

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures					
Operating Costs	120,875	83,998			
External Revenue	(120,875)	(83,998)			
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-	-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 1475 Object VAR. Program Code VAR. Program Period GY17

B. Recommended Sources of Funds/Summary of Fiscal Impact:
Funding source is the U.S. Department of Health and Human Services. No County funds are required.

C. Departmental Fiscal Review: _____
Julie Dowe, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Oliver Ponce 8/25/17
OFMB 8/23 8/24

Contract Development and Control 9/6/17
9/6/17

B. Legal Sufficiency:

Helene Colby 9-7-17
Assistant County Attorney

C. Other Department Review:

Department Director

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

Amendment 1

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

THIS AMENDMENT TO CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2017-0863) 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 **AIDS Healthcare Foundation, 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 **95-4112121**. 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 create a new service category for Medical Transportation.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on July 11, 2017 is hereby amended as follows:

- I. Add new service category Medical Transportation Services. This service category will be funded by an internal agency budget transfer from Outpatient Medical Services to Medical Transportation Services. The total reimbursable Medical Transportation Services not-to-exceed amount is \$3,000.
- II. New Work Plan Exhibit "A1" attached hereto shall be added to the Work Plan Exhibit "A."
- III. Total amended contract not to exceed amount will be **ONE HUNDRED NINETY-ONE THOUSAND, FIVE HUNDRED AND EIGHTY-FIVE DOLLARS (\$191,585).**

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 _____
Paulette Burdick, Mayor

WITNESS:

AGENCY:


Signature

AIDS Healthcare Foundation, Inc.
Agency's Name Typed

Marisa Nilchavee
Witness Name Typed


Agency's Signatory Name

95- 4112121
Agency's Federal ID Number

Michael Weinstein
Agency's Signatory Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

Assistant County Attorney



James Green, Director
Palm Beach County
Department of Community Services

Exhibit A-1

Aids Healthcare Foundation - GY17 Workplan

#	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	AHF	Outpatient/ Ambulatory Medical Care	60	1 unit = 1 visit	60	\$1,200	a. 75% of clients linked to care will have at least two CD4/Viral Load b. 80% of clients prescribed ART will have viroload supression.	Conduct regular Client visits with an HIV physician and/or Mid-level provider, delivering medical services, adherence counseling, screening for non-medical needs, and retention support at the Lake Ida and Lake Worth Healthcare Centers. Clients will be seen by the physician/Mid-level provider every three months or as indicated for treatment of HIV disease and prophylaxis/treatment of opportunistic infections, monitoring of CD4 and VL, needed prophylaxis and/or treatment of opportunistic infections. Clients will be provided counseling on scope of RW benefits (by a Benefits Counselor) and counseling on treatment regimens and medications (by an HIV physician and/or Mid-level provider). Benefit Counselor will maintain contact with Client, including maintaining updated contact information to promote successful enrollment and retention in care. Staff will conduct multidisciplinary meetings in order to ensure optimal health outcomes for clients with high acuity and facing multiple barriers to care. Providers will assist clients with referrals to appropriate	AHF is aware of multiple agencies providing HIV-related outpatient/ambulatory medical care in Palm Beach County, including the Florida Department of Health in Palm Beach County, Foundcare Inc., Genesis Community Health, and multiple private physicians. Additional units of service are needed in order to provide lifesaving medical care to PLWH/A in Palm Beach County who are currently out of care. There is also a need for more comprehensive medical care and increased retention efforts. AHF will bring a more comprehensive model of outpatient medical care to Palm Beach County, focused on client retention and adherence in order to improve client health outcomes.	The provision of outpatient medical care services according to AHF's model of care will greatly increase client retention in care and improve client health outcomes. AHF will bring a comprehensive model of outpatient medical care to Palm Beach County, supporting clients in their entry into and ongoing retention in care. AHF's model of care engages clients, encouraging them to become an active participant in their own care and thereby increasing client retention.
							a. 75% of clients receiving lab services will have at least two CD4/Viral Load tests annually	Physician/Mid-level provider will order laboratory diagnostic testing at regular intervals per HAB/HRSA guidelines at both Palm Beach Health Care Centers (Lake Ida and Lake Worth). Providers will refer clients to	AHF is not aware of agencies providing laboratory diagnostic testing in Palm Beach County, but assumes that agencies providing outpatient medical care may also provide laboratory	

