

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: November 22, 2016  [X] Consent  [ ] Regular
                                   [ ] Ordinance [ ] Public Hearing
Department
Submitted By: Community Services
Submitted For: Ryan White Program
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendments to Contract for Provision of Ryan White Part A HIV Health Support Services with below listed agencies, for the period March 1, 2016, through February 28, 2017 in an amount totaling \$116,767:

A) Amendment No. 1 with Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida (Treasure Coast) (R2016-0489), for the provision of improving health outcomes for clients; increasing funding by \$37,426 for a new total contract amount not to exceed \$436,779; and

B) Amendment No. 1 with FoundCare, Inc. (FoundCare) (R2016-0490), for the provision to increase funding for the Medical Case Management Minority Initiative (MAI), increasing funding by \$79,341 for a new total contract amount not to exceed \$3,688,923.

Summary: These amendments are for services for HIV affected clients. They are necessary to allow for payment of services rendered during the grant year. These amendments adjust agency contracts to align funding with the final notice of grant award and represent a reallocation of existing funds (\$116,767). Reallocated funds for Treasure Coast comes from the existing Grantee Administrative Funds. Funding for FoundCare, Inc. comes from the additional funding received from the final notice of grant award. Quinton Dames and Lilia Perez, employees of FoundCare, Inc., are members of the HIV CARE Council. The HIV CARE Council provides no regulation, oversight, management, or policy-setting recommendations regarding the agency contract listed above. **No County funds are required.** (Ryan White) Countywide (HH)

Background and Justification: Funds are used to provide various services to serve persons living with HIV/AIDS. Grant adjustments are made during the contract year to align services with need.

Attachments: Amendments to Contract for Provisions of Ryan White Part A (2)

Recommended By: J. Parry 10-31-16
Department Director Date

Approved By: Nancy L. Belton 11/17/16
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	116,767				
External Revenue	(116,767)				
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 Var Object 8201 Program Code Var Program Period GY16

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

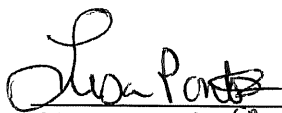
Funding source is the U.S. Department of Health and Human Services.

C. Departmental Fiscal Review:


 Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


 Lisa Porter 11/3/16
 OFMB ET 11/3/16


 Contract Development and Control 11/16/16

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:

Department Director

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

Amendment I

AMENDMENT TO CONTRACT FOR PROVISION
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES

THIS AMENDMENT TO CONTRACT FOR PROVISION OF THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2016-0489) made and entered into at West Palm Beach Florida, on this _____ day of _____, 20__, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 59-2242689.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for **CARE Council Support**.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 19, 2016 is hereby amended as follows:

- I. New Payment Schedule Exhibit "A1" attached hereto shall be added to the Work Plan Exhibit "A."
- II. New Budget Exhibit "B1" attached hereto showing the new total budgets for funding shall replace the New Budget Exhibit "B" in its entirety.
- III. Increase funding for CARE Council Support by THIRTY SEVEN THOUSAND, FOUR HUNDRED TWENTY SIX DOLLARS (\$37,426) not to exceed ONE HUNDRED FIFTY NINE THOUSAND, NINE HUNDRED AND TWENTY SIX DOLLARS (\$159,926).
- IV. Total amended contract not to exceed amount will be FOUR HUNDRED THIRTY SIX THOUSAND, SEVEN HUNDRED AND SEVENTY NINE DOLLARS (\$436,779).

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this Amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:

Sharon R. Bock
Clerk and Comptroller

**PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS**

BY _____
Deputy Clerk

BY _____
Mayor

WITNESS:

AGENCY:
Treasure Coast Health Council, Inc.
DBA Health Council of Southeast Florida

Anne M. Costello
Signature

By: [Signature] Anil Pandya
Signature (for Andrea Stephenson)
Andrea Stephenson
Executive Director

Anne M. Costello
Witness Name

9/27/16
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS
AND CONDITIONS**

Assistant County Attorney

[Signature]
Department Director of Community Services

*Ryan White Part A 2016
Scope of Work/Deliverables*

A. Needs Assessment

The following activities will be conducted by the Health Council of Southeast Florida in support of the Palm Beach Ryan White Part A program's 2016 Needs Assessment survey:

