

ADD ON

Agenda Item #: 56.1

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 16, 2014 [] Consent [x] Regular [] Ordinance [] Public Hearing

Department Submitted By: Community Services Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Memorandum of Agreement (MOA) with the State of Florida, Department of Health, for the period March 1, 2014, through December 31, 2014, in an amount not to exceed \$500,000 for the costs of purchase and distribution of drugs for Ryan White Clients in Palm Beach County participating in the AIDS Drug Assistance Program (ADAP State Program).

Summary: This MOA will provide a funding allocation to the ADAP State Program from the Ryan White HIV Care Part A grant funds provided to Palm Beach County by the Health Resources Services Administration (HRSA). A total HRSA grant amount of \$7,653,485 was provided to the County this contract year. The ADAP State Program provides life-sustaining drugs to uninsured individuals living with HIV/AIDS and to individuals that do not have adequate prescription coverage. The allocation of Ryan White funds will help alleviate a shortfall in ADAP funding and ensure that Palm Beach County residents receive the needed HIV/AIDS prescription medication. Funds are available for this purpose under the grant and must be utilized by the end of the contract year, February 28, 2015. No County match is required. Countywide (TKF)

Background and Justification: Under the Ryan White Part A Treatment Extension Act of 2009, the Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages for medical and support services for residents of Palm Beach County who are living with HIV/AIDS. The Department has selected agencies to receive funding in accordance with the service priorities and funding allocations designated by the Palm Beach County HIV CARE Council. Palm Beach County Board of County Commissioners has been receiving this grant since 1994, and has assisted thousands of persons living with HIV/AIDS with medical and support services.

Attachments: Memorandum of Agreement

Recommended By: [Signature] Department Director Date: 12/12/14

Approved By: [Signature] Assistant County Administrator Date: 12/15/14

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

| Fiscal Years | 2015 | 2016 | 2017 | 2018 | 2019 |
|-------------------------|-----------|------|------|------|------|
| Capital Expenditures | | | | | |
| Operating Costs | 500,000 | | | | |
| External Revenue | (500,000) | | | | |
| 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 Var. Object Var. Program Code Var. Program Period GY14

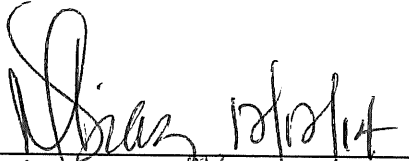
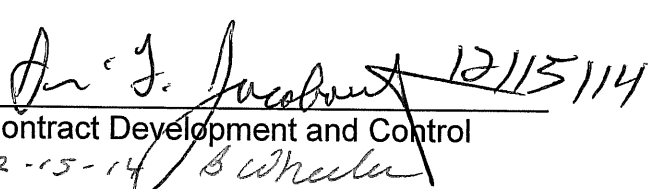
B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____

Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

| | |
|--|---|
|  OFMB 12/12 12/12/14 |  Contract Development and Control 12-15-14 B Wheeler |
|--|---|

B. Legal Sufficiency:


 Chief Assistant County Attorney
 12/15/14

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 March 1, 2014 through December 31, 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 March 1, 2014 and December 31, 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 \$500,000.00. 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.

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 _____
~~Priscilla A. Taylor, Mayor~~
Shelley Vana, Mayor

WITNESS:

AGENCY:

Signature

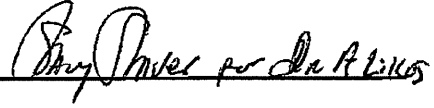
Florida Department of Health AIDS
Drug Assistance Program
Agency's Name Typed

Witness Name Typed

Anna Likos MD, MPH
Agency's Signatory Name Type

Agency's Federal ID Number

Division Director, Disease Control
and Health Protection ,Florida
Department of Health
Agency's Signatory Title Typed

BY 

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Chief Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS


Channell Wilkins, Director