2	AHF	Laboratory Diagnostic Testing	60	1 unit = 1 test	120	\$83	<p>b. 100% of lab data will be submitted at least monthly to the Grantee</p>	<p>diagnostic imaging services as appropriate. Staff will input all lab results into the client's medical record and Provider Enterprise and EMR system. Clients receiving lab services will have at least two CD4/Viral Load tests annually. Lab data will be submitted to the Grantee office.</p>	<p>services. These agencies include the Florida Department of Health in Palm Beach County, Foundcare Inc., Genesis Community Health, and multiple private physicians. Additional units of service are needed in order to provide lifesaving medical care, including laboratory diagnostic testing, to some of the estimated 14% of PLWH/A who are currently out of care. There is also a need for comprehensive care, which includes laboratory services.</p>	<p>The provision of laboratory services will enable AHF to provide a comprehensive model of outpatient medical care to clients, thereby guaranteeing increased access to services and improving quality of life. The provision of laboratory services will enable medical providers to closely monitor client disease states and adherence to medications, thereby enabling providers to adjust medication regimens as needed and address possible difficulties with medication adherence.</p>
3	AHF	Early Intervention Services	50	1 unit = 1 (15) minute EIS encounter	250	\$176	<p>a. 85% of clients diagnosed will be have at least one primary care appointment annually</p> <p>b. 80% of clients retained in care will be prescribed anti-retroviral</p>	<p>Conduct outreach to encourage uptake of HIV testing services and identify HIV-positive individuals who have fallen out of care. Conduct presentations for other local organizations in order to increase awareness about available testing services. Provide risk reduction counseling, HIV prevention materials, and targeted service referrals to HIV-negative clients. Provide post-disclosure counseling, HIV prevention materials, and targeted service referrals to clients who receive a preliminary positive test result.</p> <p>Conduct linkage to care activities, including meeting with clients in person, calling clients via telephone, and scheduling the client's first medical appointment at an AHF's Palm Beach County Healthcare Centers or at the client's choice of provider of services. Accompany the client to their first two medical appointments per client choice. Follow up with clients who opt out of accompaniment in order to ensure attendance at their first two medical appointments.</p>	<p>AHF is aware of multiple agencies providing HIV testing and Linkage to care services in Palm Beach County, including Compass, Inc., Triple H Community Center, Florida Department of Health in Palm Beach County, FoundCare, Inc., Families First of Palm Beach County, Community Health Center of West Palm Beach, Partnership for a Drug-Free Community of South Florida, Caridad Center, and Genesis Community Health. Some of these organizations are inaccessible outside of normal business hours, require an appointment, and/or charge fees for conducting testing services. AHF will prevent duplication of services by providing free and accessible HIV testing and linkage to care services during non-traditional hours, focusing on areas of Palm Beach County which are underserved by other agencies. Additionally, AHF offers comprehensive linkage to care services for individuals testing positive, which include client follow-up prior to each client attending their first medical appointment, as well as accompanying each client to their first two medical appointments in order to ensure enrollment into care.</p>	<p>The provision of early intervention services will increase ease of entry into care as well as access to care for both newly diagnosed individuals and those who have fallen out of care. AHF's testing and linkage efforts in Palm Beach County will contribute to better health outcomes for clients by helping to identify HIV-positive individuals earlier in the progression of their disease, thereby increasing their chances to remain healthy and engaged in HIV care.</p>

Summary of Certificates

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

Thursday, July 13, 2017

- Simple View
- Certificate Images
- Documents

Insured: AIDS Healthcare Foundation, Inc.

Insured ID: 052RW02FY16

Status: Compliant

ITS Account Number: PLC2025

Project(s): Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 3/1/2018			
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>			
Expiration: 3/1/2018	All Owned Autos	Any Auto 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>			
Expiration: 10/7/2017	WC Stat. Limits	WC Stat. Limits	
<u>Professional Liability</u>			
Expiration: 8/1/2017			
Each Occurrence:	\$500,000	\$2,000,000	
Aggregate Limit:	\$500,000	\$4,000,000	

Notifications (Show All)

The following letters were issued:

Jul 10 2017 - Renewal Letter

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

Certificate Submittal

Amendment I

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

THIS AMENDMENT TO CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2017-0535) 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 **Florida Department of Health in Palm Beach County**, hereinafter referred to as the AGENCY, a governmental agency of the State of Florida, entitled to do business in the State of Florida, whose Federal Tax I.D. is 59-3502843.

