

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT *	0	_____	_____	_____	_____
# 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:

* There is no additional funding associated with this agenda item. Funding of \$10,000 is a reallocation of dollars between the agencies.

C. Departmental Fiscal Review: Taruna Malhotra
11/9/09

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 11-13-09
 OFMB VA CA
 11/21/09 11/10/09 11/10/09

[Signature] 11/18/09
 Contract Dev. and Control
 E. Jones 11/18/09

B. Legal Sufficiency:

[Signature] 11/20/09
 Assistant County Attorney

These amendments comply 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. R2009-1153, dated July 21, 2009) 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 Community Care Network, 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 decrease funding for Home Health Care services and increase funding for Primary Outpatient Medical Care.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on July 21, 2009 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 Home Health Care. Units of service will decrease to 1388 units for 16 unduplicated clients. 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 Primary Outpatient Medical Care. Units of service will increase service to 38 clients.

II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Home Health Care services shall replace the original Exhibit "B" in its entirety. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Primary Outpatient Medical Care services shall replace the original Exhibit "B" in its entirety.

III. Decrease funding for Home Health Care by \$60,000 for a new total of \$55,624. Increase funding for Outpatient Primary Medical services by \$50,000 for a new total of \$60,895.

IV. Total contract not to exceed amount will be \$184,594.

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: _____
Chair

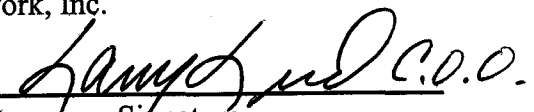
Date

WITNESS:

Comprehensive Community Care
Network, Inc.



Signature

By: 

Signature
Yolette Bonnet
Chief Executive Officer


Robbin Rodriguez
Witness Name

10/21/09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS
AND CONDITIONS**

County Attorney



Channell Wilkins, Director
Community Services

PART A
WORKPLAN

APPLICANT: CCCnet

SERVICE: Home Health Care

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> <p>1. A unit of service is a visit. A visit is an hour of home health care service. CCCnet estimates it can provide about 1388 units of home health care to an unduplicated 16 clients.</p> <p>1a. Another unit of service is an item of durable medical equipment. Units vary in cost according to the type of equipment required by the client. CCCnet estimates they can provide durable medical equipment for up to 2 clients with these funds.</p> <p>2. 16 clients will be able to stay in the least restrictive environment due to the professional services they receive which will enable them to stay in their home.</p> <p>Cost=actual cost plus 10%</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CCCnet will continue to provide home health care services for HIV+ clients.</p> <p>2. Services will be provided by a certified home health care professional according to state standards, the client's careplan, and upon referral from a case manager.</p>	<p>3/1/2009</p>	<p>2/28/10*</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>Home Health Care services are difficult to obtain from many home health care agencies because of the lack of para-professional staff to accommodate the need.</p> <p>CCCnet administers this resource through applications from Ryan White Case Management agencies for all Ryan White eligible clients throughout Palm Beach County, and conducts follow-up to assure services are received.</p>

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* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: HOME HEALTH CARE
Agency: CCCnet Budget Period: 3/1/2009 to 2/28/10*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	5,057	50,567	55,624
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	5,057	50,567	55,624

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)			
13. Employee Benefits			
a. FICA .0765			
b. FI Unemployment \$7000 x .0233 x FTE			
c. Workers' Compensation .084			
d. Health Plan \$450 x 12 x FTE			
e. Retirement .05			
14. Sub-Total Employee Benefits			
15. Sub-Total Salaries & Benefits			
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment			
19. Supplies			
a. Office Supplies			
b. Program Supplies (actual purchase)			
20. Sub-Total Supplies			
21. Contractual rates vary by HHC services ranging from \$7 to \$40 to \$60 per unit and actual durable medical items		50,567	50,567
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

Service: HOME HEALTH CARE

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

Expenditures	Administration Amount	Program	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			
F. Dues & Membership			

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

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 :			
N. Administrative expense allowed at 10%	5,057		5,057
23. Sub-Total Other	5,057		5,057
24. Total Expenditures	5,057	50,567	55,624
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)	1.75	17.49	19.23
Total Units			2,892

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All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: HOME HEALTH CARE
 Agency: Comprehensive Community Care Network, Inc.
 Budget Period: 3/1/2009 to 2/28/10*

*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											
Total Personnel (Line Item Budget Line A)			-				-	-	-	-	-

