



Tulare County Health & Human Services Agency

John Davis, Agency Director

AGENDA DATE: November 14, 2006

Item No. _____

SUBJECT: Amendment to Agreement #20820 with California Department of Health Services for the AIDS Drug Assistance Program.

REQUEST(S): That the Board of Supervisors:

1. Approve the Amendment to Agreement #20820 with California Department of Health Services for the AIDS Drug Assistance Program for FY 2006/2007.
2. Authorize the Chairman of the Board to sign three (3) copies of the agreement.

SUMMARY: The AIDS Drug Assistance Program (ADAP) provides assistance to HIV+/AIDS clients for AIDS drugs that are not covered by insurance or other means. Tulare County Health and Human Services Agency (HHSA) case managers verify eligibility and enroll clients in this program. Additionally, they re-certify eligibility of these clients annually. This funding being offered by the California Department of Health Services, Office of AIDS, will reimburse Tulare County for the costs associated with the enrollment/certification process. In FY 04/05 there were 50 clients and in FY 05/06 there were 68 clients. The increase in the two years is due to the impact of Medi-Care D. Retroactive agreement: This is a retroactive agreement to July 1, 2006. The agreement was not ready to be presented to the Board until today, due to the time needed to process and prepare the agenda item for submission. Therefore, although the County had the authority and intended to enter into the agreement, the agreement paperwork had to be inadvertently delayed for a short period of time.

Board Strategic Plan Initiative Addressed: Quality of Life

FINANCING: The funding available for this amendment is \$1,942.00 and is included in the FY 2006/2007 budget. This contract is funded entirely by the state government and there are no net county costs associated.

INVOLVEMENT OF OTHER DEPARTMENTS/AGENCIES: This agreement has been approved as to form by County Counsel and no changes have been made since this approval. County Counsel has requested that in the event of a breach or compromise of Protected Health Information, HHSA needs to contact them immediately before taking any other action.

SIGNATURE REQUIREMENTS: The signature of the Chairman of the Board is required on three (3) original copies. (Please return two (2) original for distribution.)

ADMINISTRATIVE SIGN-OFF:


Ray Bullick – Director Health

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF

Amendment to Agreement #20820 with California
Department of Health Services for the AIDS Drug
Assistance Program

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RESOLUTION NO. _____

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOREGOING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____,
BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: C. BRIAN HADDIX
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

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2. Authorized the Chairman of the Board to sign three (3) copies of the agreement.