Phase 1: Methodology

- (1) Develop sampling methodology and strategy based on the Part A priority populations under the plan for Early Identification of Individuals with HIV/AIDS (EIIHA), including community engagement process;
- (2) Provide plan for managing incentive payments for individuals completing surveys, as well as volunteers who assist in recruiting survey respondents;
- (3) Expand existing survey instrument to include questions related to HIV prevention priorities;
- (4) Conduct at least three in-person presentations to local planning bodies to facilitate the survey data collection process

Phase 2: Implementation

- (1) Conduct 100 - 125 surveys to People Living with HIV/AIDS (PLWHA) in Palm Beach County, focusing local EIIHA populations, by December 31, 2016
- (2) Manage disbursement and documentation of incentives for survey participation
- (3) Transcribe survey responses to an Excel file and provide to the Ryan White Part A Program Manager
- (4) Identify and recruit at least 15 participants for future Needs Assessment focus groups, and provide contact information to the Ryan White Part A Program Manager.

HCSEF will be reimbursed upon approved completion of each phase.

B. Community Awareness Event:

This event will take place in October 2016 in Belle Glades. Expenses to be covered shall include catered food, water, decorations, entertainment, marketing, advertisement, transportation and other (tent, application fee, parks fee, insurance, clean up deposit, dumpster and additional city fees).

Payment Schedule

Completion Date	Description	Cost
December 2016	Phase 1: Methodology	\$10,000
December 2016	Phase 2: Implementation	\$24,000
October 2016	Community Awareness Event	\$ 3,426
	Total Cost	\$37,426

**EXHIBIT B-1
TREASURE COAST DBA HEALTH COUNCIL
CARE COUNCIL SUPPORT (ADMIN)
CURRENT & PROPOSED OPERATING BUDGET
FISCAL YEAR RW-GY16**

ACCT #	TITLE	BUDGET AMOUNT
PROGRAM EXPENSES		
820.1201	Salaries and Wages Regular Prgm	\$ 65,050
820.2101	FICA-Taxes Prgm	
820.2105	FICA Medicare Prgm	
820.2112	Other Benefits Prgm	\$ 14,200
820.2201	Retirement Contributions-FRS Prgm	
820.2301	Insurance-Life and Health Prgm	
820.2401	Workers' Compensation Prgm	
820.2501	Unemployment Compensation Prgm	
820.4101	Communication Services - Prgm	
820.4301	Utilities - Prgm	
820.4401	Rent - Prgm	
820.8000	Other Program Costs	\$ 58,741
140.3101	Professional Services	
140.3103	Medical/Health Care and Nutrition Services	
140.3118	Dental Services	
140.3125	Legal Services	
140.3126	Interpreter Services	
140.3127	Health Disabilities	
140.3140	Consultant Services	
140.3201	Audit Services	
140.3203	Accounting and Consulting Services	
140.3401	Other Contractual Services	
140.3419	Contracted Food	
140.3421	Training	
140.3431	Laboratory Testing	
140.3438	Emergency Assistance	
140.4001	Travel Per Diem and Mileage	
140.4101	Communication Services	
140.4200	Child Transportation Services	
140.4201	Other Transportation	\$ 10,800
140.4205	Postage/Shipping	
140.4301	Utilities	
140.4401	Rent	
140.4405	Rent-Other Equipment	
140.4601	Repair and Maintenance	
140.4701	Printing and Graphics	
140.4909	Licenses, Permits and Certifications	
140.4932	Parent Activity	
140.4945	Advertising	
140.5101	Office Supplies	
140.5111	Office Furniture And Equipment	
140.5121	Data Processing Software/Accessories	
140.5201	Materials/Supplies Operating	
140.5202	Janitorial Supplies	
140.5230	Medicine and Drugs	
140.5231	Medical-Surgical Supplies	
140.5233	Laboratory Supplies	
140.5242	Food Prep and Serving Supplies	
140.5243	Personal Care Items	
140.5244	Food and Dietary	
140.5401	Books, Publications and Subscriptions	
140.5402	Educational Training Materials	
140.5412	Dues and Memberships	
140.6401	Machinery and Equipment	
140.6405	Data Processing Equipment	
140.6406	Data Processing Software	
140.8000	Unit Cost - Direct Services	
Total Program Expenses		\$ 148,791