FTE Admin
FTE Prog

**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Outpatient/Ambulatory Medical Care
(health services)-SUPPLEMENTAL

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> <p>1. A unit of service is a visit. As CCCnet has just opened its new Health Center the actual unit cost can not be determined and varies per provider at the center. We have estimated that we will provide services to about 38 clients.</p> <p>2. 38 HIV+ men, women and children will have access to comprehensive health care services at CCCnet to include Infectious Disease, nurse coordination of lab, xray, pharmacy.</p> <p>3. 38 HIV+ men, women, and children will receive referrals and linkages to supportive services as determined by the treatment plan.</p> <p>cost= actual cost plus 10% handling fee</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CCCnet will provide outpatient ambulatory medical care.</p> <p>2. Each patient will participate in an initial evaluation: medical and social hx, confirmation test, standard lab testing, treatment plan.</p> <p>3. 60% of patients will follow standard treatment regimen with on average of quarterly visits (4). 40% of patients requiring more extensive care to reach stabization of treatment will receive on</p>	<p>3/1/2009</p>	<p>2/28/2010*</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>Upon intake, the patient and medical team will assess appropriateness of match of of services, location and patient needs, location of previous treatment, etc, to determine the best location of service site. CCCnet will complete transfer of CCCnet meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

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* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: Outpatient/Ambulatory Medical Care

AGENCY NAME: Comprehensive Community Care Network, Inc.

BUDGET PERIOD: from 3/1/2009 to 2/28/2010*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	45,808	45,808	
B. Fringe Benefits	-	5,011	5,011	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	3,040	3,040	
G. Other	5,536	1,500	7,036	
Total	5,536	55,359	60,895	Varies by Provider

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care
Agency: CCCnet Budget Period: 3/1/2009 to 2/28/2010*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	5,536	55,359	60,895
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	5,536	55,359	60,895

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		45,808	45,808
13. Employee Benefits			
a. FICA .0765	-	3,504	3,504
b. FI Unemployment \$7,000 x .0195 x FTE	-	17	17
c. Workers' Compensation .02	-	916	916
d. Health Plan \$606 x 12 per mo per FTE	-	574	574
e. Retirement .03	-		
14. Sub-Total Employee Benefits	-	5,011	5,011
15. Sub-Total Salaries & Benefits	-	50,819	50,819
16. Travel			
a. Travel/Transportation	-	-	
b. Conference/Registration/Travel	-		
17. Sub-Total Travel			

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment- 30% of practice management system as attached	-		-
19. Supplies			
a. Office Supplies	-		-
b. Program Supplies-		-	-
20. Sub-Total Supplies	-	-	-
21. Contractual- ID Physician and monthly practice management system fees		3,040	3,040
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

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

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

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-		-
H. Training & Development	-		-
I. Printing	-		-
J. Copy Cost	-		-
K. Advertising/Recruitment/PR	-		-
L. Audit Fees	-		-
M. Office Furniture and Equipment (needed for office, exam, waiting, furniture, computer hardware/software, communication,)	-		-
N. Insurance/General Liability/Malpractice \$500 per month		1,500	1,500
N. Administrative expense allowed at 10%	5,536		5,536
23. Sub-Total Other	5,536	1,500	7,036
24. Total Expenditures	5,536	55,359	60,895
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)			

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SALARIES PER SERVICE

Service: Outpatient/Ambulatory Medical Care
 Agency: Comprehensive Community Care Network, Inc.
 Budget Period: 3/1/2009 to 2/28/2010*

*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											
Center Manager	Prog	85,000	3,269	120	8	40.87	39,231	25%		9,808	9,808
Nurse Practitioner	Prog	78,000	3,000	120	8	37.50	36,000	75%		27,000	27,000
Medical Assistant	Prog	26,000	1,000	120	8	12.50	12,000	75%		9,000	9,000
Total Personnel (Line Item Budget Line A)		189,000	7,269				87,231			45,808	45,808

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TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/09 to 2/28/10

REVISED 10/20/2009 CONTRACT AMENDMENT

REVENUES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	545,103	184,594	2,651,000					3,380,697
2. Foundations								
3. Other Grants							25,000	25,000
4. Fund Raising							100,000	100,000
5. Contributions/ Legacies/Bequests								
6. Membership Dues								
7. Program Svc Fees/ Sales to Public							1,150,000	1,150,000
8. Investment Income								
9. In-Kind								
10. Misc. (Rental Income)							235,500	235,500
11. Total Revenues	545,103	184,594	2,651,000				1,510,500	4,891,197

