	\$4,393	\$5,724
6. Travel			
a. Travel/Transportation	\$0	\$0	\$0
b. Conferences/Registration/Travel	\$0	\$0	\$0
17. Sub-Total Travel	\$0	\$0	\$0

BUDGET NARRATIVE

Exhibit "B" |

Section _____

Page 4 of 6

Service: Local Supplement Drug Program - Supplemental

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
8. Equipment (Attach a page showing detail description)	\$0	\$0	\$0
9. Supplies			
a. Office Supplies - Rx supplies, bags, bottles, etc. Total units 1144 @ \$0.75/unit.	\$858	\$0	\$858
b. Program Supplies - PPSC \$27.50/unit x 2183, clinic \$35.19/unit x 251, \$382.05/unit x 59	\$0	\$91,406	\$91,406
0. Sub-Total Supplies	\$858	\$91,406	\$92,264
1. Contractual - PPSC charges: prescription database tracking at \$1.90/unit x 2183 units.	\$4,148	\$0	\$4,148
2. Other			
1. Communications/Utilities			
1. Telephone Local line, fax, LD	\$0	\$0	\$0
2. Postage & Shipping	\$0	\$0	\$0
3. Utilities (Power/Water/Gas)	\$0	\$0	\$0
Sub-Total Communications/Utilities	\$0	\$0	\$0

∞

BUDGET NARRATIVE

Exhibit "B" I

Section _____

Page 5 of 6

Service: Local Supplement Drug Program - Supplemental

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
I. Food Service	\$0	\$0	\$0
J. Rental			
1. Building	\$0	\$0	\$0
2. Equipment	\$0	\$0	\$0
Sub-Total Rental	\$0	\$0	\$0
K. Repair & Maintenance			
1. Building Maintenance	\$0	\$0	\$0
2. Equipment Maintenance	\$0	\$0	\$0
Sub-Total Repair & Maintenance	\$0	\$0	\$0
L. Specific Assistance to Individuals	\$0	\$0	\$0
F. Dues & Membership	\$0	\$0	\$0

9

BUDGET NARRATIVE

Exhibit "B" |

Section _____

Page 6 of 6

Service: Local Supplement Drug Program - Supplemental

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
3. Subscriptions	\$0	\$0	\$0
4. Training & Development	\$0	\$0	\$0
I. Printing Envelopes, business cards for staff	\$0	\$0	\$0
J. Copy Cost	\$0	\$0	\$0
K. Advertising	\$0	\$0	\$0
L. Audit Fees	\$0	\$0	\$0
M. Office Furniture and Equipment (Attach a sheet showing details)	\$0	\$0	\$0
N. Miscellaneous	\$0	\$0	\$0
O. Professional Services	\$0	\$0	\$0
3. Sub-Total Other	\$0	\$0	\$0
4. Total Expenditures	\$6,337	\$95,798	\$102,136
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)	\$5.54	\$43.88	

All Financial Information Rounded to Nearest Dollar

CHC-RW8.WK1

EXHIBIT "B"
Section _____
Page 1 of 1

Section _____
Page 1 of 1

Section _____
Page 1 of 1

Section _____
Page 1 of 1

If not requesting 100 % funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source. Use additional sheets if necessary.

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach CountyProgram Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

REVENUES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			Total
1. Funds from Govt. Sources	106,778			144,006,888					144,113,666
2. Foundations	0								0
3. Other Grants	0								0
4. Fund Raising	0								0
5. Contributions/ Legacies/Bequests	0								0
6. Membership Dues	0								0
7. Program Srvc. Fees/Sales to Public	0			2,120,000					2,120,000
8. Investment Income	0			6,340,000					6,340,000
9. In-Kind	0								0
10. Miscellaneous - Indirect Income	0			9,580,934					9,580,934
11. Total Revenue	106,778	0	0	162,047,822	0	0	0	0	162,154,600

12

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			TOTAL
12. Total Salaries	4,933	0	0	26,349,433	0	0			26,354,366
List all employee salaries individually									
Project Liason	513								
Pharmacy Director	857								
Pharmacy Distribution Director	3,562								
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
 Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local		TOTAL
13. Employee Benefits:								
a. FICA	377			1,944,038				1,944,415
b. Florida Unemployment	6			49,994				50,000
c. Workers' Compensation	58			257,295				257,353
d. Health Plan	45			3,832,710				3,832,755
e. Retirement	740			3,441,029				3,441,769
14. Sub-Total Employee Benefits	1,225	0	0	9,525,066	0	0		9,526,291
15. Sub-Total Salaries/ Benefits	6,158	0	0	35,874,499	0	0		35,880,657
16. Travel								
a. Travel/Transportation	0			391,897				391,897
b. Conferences/ Registration/Travel	0			456,714				456,714
17. Sub-Total Travel	0	0	0	848,611	0	0		848,611
18. Building/Occupancy								
a. Rent	0			1,333,171				1,333,171

14

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
 Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			TOTAL
b. Depreciation									0
19. Communications/ Utilities									
a. Telephone	0			760,771					760,771
b. Postage & Shipping	0			203,129					203,129
c. Utilities & Utility Asst. (Power/Water/Gas)	0			92,922					92,922
20. Sub-Total									
Communications/Utilities	0	0	0	1,056,822	0	0			1,056,822
21. Printing & Supplies									
a. Office Supplies	917			425,368					426,285
b. Program Supplies	95,554								95,554
c. Printing	0			105,770					105,770
22. Sub-Total Printing/ Supplies									
Supplies	96,472	0	0	531,138	0	0			627,610
23. Food Service	0			32,750					32,750
24. Other									
a. Professional Fees/Contractual	4,148			6,111,135					6,115,283
b. Insurance	0			372,035					372,035
c. Building Maintenance	0			35,117					35,117

15

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
 Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			TOTAL
d. Equipment Rental/ Maintenance	0			138,150					138,150
e. Specific Assistance to Individuals	0								0
f. Dues & Subscriptions	0			108,360					108,360
g. Training & Development	0			134,000					134,000
h. Awards & Grants									0
i. Sponsored Events				9,798,000					9,798,000
j. Payments to Off. Organizations									0
k. Litigation Cost									0
l. Copy Cost	0								0
m. Advertising	0			251,360					251,360
n. Audit Fees	0			130,000					130,000
o. Office Furniture and Equip.	0			203,200					203,200
p. Miscellaneous	0			111,097,046					111,097,046
25. Sub-Total Other	4,148	0	0	127,793,843	0	0			127,797,991
26. Indirect Costs									0
27. Capital Expenses (Equipment)				728,000					728,000
28. Total Expenditures	108,778	0	0	167,470,834	0	0			167,577,611

All Financial Information Rounded to Nearest Dollar

16