EXHIBIT B-1
TREASURE COAST DBA HEALTH COUNCIL
CARE COUNCIL SUPPORT (ADMIN)
CURRENT & PROPOSED OPERATING BUDGET
FISCAL YEAR RW-GY16

ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	
800.2101	FICA-Taxes Admin	
800.2105	FICA Medicare Admin	
800.2112	Other Benefits Admin	
800.2201	Retirement Contributions-FRS Admin	
800.2301	Insurance-Life and Health Admin	
800.2401	Workers' Compensation Admin	
800.2501	Unemployment Compensation Admin	
800.3201	Audit Services Admin	
800.3203	Accounting and Consulting Service Admin	
800.4001	Travel And Per Diem Admin	
800.4101	Communication Services Admin	
800.4301	Utilities Admin	
800.4401	Rent Admin	
800.5101	Office Supplies Admin	
800.5201	Materials/Supplies Operating Admin	
800.5242	Food Prep and Serving Supplies Admin	
800.6401	Machinery and Equipment Admin	
800.8000	Other Administrative	\$ 11,135
800.9515	Admin Costs-Indirect	
Total Admin Expenses	(NOT TO EXCEED 10% OF BUDGET)	\$ 11,135
Grand Total		\$ 159,926
Total Admin %		7%
Total Program %		93%

**EXHIBIT B-1
TREASURE COAST DBA HEALTH COUNCIL
SPECIALTY MEDICAL CARE
CURRENT & PROPOSED OPERATING BUDGET
FISCAL YEAR RW-GY16**

ACCT #	TITLE	BUDGET AMOUNT
PROGRAM EXPENSES		
820.1201	Regular Salaries and Wages - Prgm	\$ 62,925
820.2101	FICA Taxes - Prgm	
820.2105	FICA Medicare - Prgm	
820.2112	Other Benefits - Prgm	\$ 13,800
820.2201	Retirement Contributions - Prgm	
820.2301	Life and Health Insurance - Prgm	
820.2401	Workers Compensation - Prgm	
820.2501	Unemployment Compensation - Prgm	
820.4101	Communication Services - Prgm	
820.4301	Utilities - Prgm	
820.4401	Rent - Prgm	
820.8000	Other Program Costs	\$ 19,138
820.9515	Prgm Costs - Indirect	
140.3101	Professional Services	
140.3103	Medical/Health Care and Nutrition Services	\$ 155,825
140.3118	Dental Services	
140.3125	Legal Services	
140.3126	Interpreter Services	
140.3127	Health Disabilities	
140.3140	Consultant Services	
140.3201	Audit Services	
140.3203	Accounting and Consulting Services	
140.3401	Other Contractual Services	
140.3419	Contracted Food	
140.3421	Training	
140.3431	Laboratory Testing	
140.3438	Emergency Assistance	
140.4001	Travel Per Diem and Mileage	
140.4200	Child Transportation Services	
140.4201	Other Transportation	
140.4205	Postage/Shipping	
140.4405	Rent-Other Equipment	
140.4601	Repair and Maintenance	
140.4701	Printing and Graphics	
140.4909	Licenses, Permits and Certifications	
140.4932	Parent Activity	
140.4945	Advertising	
140.5101	Office Supplies	
140.5111	Office Furniture And Equipment	
140.5121	Data Processing Software/Accessories	
140.5201	Materials/Supplies Operating	
140.5202	Janitorial Supplies	
140.5230	Medicine and Drugs	
140.5231	Medical-Surgical Supplies	
140.5233	Laboratory Supplies	
140.5242	Food Prep and Serving Supplies	
140.5243	Personal Care Items	
140.5244	Food and Dietary	
140.5401	Books, Publications and Subscriptions	
140.5402	Educational Training Materials	
140.5412	Dues and Memberships	
140.6401	Machinery and Equipment	
140.6405	Data Processing Equipment	
140.6406	Data Processing Software	
140.8000	Unit Cost - Direct Services	
Total Program Expenses		\$ 251,688