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	41,732	46,450	159,029				593,800	841,011
13. Employee Benefits								
a. FICA@.0765	3,192	3,553	12,166				45,426	64,337
b. FI Unemployment@.0195x7000xft	84	22	900				1,673	2,679
c. Workers' Comp	835	929	3,181				11,876	16,821
d. Health Plan	4,494	1,059	33,349				135,918	174,820
e. Retirement		19	4,771				17,814	22,604
14. Sub-Total Employee Benefits	8,605	5,582	54,366				212,707	281,260
15. Sub-Total Salaries/Benefits	50,337	52,032	213,395				806,507	1,122,271
16. Travel								
a. Travel/transportation	652	50	10,680				1,000	12,382
b. Conferences/ Registration/Travel	255		4,800				5,000	10,055
17. Sub-Total Travel	907	50	15,480				6,000	22,437

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	600	75					4,000	4,675
b. Program Supplies	8,925	200	5,000				26,000	40,125
c. Computer Software								
20. Sub-Total Supplies	9,525	275	5,000				30,000	44,800
21. Contractual	186,028	112,897					22,727	321,652
22. Other								
a. Communications/Utilities								
1. Telephone							17,000	17,000
2. Postage & Shipping							1,000	1,000
3. Utilities (Power/Water/Gas)							25,000	25,000
Sub-Total Communications/Utilities							43,000	43,000

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	161,248							161,248
C. Rental								
1. Building			24,480					24,480
2. Equipment	3,000						170,153	173,153
Sub-Total Rental	3,000		24,480				170,153	197,633
D. Repair & Maintenance								
1. Building Maintenance							18,000	18,000
2. Equipment Maintenance								
Sub-Total Repair & Maintenance							18,000	18,000
E. Specific Assistance to Individuals	79,277		2,243,695					2,322,972
F. Dues & Membership							2,000	2,000
G. Subscriptions								

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development							2,000	2,000
I. Printing	400	50					4,000	4,450
J. Copy Cost							4,000	4,000
K. Advertising								
L. Audit Fees							6,500	6,500
M. Office Furniture & Equipment	2,500	909						3,409
N. Insurance	2,326	1,600					154,000	157,926
O. Fundraising								
P. Vehicle Operation								
Q. Promotional/PR							6,000	6,000
R. Fees/taxes/bank fees/interest							92,600	92,600
S. Professional Fees							55,470	55,470
T. Indirect Costs	49,555	16,781	148,950				87,543	302,829
25. Sub-Total Other	298,306	19,340	2,417,125				645,266	3,380,037
26. Sub-Total Expenditures	\$545,103	\$184,594	\$2,651,000				\$1,510,500	\$4,891,197

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All Financial Information Rounded to Nearest Dollar

**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. R2009-1262, dated August 18, 2009) 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 Treasure Coast Health Council, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 600 Sand Tree Drive Suite 101, Palm Beach Gardens, FL 33403.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Specialty Outpatient Medical Services.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on August 18, 2009 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 Specialty Outpatient Medical Services. Units of service will increase to 250 units.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Specialty Outpatient Medical Services shall replace the original Exhibit "B" in its entirety.
- III. Increase funding by \$10,000 for a new total of \$230,473.
- IV. Total contract not to exceed amount will be \$318,332.

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: _____
Chair

Date

WITNESS:

David J. Hepford
Signature

David J. Hepford
Witness Name

Treasure Coast Health Council, Inc.

By: Barbara Jacobowitz
Signature

Barbara Jacobowitz
Executive Director

10/21/09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Channell Wilkins
Channell Wilkins, Director
Community Services

WORK PLAN

Service: Specialty Outpatient Medical Care – Supplemental

APPLICANT: Treasure Coast Health Council

AREA TO BE SERVED: All of 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>	<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>Ryan White Part A Specialty Outpatient Medical Care</p> <p>1. Objectives:</p> <p>A.) A unit of service is defined as a visit of specialty medical care treatment. TCHC will provide Specialty Medical Outpatient services to an unduplicated 250 clients. A unit varies according to the type of service performed.</p> <p>B.) 250 HIV+ men, women, and children will have access to outpatient specialty medical services as referred by the primary physician</p> <p>Unit=varies by service Visit=varies by service Cost=actual cost of procedure</p> <p>2. Impact Statement: PLWHA will have access to timely, cost effective, HIV/AIDS specialty outpatient medical care which will have a direct impact on their quality and length of life.</p>	<p>1. Upon contractual agreement, TCHC will negotiate services with medical outpatient specialists up to 150% above the Medicaid rate.</p> <p>2. Case Managers and Referral Clerks will send referral form for eligible clients with 48 hours of receipt from the primary medical physician</p>	<p>3-1-2009</p> <p>3-1-2009</p>	<p>2-28-2010</p> <p>2-28-2010</p>	<p>Ryan White primary medical care providers in Palm Beach County report their services by client URN thus duplication of services is easily identifiable.</p>

