



## II. FISCAL IMPACT ANALYSIS

### Five Year Summary of Fiscal Impact:

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>A</u> See below	_____	_____	_____	_____

# ADDITIONAL FTE

POSITIONS (Cumulative) \_\_\_\_\_

Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201  
Program Code RW53


### 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. Federal funds will provide needed services to HIV/AIDS clients in Palm Beach County.

C. Departmental Fiscal Review:  12/7/2010

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

There is no additional funding associated with this agenda item. Funding of \$35,200 is a reallocation of dollars between agencies.  
 12/10/10  
OFMB VA 12/8/10  
SB 12/9  
Erin L. Jacobowitz 12/10/10  
Contract Dev. and Control

### B. Legal Sufficiency:

This amendment complies with our review requirements.

 12/13/10  
Assistant County Attorney

### 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  
(Formula)**

**THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No. R2010 – 1235, dated August 17, 2010) made and entered into at West Palm Beach Florida, on this \_\_\_\_ day of \_\_\_\_, 2010 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, Florida 33403.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Quality Management, and amend language in Article 3 for services performed at actual to services performed at unit cost.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on August 17, 2010 is hereby amended as follows:

- I. New Work Plan "A1" shall replace "A".
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Quality Management shall replace the original New Budgets Exhibit "B" in its entirety.
- III. New Schedule C "C1", shall replace "C".
- IV. Increase funding for Quality Management by \$35,200 for a new total of \$77,200.
- V. Total contract not to exceed amount will be \$77,200.
- VI. Article 3 has been amended to read:

The COUNTY shall pay to the AGENCY for services rendered, an amount not to exceed Seventy-Seven Thousand Two Hundred Dollars (\$77,200). The AGENCY will bill the COUNTY on a monthly basis, by the tenth (10th) working day of each month, for services performed at unit cost of service provided, based on Exhibit "A1" which is provided as additional information and used to support the unit cost. Failure to submit monthly Service Utilization Reimbursement Requests and required reports in a manner deemed correct and acceptable by the COUNTY, by the tenth (10th) working day of each month following the month in which services were delivered shall deem the Service Provider(s) in non-compliance with this covenant and at the option of the COUNTY, the Service Provider will forfeit its claim to any reimbursement for that specific month's reimbursement request or the COUNTY may invoke the termination provision in this contract. Any travel authorized for reimbursement must meet the condition set forth in Section 112.061, Florida Statutes and Palm Beach County PPM #CW-F-009. All Requests for Payment under the terms of this Contract shall include documents acceptable to Palm Beach County. The final invoice under this agreement must be labeled "Final Invoice" and must be received by the COUNTY not later than March 31, 2011.

Invoices received from the AGENCY pursuant to this Contract will be reviewed for authenticity and accuracy and approved by the Community Services Department, to verify that services have been rendered in conformity with Contract and then will be sent to the Finance Department for payment. Invoices must reference the Document Number under which this Contract was approved. Budget changes within the designated contract can be approved, in writing, by the Director of Community Services Department at his discretion for up to ten percent (10%) of the total contract amount during the contract period. Budget changes in excess of ten percent (10%) of the total contract amount during the contract period must be approved by the Palm Beach County Board of County Commissioners.

## 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: Karen T. Marcus  
Chair

Date \_\_\_\_\_

**WITNESS:**

By Lawrence Hall  
Signature

Senja Swanson Holbrook  
Witness Name

Treasure Coast Health Council


By: \_\_\_\_\_  
Signature  
Robert Bytnar  
Interim Executive Director

11/29/2010  
Date

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
Channell Wilkins, Director  
Community Services

**EXHIBIT "A1"**  
**WORK PLAN**  
**Service: Quality Management (IT/Data Support)**

Page 1 of 4

**APPLICANT:** Treasure Coast Health Council, Inc.

**AREA TO BE SERVED:** All of Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. <b>Objective:</b> Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service.</p> <p>2. <b>Impact Statement:</b> 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>Ongoing support of the CAREWare database to include CAREWare user help desk monitoring on an as-needed basis during regular business hours.</p> <p>Design development and implementation of reports reflecting the entire EMA through data mining activities that include but are not limited to exporting data from the CAREWare database into a local database and creation of Crystal Reports that include cross tabulation tables, charts, and advanced data analysis output.</p> <p>Ongoing analysis of the CAREWare database to ensure proper data entry activities is being undertaken by provider agencies. Creation of reports that assist in determining the proper data is being collected by provider agencies. Backup staff support and ongoing support of the collaborative efforts of the Part A Grantee, Part B Lead Agency and other providers as necessary and requested by the Part A Grantee.</p> <p>Provision of data import services in accordance with Florida Department of Health requirements.</p>	<p>Be available during the general business day to answer CAREWare user questions and provide assistance to users when county staff is unavailable, or the volume of user queries exceeds county staff capacity.</p> <p>Maintain a high level of expertise in the management of the CAREWare database through ongoing training and utilization of the database administration tools.</p> <p>Maintain a high level of expertise in the utilization of Crystal Reports through ongoing training, use and creation of Crystal Reports.</p> <p>Utilize off site resources and tools to quickly address specific high level issues with creation and running of analysis and reporting features of the software.</p> <p>Maintain close communication with the DOH staff managing the database at a State level</p>	<p>3/1/2010</p> <p>All activities will be provided on an ongoing basis and as needed during the entire term of the contract.</p>	<p>2/28/2011</p>	<p>Treasure Coast Health Council employs staff that has unique highly advanced skills and experience in the maintenance and operation of the database which is shared only with the Grantee Staff.</p>