EXHIBIT B-1		
TREASURE COAST DBA HEALTH COUNCIL		
SPECIALTY MEDICAL CARE		
CURRENT & PROPOSED OPERATING BUDGET		
FISCAL YEAR RW-GY16		
ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	
800.2101	FICA-Taxes Admin	
800.2105	FICA Medicare Admin	
800.2112	Other Benefits Admin	
800.2201	Retirement Contributions-FRS Admin	
800.2301	Insurance-Life and Health Admin	
800.2401	Workers' Compensation Admin	
800.2501	Unemployment Compensation Admin	
800.3201	Audit Services Admin	
800.3203	Accounting and Consulting Service Admin	
800.4001	Travel And Per Diem Admin	
800.4101	Communication Services Admin	
800.4301	Utilities Admin	
800.4401	Rent Admin	
800.5101	Office Supplies Admin	
800.5201	Materials/Supplies Operating Admin	
800.5242	Food Prep and Serving Supplies Admin	
800.6401	Machinery and Equipment Admin	
800.8000	Other Administrative	\$ 25,165
800.9515	Admin Costs-Indirect	
Total Admin Expenses	(NOT TO EXCEED 10% OF BUDGET)	\$ 25,165
Grand Total		\$ 276,853
Total Admin %		9%
Total Program %		91%

Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Wednesday, September 28, 2016

- Simple View
- Certificate Images
- Contracts
- Call Log

Insured: Treasure Coast Health Council, Inc.

Insured ID: R2015-0469-PBC

Status: **Compliant**

ITS Account Number: **PLC1542**

Project(s): **Palm Beach County - Community Services**

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 5/30/2017			
General Aggregate:	\$500,000	\$2,000,000	
Products - Completed Operations Aggregate:	\$0	\$0	
Personal And Advertising Injury:	\$0	\$0	
Each Occurrence:	\$500,000	\$1,000,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>	All Owned Autos	not provided	X
Expiration: 5/30/2017	Hired Autos	Hired Autos	
	Non-Owned Autos	Non-Owned Autos	
Combined Single Limit:	\$500,000	\$1,000,000	
<u>Workers Compensation/Employers Liability</u>	WC Stat. Limits	WC Stat. Limits	
Expiration: 1/1/2017			
Each Accident:	\$1,000,000	\$1,000,000	
Disease - Policy Limit:	\$1,000,000	\$1,000,000	
Disease - Each Employee:	\$1,000,000	\$1,000,000	

Notifications

There were no deficiency letters issued.

Do you have an updated Certificate? Click the button below to submit a Certificate.

Certificate Submittal

August 20, 2015

To: Our Funding and Program Partners and Colleagues

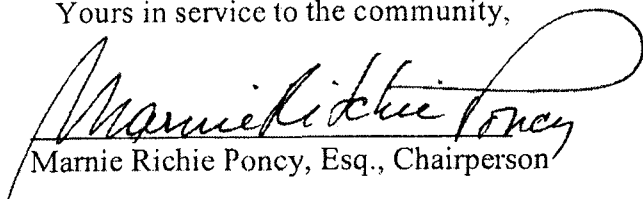
From: Marnie Richie Poncy, Esq., Board of Director's Chairperson
Andrea Stephenson, MBA, MHS, Executive Director

Re: Signature Authority

Please be advised that effective August 20, 2015, Anil Pandya - Director of Programs is authorized to sign on behalf of the Board of Directors of Treasure Coast Health Council, Inc. (DBA, Health Council of Southeast Florida) in Andrea Stephenson's absence. This authorization pertains to grantor invoices, contracts or other official documents requiring an official authorizing signature. This authorization does not pertain to signing checks for Health Council of Southeast Florida.

Please remove any previous authorizations on behalf of the Board in Ms. Stephenson's absence from your records.

Yours in service to the community,


Marnie Richie Poncy, Esq., Chairperson


Date

**AMENDMENT TO CONTRACT FOR PROVISION
OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES**

THIS AMENDMENT TO CONTRACT FOR PROVISION OF THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2016-0490) made and entered into at West Palm Beach Florida, on this _____ day of _____, 20__, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and **FoundCare, Inc.**, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is **54-2083748**.

In consideration of the mutual promises contained herein, the COUNTY and the Agency agree as follows:

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management MAI

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 19, 2016 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" attached hereto shall replace the Work Plan Exhibits "A" in its entirety.
- II. New Budget Exhibit "B1" attached hereto showing the new total budgets for Medical Case Management - MAI funding shall replace Exhibit "B" for Medical Case Management - MAI in its entirety.
- III. Increase funding for **Medical Case Management MAI by SEVENTY NINE THOUSAND, THREE HUNDRED AND FORTY ONE DOLLARS (\$79,341) not to exceed FIVE HUNDRED SIXTY FOUR THOUSAND, ONE HUNDRED AND SEVENTY NINE DOLLARS. (\$564,179)**
- IV. Total amended contract not to exceed amount will be **THREE MILLION, SIX HUNDRED EIGHTY EIGHT THOUSAND, NINE HUNDRED AND TWENTY THREE DOLLARS (\$3,688,923)**.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this Amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this Contract on behalf of the COUNTY and AGENCY has hereunto set his/her hand the day and year above written.