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency Name: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	8,537	5,814	14351	
B. Fringe Benefits	3,699	3,465	7164	
C. Travel	0	0	0	
D. Equipment	0	0	0	
E. Supplies	0	0	0	
F. Contractual	0	207,808	207808	
G. Other	1,150	0	1150	
Total	13,386	217,087	230,473	

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BUDGET NARRATIVE

Exhibit "Bf"
Section _____
Page 2 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	13,386	217,087	230,473
2. Foundations			0
3. Other Grants			0
4. Fund Raising			0
5. Contributions/Legacies/Bequests			0
6. Membership Dues			0
7. Program Service Fees and Sales to the Public			0
8. Investment Income			0
9. In Kind			0
10. Miscellaneous Revenue			0
11. Total Revenue	13,386	217,087	230,473

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 3 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	8,537	5,814	14,351
13. <u>Employee Benefits</u>			
a. FICA	660	445	1,105
b. FI Unemployment	300	265	565
c. Workers' Compensation	100	41	141
d. Health Plan	2,346	2,423	4,769
e. Retirement	293	291	584
14. Sub-Total Employee Benefits	3,699	3,465	7,164
15. Sub-Total Salaries & Benefits	12,236	9,279	21,515
16. <u>Travel</u>			
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: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)	0	0	0
19. <u>Supplies</u>			
a. Office Supplies	0	0	0
b. Program Supplies	0	0	0
20. Sub-Total Supplies	0	0	0
21. Contractual (Attach sheet showing details if more space needed)	0	207,808	207,808
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD, Data	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

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
<i>B. Food Service</i>	0	0	0
<i>C. Rental</i>			
1. Building		0	0
2. Equipment		0	0
Sub-Total Rental	0	0	0
<i>D. Repair & Maintenance</i>			
1. Building Maintenance	0	0	0
2. Equipment Maintenance	0	0	0
Sub-Total Repair & Maintenance	0	0	0
E. Specific Assistance to Individuals			0
F. Dues & Membership	0	0	0

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 6 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions	0	0	0
H. 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. Insurance	1,150	0	1,150
O. Miscellaneous	0	0	0
P Professional Services	0	0	0
23. Sub-Total Other	1,150	0	1,150
24. Total Expenditures	13,386	217,087	230,473
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)			

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

SALARIES PER SERVICE

Service: Specialty Outpatient Medical Care

Agency: Treasure Coast Health Council

Budget Period: March 01, 2009 to February 28, 2010

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Days	Hourly Rate	Total Salary (5 X 6 X 7)	Percentage Charge	Admin	Program	Total
Positions:											
Director of Health Programs (Jan '10-Feb '10)	Admin	68,952	2,873	41	8	33.15	10,873	15.00%	1,724		1,724
Program Specialist (Jan '10-Feb '10)	Prog	39,780	1,658	41	8	19.13	6,273	50.00%		3,315	3,315
Administrative Specialist (July '09.)	Admin	35,360	1,473	22	8	17.00	2,992	6.00%	177		177
Administrative Specialist (Aug '09-Feb '10)	Admin	36,067	1,503	173	8	17.34	23,998	6.00%	1,443		1,443
Health Info. Systems Director (Jan '10-Feb '10)	Admin	68,174	2,841	41	8	32.78	10,751	5.00%	568		568
Adminstrative Clerk (October '09-Feb '10)	Admin	27,040	1,127	76	6	13.00	5,928	45.00%	2,668		2,668
Director of Administrative Svcs (Jan '10-Feb '10)	Admin	66,782	2,783	41	8	32.11	10,531	11.00%	1,224		1,224
Executive Director(Jan '10-Feb '10)	Admin	88,047	3,669	41	8	42.33	13,884	5.00%	734		734
Quality Assurance Specialist(Jan '10-Feb '10)	Prg	42,840	1,785	41	8	20.60	6,756	35.00%		2,499	2,499
SUPPLEMENTAL											
Sub-Total Salaries									8,537	5,814	14,351

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C1-RW8.WK1

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: Treasure Coast Health Council

Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

REVENUES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				Total
1. Funds from Govt. Sources	1,036,177	3,284,361	682,296	0	0	53,000	203,512				5,259,346
2. Foundations	0										0
3. Other Grants (United Way)	0										0
4. Fund Raising	0										0
5. Contributions/ Legacies/Bequests	0										0
6. Membership Dues	0										0
7. Program Srvce. Fees/Sales to Public	0										0
8. Investment Income	0										0
9. In-Kind	0										0
10. Miscellaneous - Indirect Income	0										0
11. Total Revenue	1,036,177	3,284,361	682,296	0	0	53,000	203,512	0	0	0	5,259,346

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council

Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
12. Total Salaries	275,443	282,589	32,068	0	0	27,018	73,231				690,349
List all employee salaries individually											
Executive Director	28,866	26,414	4,402				28,364				88,046
Director of Health Programs	17,258	50,674									67,932
Director of Health Planning	2,899					23,837	30,746				57,482
Health Information Systems Director	27,497	35,451	2,045			3,181					68,174
Director of Administrative Services	25,155	23,526	11,198				5,593				65,472
Quality Assurance Specialist	17,528	19,278					6,034				42,840
Health Planner	61,422										61,422
Health Planner		55,240									55,240
Program Specialist	36,894						2,494				39,388
CARE Council Operations Coordinator	37,185										37,185
Membership Support Liason	11,093										11,093
Contract Administrator		43,264	10,816								54,080
Administrative Specialist	5,698	26,762	3,607								36,067
Administrative Clerk	3,948	1,980									5,928

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Agency Name:

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
13. Employee Benefits:											
a. FICA	21,081	22,266	2,453			2,067	5,602				53,469
b. Florida Unemployment	2,350	2,500	896			672	1,600				8,018
c. Workers' Compensation	1,009	811	90			75	205				2,190
d. Health Plan	41,906	43,508	4,389			2,537	7,060				99,400
e. Retirement	19,746	14,553	1,603			1,351	3,662				40,915
14. Sub-Total Employee Benefits	86,092	83,638	9,431	0	0	6,702	18,129				203,992
15. Sub-Total Salaries/ Benefits	361,535	366,227	41,499	0	0	33,720	91,360				894,341
16. Travel											
a. Travel/Transportation	735	2,500	500			4,500					8,235
b. Conferences/ Registration/Travel	1,049	5,900				800					7,749
17. Sub-Total Travel	1,784	8,400	500	0	0	5,300	0				15,984
18. Building/Occupancy											
a. Rent	45,232	40,000	3,000	0	0	0	0				88,232

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
b. Depreciation											0
19. Communications/ Utilities											
a. Telephone	7,365	8,600	311			1,800	30				18,106
b. Postage & Shipping	1,549	2,550	250			900	700				5,949
c. Utilities & Utility Asst. (Power/Water/Gas)	4,341	4,000	350			180					8,871
20. Sub-Total											
Communications/Utilities	13,255	15,150	911	0	0	2,880	730				32,926
21. Printing & Supplies											
a. Office Supplies	6,107	5,810	500				200				12,617
b. Program Supplies	0										0
c. Printing	2,322	1,350	200			4,000	900				8,772
22. Sub-Total Printing/ Supplies											
Supplies	8,429	7,160	700	0	0	4,000	1,100				21,389
23. Food Service	1,853					500	200				2,553
24. Other											
a. Professional Fees/Contractual	565,433	2,827,226	634,686				109,222				4,136,567
b. Insurance	4,824	4,650	200								9,674
c. Building Maintenance	2,127	2,400	100								4,627

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
d. Equipment Rental/ Maintenance	5,420	3,600	300				900				10,220
e. Specific Assistance to Individuals	0										0
f. Dues & Subscriptions	0					2,000					2,000
g. Training & Development	3,320	1,448				4,100					8,868
h. Awards & Grants											0
i. Sponsored Events											0
j. Payments to Off. Organizations											0
K. Litigation Cost						500					500
l. Miscellaneous	1,200	500									1,700
M. Members Fund	15,410										15,410
N. Audit	6,763	7,600	400								14,763
25. Sub-Total Other	604,497	2,847,424	635,686	0	0	6,600	110,122				4,204,329
26. Indirect Costs											0
27. Capital Expenses (Equipment)											0
28. Total Expenditures	1,036,177	3,284,361	682,296	0	0	53,000	203,512				5,259,346

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All Financial Information Rounded to Nearest Dollar