

**CONTRACT AMENDMENT
CE1100241-01
AMENDMENT #1**

This amendment to contract dated April 19, 2011 by and between the County of Cuyahoga, Ohio ("COUNTY"), on behalf of the Department of Health and Human Services (HHS) Ryan White Part A Program and MetroHealth Medical Center, (hereinafter referred to as "PROVIDER"), a corporation not-for-profit, with principal offices located at 2500 Metro-Health Drive, Cleveland, Ohio

1. To amend **Section 2. Contract Period and Amount** as follows:

To increase reimbursement by \$ 477,273.00. The total amount of the Contract shall not exceed \$1,357,868.00.

2. To amend **Section 6. Conditions of Award** as follows:

The provider agrees to the provisions as amended in Exhibit I – Conditions of Award attached hereto as Exhibit #1.

Original Contract	\$ 880,595.00
Amendment #1	<u>477,273.00</u>
TOTAL	<u>\$1,357,868.00</u>

4. By entering into this amendment, I agree on behalf of the contracting business entity, its officers, employees, subcontractors, sub-grantees, agents, or assignees, to conduct this transaction by electronic means by agreeing that all documents shall have the same legal effect as if the signature was manually affixed to a paper version of the document. I also agree on behalf of the aforementioned entities and persons, to be bound by the provisions of chapters 304 and 1306 of the Ohio Revised Code as they pertain to electronic transactions, and to comply with the electronic signature policy of Cuyahoga County.
5. All other terms of the contract are hereby reaffirmed.

IN WITNESS THEREOF, the COUNTY and PROVIDER have entered into this agreement as of the day and year first written above.

COUNTY OF CUYAHOGA, OHIO

METROHEALTH MEDICAL
CENTER

Edward FitzGerald, County Executive

2011-10-10 16:23:47

By: _____
Edward FitzGerald, County Executive

By: _____

Signature

Jeff Rooney
Printed Name

Interim Chief Financial Officer
Title

EXHIBIT I

Ryan White Part A Program – Cleveland TGA FY2011 –Conditions of Award

Agency: MetroHealth Medical Center

Service Period: March 1, 2011 – February 29, 2012

CORE SERVICE	Original FY2011 Service Award	Amendment #1	Total Service Award \$	Approved Unit Cost/FTE Rate	Original Conditions of Award	Revised Conditions of Award Effective 3/1/2011
Medical Case Management	\$43,134.00	\$23,111.00	\$66,245.00	Cost Reimbursement	Based on .9 FTE for Medical Case Management and .6 FTE for Admin staff	Based on 1.04 FTE for Medical Case Management. All costs must have supporting documentation
Early Intervention Services	36,205.00	31,227.00	67,432.00	Cost Reimbursement	Based on 1 FTE for personnel. All supplies and indirect costs must have supporting documentation	Based on .75 FTE for personnel. All costs must have supporting documentation
Outpatient/Ambulatory Medical Care	408,108.00	110,892.00	519,000.00	Fee Schedule/ \$89 per hour for RN	Fee Schedule based on Medicare/Medicaid rates. Laboratory Testing included in award	Fee Schedule based on Medicare/Medicaid rates. Target for MAI is \$75,000, Laboratory Testing included in award
Mental Health Services	47,880.00	0	47,880.00	Fee Schedule	Fee Schedule based on Medicare/Medicaid rates	
Oral Health Services	192,768.00	113,616.00	306,384.00	Fee Schedule	Fee Schedule based on Medicare/Medicaid rates	

AIDS Pharmaceutical Assistance (local)	150,000.00	150,000.00	300,000.00	Fee Schedule	Fee Schedule based on 340b pricing	
Health Insurance Premium Payments	2,500.00	2,500.00	5,000.00	Fee Schedule	Fee Schedule based on 340b pricing and Medicare Part D co-pay rates	
TOTAL(S):	\$ 880,595.00	\$431,346.00	\$1,311,759.00			

SUPPORT SERVICE	Original FY2011 Service Award	Amendment #1	Total Service Award \$	Approved Unit Cost/FTE Rate	Conditions of Award
Outreach, effective 3/1/2011	0	45,927.00	45,927.00	Cost Reimbursement	Based on .95 FTE for personnel. All supplies and admin costs must have supporting documentation
Transportation, effective 3/1/2011	n/a	n/a	n/a	n/a	Bus passes and gas cards distributed by Ryan White Part A office to the Provider become the responsibility of the Provider for the tracking, reporting, distribution, and value of inventory.
TOTAL(S):	\$0	\$45,927.00	\$45,927.00		

Total Contract Amount \$1,357,868.00