

**ITEMS #5 & #6**  
(Replacement Exhibit 1)

# **ADDITIONAL MATERIAL**

**Regular Meeting**  
**FEBRUARY 26, 2019**

**SUBMITTED AT THE REQUEST OF**

**HUMAN SERVICES DEPARTMENT**



**HUMAN SERVICES DEPARTMENT**

115 S Andrews Avenue, Room 303 • Fort Lauderdale, Florida 33301 • 954-357-6385 • FAX 954-468-3592

February 20, 2019

TO: Monica Cepero, Deputy County Administrator  
FROM: Mandy Wells, Human Services Department Deputy Director  
RE: Issuance of Yellow Sheet related to Items 5 & 6, February 26, 2019

---

The Human Services Department is requesting the following revisions to Items 5 & 6:

**Item 5: South Broward Hospital District Primary Care Services**

**Currently reads:**

A. MOTION TO APPROVE Agreement between Broward County and South Broward Hospital District d/b/a Memorial Healthcare System in the amount of \$4,987,957, retroactively from October 1, 2018 to September 30, 2019 with four one-year options to renew, for the purpose of providing primary care services to qualified low-income persons; authorizing the Mayor and Clerk to execute same; and authorizing the County Administrator to take all administrative and budgetary actions needed to implement the Agreement.

**Should read:**

A. MOTION TO APPROVE Agreement between Broward County and South Broward Hospital District d/b/a Memorial Healthcare System in the amount of \$4,987,957, retroactively from October 1, 2018 to September 30, 2019 with four one-year options to renew, for the purpose of providing primary care services to qualified low-income persons; authorizing the Mayor and Clerk to execute same; ~~authorizing the County Administrator to execute amendments to the Agreement, subject to approval of the same by the Office of the County Attorney;~~ and authorizing the County Administrator to take all administrative and budgetary actions needed to implement the Agreement.

Additionally, Exhibit 1 shall be replaced with the attached revised Exhibit 1.

**Item 6: South Broward Hospital District Arrestee Billing**

**Currently reads:**

A. MOTION TO APPROVE Agreement between Broward County and South Broward Hospital District d/b/a Memorial Healthcare System retroactively from October 1, 2017 to September 30, 2019, with three one-year options to renew, for the purpose of setting reimbursement rates for arrestee medical services; authorizing Mayor and Clerk to

execute same; and authorizing the County Administrator to take all administrative and budgetary actions needed to implement the Agreement.

**Should read:**

A. MOTION TO APPROVE Agreement between Broward County and South Broward Hospital District d/b/a Memorial Healthcare System retroactively from October 1, 2017 to September 30, 2019, with three one-year options to renew, for the purpose of setting reimbursement rates for arrestee medical services; ~~authorizing Mayor and Clerk to execute same; authorizing the County Administrator to execute amendments to the Agreement, subject to approval of the same by the Office of the County Attorney;~~ and authorizing the County Administrator to take all administrative and budgetary actions needed to implement the Agreement.

Additionally, Exhibit 1 shall be replaced with the attached revised Exhibit 1.

Cc: Kimm Campbell, Human Services Director



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

SOUTH BROWARD HOSPITAL DISTRICT (SBHD) D/B/A MEMORIAL HEALTHCARE SYSTEM

2. Proposed Action:

[X] New Contract [ ] Amendment, Number 2. [ ] Renewal [ ] Extension

3. Document Type (select one):

Billing Agreement

4. Purpose/Description:

Provision of primary care services to qualified low-come Broward County residents.

5. Special Provisions (select if applicable):

- [ ] Living Wage Program [ ] SBE Sheltered Market Program
[ ] Workforce Investment Pilot Program [ ] M/WBE Program
[ ] Federal DBE/ACDBE program [ ] In-Kind Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %
[ ] CBE Program [ ] Cash Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %

6.a. Effective Dates (for new agreements only):

Start : October 1, 2018
End: September 30, 2019

6.b. Effective Dates (amendments only):

- [ ] No Change
[ ] End date has changed from \_\_\_\_\_ to \_\_\_\_\_
[ ] Term has from \_\_\_\_\_ to \_\_\_\_\_

7. Contract Administrator:

Name: William E. Green, Administrator Health Care Services
Phone: 954-357-5398

8. Contract Type:

- [X] Cost reimbursement [ ] Open-end
[ ] Firm fixed price [ ] Time and materials
[ ] Performance-based [ ] Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Amount. Includes Actual/Estimated checkboxes and Base amount, Reimbursables, Optional Services, Total contract value (\$4,987,957.00).