EXHIBIT "A1"  
WORK PLAN

Service: Quality Management (IT/Data Support)

APPLICANT: Treasure Coast Health Council, Inc.

AREA TO BE SERVED: All of Palm Beach County

<p>Backup support of county staff in all aspects of local support of the CAREWare database including user registration and rights management, custom report creation, online user support through direct remote access to user's computers and real time monitoring of user activities.</p> <p>Assistance and coordination with the combined annual RDR reports for each of the agencies receiving PART A and PART B Ryan White Funds to ensure non-duplication of client level data.</p> <p>Assistance and coordination for Bi-Yearly RSR reports for all agencies receiving PART A and PART B Ryan White Funds to eliminate duplicate client level data for the EMA.</p> <p>Monthly Reporting of Activities to support this contract.</p> <p>Units = 10 monthly Units @ \$4,200 per unit</p>	<p>as well as HRSA and software developer staff through regular participation in telephone conferencing and webinars.</p> <p>Work with grantee staff and individual agencies to ensure common reporting elements, required data is entered by provider agencies and provide support to ensure require data is entered on a timely basis.</p> <p>Filed with monthly billing.</p>			
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**EXHIBIT "A1"**  
**WORK PLAN**  
**Service: Quality Management (IT/Data Support)**

**APPLICANT:** Treasure Coast Health Council, Inc.

**AREA TO BE SERVED:** All of Palm Beach County

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<p>Contract with consultant Julia Hidalgo to conduct a chart review, analyze data, and compile data as outlined in the attached scope of work and proposed budget.</p> <p>Two Units of \$17,600 = 1<sup>st</sup> in January 2011, 2<sup>nd</sup> in February 2011.</p>	Prepare correspondence regarding the project for outpatient/ ambulatory medical care (OAMC) and medical case management (MCM) agencies funded by the Palm Beach County Part A Program.	Dec 2010	Dec 2010	
	Using data obtained from the Palm Beach County Part A Program, prepare a random sample of OAMC and MCM charts to be reviewed. Prepare chart pull lists and distribute them to participating agencies to prepare for chart reviews.	Dec 2010	Dec 2010	
	Finalize the chart review tool and submit it to staff of the Part A and Part B Program.	Dec 2010	Dec 2010	
	Schedule and conduct chart reviews at OAMC and MCM agencies.	Dec 2010	Jan 2011	
	Automate the data collected in the chart reviews using SPSS.	Jan 2011	Jan 2011	
	Analyze the data collected, and prepare separate agency reports that summarize the findings of the review and recommend corrective actions	Jan 2011	Feb 2011	
	Prepare a final report to the Palm Beach County Part A and Lead Agency Part B Program comparing the performance of OAMC and MCM agencies regarding the correct identification of third party health insurance	Jan 2011	Feb 2011	
	Meet with staff of the Palm Beach County Part A and Lead Agency Part B Programs to	Feb 2011	Feb 2011	

**EXHIBIT "A1"**  
**WORK PLAN**

**Service: Quality Management (IT/Data Support)**

**APPLICANT:**    Treasure Coast Health Council, Inc.

**AREA TO BE SERVED:** All of Palm Beach County

	<p>discuss the final report, recommend corrective actions, and curriculum for training of OAMC and MCM agency staff</p> <p>Prepare training curriculum and conduct a training for the staff of OAMC and MCM staff</p>	Feb 2011	Feb 2011	
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## BUDGET NARRATIVE SUMMARY

Proposed Service: Quality Management (FORMULA)Agency Name: Treasure Coast Health CouncilBudget Period May 1, 2010-February 28, 2011

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	0	22,716	22,716	
B. Fringe Benefits	0	6,290	6,290	
C. Travel	0	1,400	1,400	
D. Equipment	0	0	-	
E. Supplies	0	625	625	
F. Contractual	0	34,029	34,029	
G. Other	3,700	8,440	12,140	
Total	3,700	73,500	77,200	