ATTEST:


Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY BOARD OF
COUNTY COMMISSIONERS

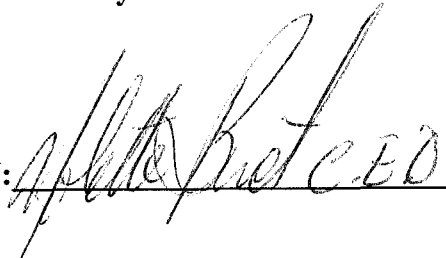
BY _____
Deputy Clerk

BY _____
Mayor

WITNESS:



Signature

AGENCY: 

FoundCare, Inc.
Agency's Name Typed

Rik Pavlescak, Chief Operating Officer
Witness Name Typed

Yolette Bonnet
Agency's Signatory Name Typed

54-2083748
Agency's Federal ID Number

Chief Executive Officer
Agency's Signatory Title Typed


Witness Name

September 27, 2016
Date

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

Assistant County Attorney



Department Director of Community Services

#	Agency	Service	Total # to be served	Unit Definition	Total Units Provided	Estimated Unit Cost	HRSA Implementation Plan Objective	Activities	Non-Duplicating Statement: Indicate any other program in your agency or other agency in Palm Beach County which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.	Impact Statement: When the objective is accomplished, what impact will it have?
1	FC	Emergency Financial Assistance	41	1 unit = 1 EFA Encounter	82	Varies based on cost; estimated average of \$500 per access, up to \$1000 per client	a. 100 % of clients will have HIV-related needs documented in clients' chart. b. 85 % of clients receiving EFA will have at least one primary care	Provide eligible clients with emergency financial assistance to remove barriers to care.	FoundCare requires clients to attempt to access assistance from other resources prior to utilizing Ryan White funds for this service.	41 individuals will improve their access and retention in care as a result of emergency financial assistance that removes barriers to access to care.
2	FC	Food Bank/Home Delivered Meals	426	1 unit = 1 voucher	11,915	\$27.20	a. 100 % of clients have received an annual nutritional assessment. b. 75 % of clients linked to care will have at least two CD4/Viral Load tests per year.	Provide eligible clients with \$50 in food vouchers each month and 2 extra at Thanksgiving and Christmas	Compass, Inc. has the only other food program dedicated to serving individuals living with HIV/AIDS in Palm Beach County. Compass and FoundCare serve different clients.	Up to 426 individuals living with HIV/AIDS in Palm Beach County will have improved health outcomes as a result of nutritional support through the food program.
3	FC	Health Insurance Premium and Cost Sharing Assistance	200	1 unit = 1 monthly premium, copay, or deductible	1200	Varies based on actual costs for co-pays, deductibles, and premium payments	a. 75% of clients linked to care will have at least two CD4/Viral Load tests per year. b. 80% of clients retained in care will be prescribed Anti-Retroviral Therapy. c. 100% of clients will have documentation of annual cost-benefit analysis in the client file.	At the inception of the grant year, continue to provide health insurance assistance to about 200 eligible individuals (individuals who are not eligible for ADAP premium +), market place plans, employer sponsored plans, COBRA etc.	Compass, Inc. also provides health insurance assistance to individuals infected with HIV/AIDS through RW Par A. The Stated ADAP program pays premiums for individuals who are enrolled in ADAP Premium + with an FPL range from 100% to 249% .	About 200 men, women and children with HIV/AIDS will have improved health outcomes and maintenance of health as a result of payments for health insurance premiums, co-pays and deductibles.
4	FC	Home and Community Based Health Care	12	1 unit = 1 hourly session	900	Average of \$29.73; varies based on intensity/level of service	a. 75% of clients linked to care will have at least two CD4/Viral Load tests per year. b. 100% of clients will have a documented care plan signed by a	Procure home health services for eligible clients with a prescription from medical provide for home health services	FoundCare contracts with licensed home health services providers to offer this service.	About 12 eligible clients are able to retain in their homes as a result of assistance provided by home health care.
5	FC	Housing Services	8	1 unit = 1 day of housing assistance or 1 week of assistance	1,391	Average of \$61.25 per day of housing assistance; could vary based on actual cost for rent/transitional housing facility.	a. 75% of eligible recipients of emergency housing services will have at least two CD4/Viral Load tests per year	Provide clients with transitional housing services for up to six months to move them toward stable/permanent housing.	FoundCare, Inc. Is the only agency in the county offering this service dedicated to individuals living with HIV/AIDS. FoundCare assists clients from other agencies with these funds.	About 8 individuals living with HIV/AIDS will have improved health outcomes as a result of a stabilized housing situation.
6	FC	Substance Abuse-Residential	1	1 unit = 1 day of substance abuse residential treatment	27	Average of \$75.00 of bed day	a. 75 % of clients receiving residential substance abuse services will have at least one primary care appointment annually b. 100% of discharged patients have an aftercare plan documented in record.	Enroll eligible clients into a licensed substance abuse treatment program.	FoundCare, Inc. contract with licensed substance abuse treatment providers to offer this service. FoundCare, Inc. assists clients from other agencies with these funds.	1 individual living with HIV/AIDS will have improved health outcomes as a result of participation in residential substance abuse treatment services.