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Amount. Includes No change/Actual/Estimated checkboxes and Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

- [ ] Lump Sum Payment
[ ] Milestone or Progress-Based
[X] Scheduled or Time-Based
[ ] Other

11. Payment Terms

Equal Monthly Payments

12. Cost Adjustment

- [X] Not Applicable [ ] Fixed Percentage - \_\_\_% [ ] Actual Cost
[ ] CPI or other Index [ ] Fixed Amount - \$\_\_\_\_\_ [ ] Other:

13. Equity Program Participation Summary

- a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

THIS AGREEMENT MAY BE RENEWED FOR UP TO FOUR (4) ADDITIONAL ONE-YEAR OPTION PERIODS.

15. Termination and Cancellation Provisions

For Cause: THE AGREEMENT MAY BE TERMINATED FOR CAUSE BY EITHER PARTY.
For Convenience: THE AGREEMENT MAY BE TERMINATED FOR CONVENIENCE BY THE BOARD.

16. Deliverables, milestones or scope of this action:

This agreement contains outcomes as indicators of performance. These are listed in Exhibit 3.

17. List terms, considerations or deviations from standard county form.

Audited financial statements shall be submitted 270 days after close of SBHD's Fiscal Year. The agreement may be renewed for up to four additional – one-year Option Periods. The renewal letter may be signed by the Contract Administrator. Use of County facilities by SBHD are set forth under a separate Agreement.



BOARD OF COUNTY COMMISSIONERS, BROWARD COUNTY, FLORIDA

AGREEMENT SUMMARY

EXHIBIT 1

1. Other Contracting Party:

SOUTH BROWARD HOSPITAL DISTRICT (SBHD)

2. Proposed Action:

New Contract    Amendment, Number    Renewal    Extension

3. Document Type (select one):

Billing Agreement

4. Purpose/Description:

Sets reimbursement rates for medical services provided by SBHD to persons ill or injured at the time of arrest at daily rate of \$2,332 for Inpatient Services and \$614 for Outpatient Services.

5. Special Provisions (select if applicable):

Living Wage Program    SBE Sheltered Market Program  
 Workforce Investment Pilot Program    M/WBE Program  
 Federal DBE/ACDBE program    In-Kind Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %  
 CBE Program    Cash Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %

6.a. Effective Dates (for new agreements only):

Start : October 1, 2017  
 End: September 30, 2019

6.b. Effective Dates (amendments only):

No Change  
 End date has changed from \_\_\_\_\_ to \_\_\_\_\_  
 Term has from \_\_\_\_\_ to \_\_\_\_\_

7. Contract Administrator:

Name: Dorma Davis, Contract/Grants Administrator  
 Phone: 954-357-5388

8. Contract Type:

Cost reimbursement    Open-end  
 Firm fixed price    Time and materials  
 Performance-based    Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Actual    Estimated

Base amount	
Reimbursables	
Optional Services	
Total contract value	

9.b. Contract Value (amendments only)

No change    Actual    Estimated

Original approved contract value	
Approved previous adjustments	
Value of this action	
Amended total contract value	

10. Payment Method

Lump Sum Payment  
 Milestone or Progress-Based  
 Scheduled or Time-Based  
 Other Reimbursed as Billed

11. Payment Terms

SBHD will submit invoices with supporting documentation following patient discharge and county will reimburse at a rate of \$2,332 per diem for inpatient services for patients who are hospitalized for 24-hours (with adjustments for specified high cost services) and at a rate of \$614 for outpatient services for patients who are treated per each 24-hour).

12. Cost Adjustment

Not Applicable    Fixed Percentage - \_\_\_%    Actual Cost  
 CPI or other Index    Fixed Amount - \$ \_\_\_\_\_    Other:

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A  
 b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A  
 c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

THE CONTRACT ADMINISTRATOR MAY RENEW THIS AGREEMENT FOR UP TO THREE (3) ONE-YEAR OPTION PERIODS

15. Termination and Cancellation Provisions

For Cause: THE AGREEMENT MAY BE TERMINATED FOR CAUSE BY EITHER PARTY.  
 For Convenience: THE AGREEMENT MAY BE TERMINATED FOR CONVENIENCE BY EITHER PARTY.

16. Deliverables, milestones or scope of this action: N/A

17. List terms, considerations or deviations from standard county form. N/A