# BUDGET NARRATIVE

Exhibit "B1"  
Section \_\_\_\_\_  
Page 2 of 6

Service: Quality Management (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: May 1, 2010-February 28, 2011

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	500	41,500	42,000
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
<b>11. Total Revenue</b>	<b>500</b>	<b>41,500</b>	<b>42,000</b>

# BUDGET NARRATIVE

Exhibit "B1"

Section \_\_\_\_\_

Page 3 of 6

Service: Quality Management (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: May 1, 2010-February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	0	22,716	22,716
13. <u>Employee Benefits</u>			
a. FICA	0	1,738	1,738
b. FI Unemployment	0	82	82
c. Workers' Compensation	0	59	59
d. Health Plan	0	3,276	3,276
e. Retirement	0	1,136	1,136
14. Sub-Total Employee Benefits	0	6,290	6,290
15. Sub-Total Salaries & Benefits	0	29,006	29,006
16. <u>Travel</u>			
a. Travel/Transportation	0	400	400
b. Conferences/Registration/Travel	0	1,000	1,000
17. Sub-Total Travel	0	1,400	1,400

# BUDGET NARRATIVE

Exhibit "B1"

Section \_\_\_\_\_

Page 4 of 6

Service: Quality Management (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: May 1, 2010-February 28, 2011

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	625	625
b. Program Supplies	0	0	0
20. Sub-Total Supplies	0	625	625
21. Contractual (Attach sheet showing details if more space needed)	0	34,029	34,029
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone      Local line, fax, LD, Data	0	833	833
2. MIS-Data Lines	0	208	208
2. Postage & Shipping		208	208
3. Utilities (Power/Water/Gas)	0	208	208
Sub-Total Communications/Utilities	0	1,457	1,457

# BUDGET NARRATIVE

Exhibit "B1"

Section \_\_\_\_\_

Page 5 of 6

Service: Quality Management (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: May 1, 2010-February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
<b>B. Food Service</b>	0	0	0
<b>C. Rental</b>			
1. Building		2,500	2,500
2. Equipment		750	750
<b>Sub-Total Rental</b>	0	3,250	3,250
<b>D. Repair &amp; Maintenance</b>			
1. Building Maintenance	0	208	208
2. Equipment Maintenance	0	417	417
<b>Sub-Total Repair &amp; Maintenance</b>	0	625	625
<b>E. Specific Assistance to Individuals</b>	0	0	0
<b>F. Dues &amp; Membership</b>	0	0	0

# BUDGET NARRATIVE

Exhibit "B1"

Section \_\_\_\_\_

Page 6 of 6

Service: Quality Management (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: May 1, 2010-February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions	0	167	167
H. Training & Development	0	208	208
I. Printing Envelopes, business cards for staff	0	0	0
J. Copy Cost	0	833	833
K. Advertising	0	0	0
L. Audit Fees	500	0	500
M. Misc.	3,200	1,400	4,600
N. Insurance	0	500	500
O. Members Fund	0	0	0
P Professional Services	0	0	0
<b>23. Sub-Total Other</b>	<b>3,700</b>	<b>8,440</b>	<b>12,140</b>
<b>24. Total Expenditures</b>	<b>3,700</b>	<b>73,500</b>	<b>77,200</b>
<b>25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)</b>			

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: May 01, 2010 to February 28, 2011

(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 Information Systems (May 10 - Feb 11)	Prog	68,358	2,841	216	8	32.86	56,790	40.00%	-	22,716.12	22,716
Sub-Total Salaries		68,358					\$56,790		-	22,716	22,716

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.

## EXHIBIT "C1"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Provider/Service	Contract Dates		Total Amount	Service Amount	Total Contr. Days	Avg. Day Exp.	Total Months	Avg. Mo. Exp.
	Begin	End						
Treasure Coast Health Council	5/1/10	2/28/11	77,200.00		304	253.9474	10	7,720.00
Quality Management				77,200.00		253.95		7,720.00

## Treasure Coast Health Council

Total Agency Budget	Month	Year	Days	Amount	Percentage	Cummulative
	May	2010	31	4,200.00	5.44%	4,200.00
	June	2010	30	4,200.00	5.44%	8,400.00
	July	2010	31	4,200.00	5.44%	12,600.00
	Aug	2010	31	4,200.00	5.44%	16,800.00
	Sept	2010	30	4,200.00	5.44%	21,000.00
	Oct	2010	31	4,200.00	5.44%	25,200.00
	Nov	2010	30	4,200.00	5.44%	29,400.00
	Dec	2010	31	4,200.00	5.44%	33,600.00
	Jan	2011	31	21,800.00	28.24%	55,400.00
	Feb	2011	28	21,800.00	28.24%	77,200.00
				77,200.00	100.00%	