7	FC	Medical Transportation Services	300	1 unit = 1 trip/voucher /1 bus pass/1 ticket to ride	3600	Varies based on actual costs for co-pays, deductibles, and premium payments	<p>a. 75% of clients receiving medical transportation services will have at least two CD4/Viral Load tests annually</p> <p>b. 100% of clients are determined eligible for medical transportation services.</p>	Provide eligible clients with monthly bus passes, cab vouchers, tickets to ride to attend medical appointments and dialysis treatments.	FoundCare, Inc. accesses Palm Tran and its program when feasible to assist individuals living with HIV/AIDS. FoundCare contracts with a licensed transportation company to offer cab service.	About 300 individuals living with HIV/AIDS will have improved health outcomes as a result of increased attendance at medical appointments/treatments/outpatient surgeries due to transportation.
8	FC	Medical Case Management	780	1 unit = 1 (15) minute MCM session	74,010	\$13.44	<p>a. 100% of clients receiving MCM have an initial Plan of Care which is reviewed every 6 months.</p> <p>b. 75% of MCM clients have two or more CD4/Viral Load tests annually</p>	At the inception of the grant year, continue to provide medical case management to 780 eligible clients.	FoundCare, Inc. is one of the two agencies in the county offering case management services. Clients choose their service provider. FoundCare uses Provide Enterprise system which helps avoiding duplication of services.	780 men, women and children living with HIV/AIDS will have improved health outcomes and maintenance of health as a result of medical case management services that help them maintain access to medical.
9	FC	Medical Case Management/MAI	520	1 unit = 1 (15) minute MCM session	54,260	\$11.71	<p>a. 75% of MCM clients have 2 or more CD4/Viral Load tests annually</p> <p>b. 100% of clients receiving receiving MCM/MAI services have an initial plan of care which is reviewed every six months</p>	At the inception of the grant year, continue to provide medical case management to 520 eligible clients.	FoundCare, Inc. is one of the two agencies in the county offering case management services. Clients choose their service provider. FoundCare uses Provide Enterprise system which helps avoiding duplication of services.	520 men, women and children living with HIV/AIDS will have improved health outcomes and maintenance of health as a result of medical case management services that help them maintain access to medical.
10	FC	Non Medical Case Management Determining Eligibility	2,500	1 unit = 1 eligibility screening	5000	\$76.22	a. 100% of clients receiving eligibility screening will receive at least two CD4/Viral Load tests annually	At the inception of the grant year, continue to provide eligibility determination services to 2,500 clients living with HIV/AIDS in Palm Beach County.	FoundCare is one of the two agencies in the county offering eligibility determination services. Clients choose their service provider. FoundCare uses Provide Enterprise system which helps avoiding duplication of services by alerting the agency if an individual is already enrolled at another agency.	2,500 men, women and children living with HIV/AIDS will have improved health outcomes and maintenance of health as a result of maintained access to medical care, medications and support services facilitated by eligibility determination services.
11	FC	Non Medical Case Management	195	1 unit = 1 (15) minute case management session	14,784	\$8.46	<p>a. 100% of eligibility screenings are completed at least once every six months.</p> <p>b. 75% of non medically case managed clients have at least two CD4/Viral Load tests annually</p>	At the inception of the grant year, continue to provide non medical case management to 165 eligible clients.	FoundCare, Inc. is one of the two agencies in the county offering case management services. Clients choose their service provider. FoundCare uses Provide Enterprise system which helps avoiding duplication of services.	195 men, women and children living with HIV/AIDS will have improved health outcomes and maintenance of health as a result of non medical case management services that help them maintain access to medical.
12	FC	Peer Mentor	1000	1 unit = 1 (15) minute peer mentor session	13,315	\$10.50	a. 75% of clients receiving peer mentor services will have at least two CD4/Viral Load tests each year	At the inception of the new grant year, continue to provide peer mentor services to 1000 eligible clients.	FoundCare, Inc. is one of the two agencies in the county offering peer mentor services.	1000 individuals living with HIV/AIDS will have improved health outcomes, as a result of interaction with a peer mentor that guides them through the service system, encourages them to remain in care.

