



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2014	2015	2016	2017	2018
Capital Expenditures					
Operating Costs	204,000				
External Revenue	(204,000)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	* 0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.:

Fund 1010 Dept 142 Unit 1475 Object 8101 Program Code Var. Program Period GY13

**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

\* At this time the estimated amount allocated to ADAP services is \$204,000. This is based on the amount of current unobligated funding available. Should additional funding become available, up to a total allocation of \$1,000,000 will be allocated to ADAP services.

C. Departmental Fiscal Review: M  
 Taruna Malhotra, Director, Financial & Support Svcs.

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Development and Control Comments:**

Susan Neary 11/6/13      Dr. J. Jacobson 11/15/13  
 OFMB KAP      cc 11/6/13      Contract Development and Control

**B. Legal Sufficiency:**

[Signature] 11/18/13  
 Chief Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

**This summary is not to be used as a basis for payment.**

Memorandum of Agreement,

Between

**The Florida Department of Health  
AIDS Drug Assistance Program (ADAP State Program) and**

**Palm Beach County, FL through its Board of County Commissioners  
(Ryan White Part A Grantee Office Palm Beach County, Florida - Part A Grantee)**

This Memorandum of Agreement (MOA) is between the ADAP State Program and the Part A Grantee, as administered by Palm Beach County Florida, a charter county and political subdivision of the State of Florida on behalf of the Palm Beach County EMA. The Part A Grantee and the ADAP State Program both serve eligible Ryan White clients located in the Palm Beach County EMA (Clients). This MOA addresses the Part A Grantee's reimbursement of the ADAP State Program for the costs of purchase and distribution of drugs on the ADAP formulary by the ADAP State Program to Clients. The time frame for incurring reimbursable costs is from April 1, 2013 through February 28, 2014 and is unaffected by date of full execution of this MOA.

**ADAP State Program agrees to:**

- Only request reimbursement for purchase and distribution of drugs on the ADAP formulary for Clients incurred between April 1, 2013 and February 28, 2014.
- Request reimbursement by invoice which shall include the unique Client identifiers, dates of services, medications provided, and the total cost to serve the Clients for which reimbursement is requested (Complete Monthly Invoice).
- Mail, telefax or email one Complete Invoice to the Part A Grantee.
- Serve all eligible Ryan White clients located in Palm Beach County.

**Part A Grantee agrees to:**

- Reimburse the ADAP State Program the Complete Invoices up to a total of \$1,000,000.00. The parties recognize that such obligation to reimburse is contingent upon sufficient surplus funds available to cover any or all of an invoice. If no such funds are available the County shall have no obligation to reimburse ADAP. Grantee agrees to bill and receive no later than December 31, 2013 for any amount exceeding \$250,000.

**HIPAA:** Where applicable, all parties to this Agreement will comply with the Health Insurance Portability and Accountability Act (HIPAA), as well as all regulations promulgated there under (45CFR Parts 160, 162, and 164).

**NONDISCRIMINATION:** The AGENCY warrants and represents that all of its employees, and participants in the programs it serves are treated equally during employment and/or services without regard to race, color, religion, sex, age, disability, marital status, sexual orientation, national origin or ancestry, familial status and gender identity and gender expression. Agency will comply with Executive Order No. 11246 entitled "Equal Employment Opportunity" and as

amended by Executive Order No. 11375, and as supplemented by the Department of Labor Regulations (41 CFR, Part 60).

**PALM BEACH COUNTY OFFICE OF THE INSPECTOR GENERAL:** Palm Beach County has established the Office of the Inspector General in Palm Beach County Code Section 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General has the power to subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the Agency, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

This Agreement may be terminated without cause by either party with no less than thirty (30) days notice, unless a lesser time is mutually agreed to by both parties. Termination with cause (breach of agreement) may result in a lesser time, as determined by both parties. Under this Agreement, any termination notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. Termination shall not affect any obligations hereunder that are incurred prior to the date and hour of termination, nor shall it affect the schedule for invoicing and payment.

**IN WITNESS WHEREOF**, In witness thereof, the parties hereto have caused this Agreement to be executed by their authorized representatives.

**ATTEST:**

**Sharon R. Bock**  
Clerk and Comptroller

**PALM BEACH COUNTY BOARD OF  
COUNTY COMMISSIONERS**

BY \_\_\_\_\_  
Deputy Clerk

BY \_\_\_\_\_  
~~Steven L. Abrams, Mayer~~  
Chair

**WITNESS:**

*Danielle Runtzschke*  
Signature

**AGENCY:**

Florida Department of Health AIDS  
Drug Assistance Program  
Agency's Name Typed

Danielle Runtzschke  
Witness Name Typed

Anna Marie Likos, MD, MPH  
Agency's Signatory Name Type *AM*  
*[Signature]*  
Director, Division of Disease  
Control and Health Protection  
Agency's Signatory Title Typed

59-3502843  
Federal ID Number

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

\_\_\_\_\_  
Chief Assistant County Attorney

BY \_\_\_\_\_

**APPROVED AS TO TERMS  
AND CONDITIONS**

*[Signature]*  
Channell Wilkins, Director