13	FC	Oral Health	213	1 unit = 1 Oral Health visit	853	\$207.53	<p>a. 100% of non-urgent patients under dental treatment receive education during routine visits.</p> <p>b. 80% of clients receiving Oral Health services will have improved nutritional outcomes</p>	At the inception of the new grant year, continue to provide oral health services to 213 eligible patients.		
14	FC	OAMC primary care	230	1 unit = 1 OAMC visit	982	\$132.27	<p>a. 75 % of clients linked to care will have at least two CD4/Viral Load tests annually.</p> <p>b. 80% of clients prescribed ART will have viral load suppression</p>	At the inception of the new grant year, continue to provide medical care to 230 eligible patients.		
15	FC	Labs & Diagnostic Testing	123	1 unit = 1 lab test	1010	Varies widely based on type of test as cost per test varies	<p>a. 75% of clients receiving lab services will have at least two CD4/Viral Load tests annually</p> <p>b. 100% of lab data will be submitted at least monthly to the Grantee</p>	At the beginning of the grant year, continue to provide lab services to 123 eligible patients.		
16	FC	Early Intervention Services (MAI)	900	1 unit = 1 EIS intervention	900	\$98.86	<p>a. 75% of clients diagnosed will have at least one primary care appointment annually</p> <p>b. 80% of clients retained in care will be prescribed anti retroviral therapy</p>	At the beginning of the grant year, begin offering targeted outreach and HIV antibody testing linkage to care services yielding 900 tests. Link 100% of positive clients to medical appointments		

**EXHIBIT B-1
FOUNDCARE, INC.
MEDICAL CASE MANAGEMENT - MAI
CURRENT & PROPOSED OPERATING BUDGET
FISCAL YEAR RW-GY16**

ACCT #	TITLE	BUDGET AMOUNT
PROGRAM EXPENSES		
820.1201	Regular Salaries and Wages - Prgm	\$ 371,254
820.2101	FICA Taxes - Prgm	\$ 23,800
820.2105	FICA Medicare - Prgm	
820.2112	Other Benefits - Prgm	
820.2201	Retirement Contributions - Prgm	\$ 9,330
820.2301	Life and Health Insurance - Prgm	\$ 50,505
820.2401	Workers Compensation - Prgm	\$ 4,470
820.2501	Unemployment Compensation - Prgm	\$ 2,100
820.4101	Communication Services - Prgm	
820.4301	Utilities - Prgm	\$ 4,080
820.4401	Rent - Prgm	\$ 29,640
820.8000	Other Program Costs	
820.9515	Prgm Costs - Indirect	
140.3101	Professional Services	
140.3103	Medical/Health Care and Nutrition Services	
140.3118	Dental Services	
140.3125	Legal Services	
140.3126	Interpreter Services	
140.3127	Health Disabilities	
140.3140	Consultant Services	
140.3201	Audit Services	
140.3203	Accounting and Consulting Services	
140.3401	Other Contractual Services	
140.3419	Contracted Food	
140.3421	Training	
140.3431	Laboratory Testing	
140.3438	Emergency Assistance	
140.4001	Travel Per Diem and Mileage	\$ 1,100
140.4200	Child Transportation Services	
140.4201	Other Transportation	
140.4205	Postage/Shipping	
140.4405	Rent-Other Equipment	
140.4601	Repair and Maintenance	\$ 4,480
140.4701	Printing and Graphics	
140.4909	Licenses, Permits and Certifications	
140.4932	Parent Activity	
140.4945	Advertising	
140.5101	Office Supplies	\$ 4,000
140.5111	Office Furniture And Equipment	
140.5121	Data Processing Software/Accessories	
140.5201	Materials/Supplies Operating	
140.5202	Janitorial Supplies	
140.5230	Medicine and Drugs	
140.5231	Medical-Surgical Supplies	
140.5233	Laboratory Supplies	
140.5242	Food Prep and Serving Supplies	
140.5243	Personal Care Items	
140.5244	Food and Dietary	
140.5401	Books, Publications and Subscriptions	
140.5402	Educational Training Materials	
140.5412	Dues and Memberships	
140.6401	Machinery and Equipment	
140.6405	Data Processing Equipment	\$ 3,000
140.6406	Data Processing Software	
140.8000	Unit Cost - Direct Services	
Total Program Expenses		\$ 507,759

EXHIBIT B-1		
FOUNDCARE, INC.		
MEDICAL CASE MANAGEMENT - MAI		
CURRENT & PROPOSED OPERATING BUDGET		
FISCAL YEAR RW-GY16		
ADMIN EXPENSES		
800.1201	Salaries and Wages Regular Admin	\$ 36,000
800.2101	FICA-Taxes Admin	\$ 2,150
800.2105	FICA Medicare Admin	
800.2112	Other Benefits Admin	
800.2201	Retirement Contributions-FRS Admin	\$ 840
800.2301	Insurance-Life and Health Admin	\$ 2,220
800.2401	Workers' Compensation Admin	\$ 560
800.2501	Unemployment Compensation Admin	\$ 70
800.3201	Audit Services Admin	\$ 2,460
800.3203	Accounting and Consulting Service Admin	
800.4001	Travel And Per Diem Admin	
800.4101	Communication Services Admin	
800.4301	Utilities Admin	
800.4401	Rent Admin	
800.5101	Office Supplies Admin	
800.5201	Materials/Supplies Operating Admin	
800.5242	Food Prep and Serving Supplies Admin	
800.6401	Machinery and Equipment Admin	
800.8000	Other Administrative	\$ 12,120
800.9515	Admin Costs-Indirect	
Total Admin Expenses	(NOT TO EXCEED 10% OF BUDGET)	\$ 56,420
Grand Total		\$ 564,179
Total Admin %		10%
Total Program %		90%

Summary of Certificates

This report displays detailed Certificate of Insurance information for a selected Insured. Any items shown in red are deficient.

Wednesday, September 28, 2016

[Simple View](#)

[Certificate Images](#)

[Contracts](#)

[Call Log](#)

Insured: Foundcare, Inc.

Insured ID: 023-PBC

Status: **Compliant**

ITS Account Number: PLC1798

Project(s): **Palm Beach County - Community Services**

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 6/1/2017			
General Aggregate:	\$500,000	\$3,000,000	
Products - Completed Operations Aggregate:	\$0	\$0	
Personal And Advertising Injury:	\$0	\$0	
Each Occurrence:	\$500,000	\$1,000,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>		Any Auto	
Expiration: 6/1/2017	All Owned Autos	not provided	X
	Hired Autos	Hired Autos	
	Non-Owned Autos	Non-Owned Autos	
Combined Single Limit:	\$500,000	\$1,000,000	
<u>Workers Compensation/Employers Liability</u>	WC Stat. Limits	WC Stat. Limits	
Expiration: 6/1/2017			
Each Accident:	\$100,000	\$1,000,000	
Disease - Policy Limit:	\$500,000	\$1,000,000	
Disease - Each Employee:	\$100,000	\$1,000,000	
<u>Professional Liability</u>			
Expiration: 6/1/2017			
Each Occurrence:	\$500,000	\$1,000,000	
Aggregate Limit:	\$500,000	\$3,000,000	

Notifications

There were no deficiency letters issued.

Do you have an updated Certificate? Click the button below to submit a Certificate.

<https://its.insurancetrackingservices.com/clientreports/ProblemsSpecificRpt.asp?Vendor=1...> 9/28/2016