WITNESSETH:

WHEREAS, the need exists to amend the contract to include the Nonmedical case management/eligibility Program.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 2, 2017 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" attached hereto shall be added to the Work Plan Exhibit "A." in its entirety.
- II. **Increasing funding for Non Medical Case Management for Determining Eligibility by SEVENTY-FIVE THOUSAND, EIGHT HUNDRED AND SEVENTY-THREE DOLLARS (\$75,873) and a not to exceed contract amount of SIX HUNDRED, NINETY FIVE THOUSAND, TWO HUNDRED AND TWENTY-SIX DOLLARS (695,226).**

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 _____
Paulette Burdick, Mayor

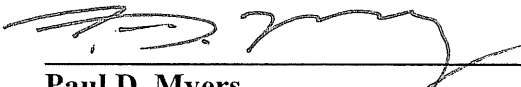
WITNESS:


Signature

AGENCY:

Florida Department of Health
in Palm Beach County
AGENCY's Name Typed

LILIANA METWYK
Witness Name Typed


Paul D. Myers

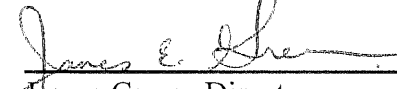
Deputy Secretary for County Health Systems
AGENCY's Signatory Name Typed

59-3502843
AGENCY's Federal ID Number

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS


James Green, Director
Palm Beach County
Department of Community Services

A - 1

Exhibit A
Florida Department of Health - Workplan for GY17

#	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?
3	FDOH in PBC	Nonmedical Case Management/ Eligibility	430 unduplicated clients to be served	1 unit = 1 completed eligibility screening	1088 screenings	\$69.74	a. 100% of clients receiving eligibility screening will receive at least two CD4/Viral Load tests annually	<ol style="list-style-type: none"> 1. Maintain facilities, retain staff and facilitate patient access. 2. Confirm Ryan White eligibility for all clients receiving Ryan White funded services. 3. Comply with Ryan White Part A Eligibility Procedures for initial and recertification eligibility. 4. Enter and scan all required documentation as indicated in the procedures in Provide Enterprise. 5. Make appropriate referrals for clients to apply for Health Care District and Medicaid services. 6. Confirm insurance coverage dates. 7. Make appropriate referrals for case management, as indicated. 8. Schedule clients for recertification appointments to ensure the Notice of Eligibility does not expire. 9. Contact clients to remind them of scheduled appointments for recertification. 10. Follow up with clients when informed of income or coverage changes. 11. Provide client with education and explanation of eligible services as indicated on the Notice of Eligibility. 	<p>This is the first year this service will be funded.</p> <p>FDOH in PBC provides medical and support care to people who are diagnosed with HIV/AIDS. To provide the Ryan White Part A funded services to our clients, the clients must be certified as eligible. We provide services at 4 locations (Northeast Clinic in Riviera Beach, WPB, Delray Beach and Belle Glade clinics). Clients will have their eligibility certification at these locations to reduce barriers to care which will improve retention in care and viral suppression.</p>	<p>Providing eligibility services at the point of services will remove barriers to care and increase retention in care. Clients who comply with medical care have viral suppression with better health outcomes.</p>

GY17 Ryan White Agreement
FDOH in Palm Beach County
Eligibility

8 months
07/14/17-02/28/18

EXPENSE CATEGORY	BUDGETED AMOUNT
Ryan White Grant Funds	\$ 75,873
ADMINISTRATION	
Human Services Records Program Analyst (1)	\$ 2,320
Total Salary	\$ 2,320
FICA - Social Security - 6.2% of non-OPS Staff	\$ 144
FICA - Medicare - 1.45% of all Staff	\$ 34
Retirement - 7.52% of non-OPS Staff	\$ 174
Health Insurance	\$ 659
Life Insurance - \$43.14 annually for non OPS Staff	\$ 4
Disability Insurance - 0.04% of SES Staff	\$ -
Total Fringe	\$ 1,015
Total Personnel	\$ 3,335
Total Non Personnel	\$ -
Indirect	\$ 4,252
(HHS Approved Indirect Cost Rate of 24.86%, capped at HRSA 10% Administration Limit)	
TOTAL ADMINISTRATION	\$ 7,587
Administration Expense Percent (10% Limit)	10.00%
PROGRAM	
Human Services Program Consultant II	\$ 24,385
Human Services Program Consultant II	\$ 24,385
Total Salary	\$ 48,770
FICA - Social Security - 6.2% of non-OPS Staff	\$ 3,024
FICA - Medicare - 1.45% of all Staff	\$ 708
Retirement - 7.52% of non-OPS Staff	\$ 3,668
Health Insurance	\$ 9,900
Life Insurance - \$43.14 annually for non OPS Staff	\$ 56
Disability Insurance - 0.04% of SES Staff	\$ -
Total Fringe	\$ 17,356
Total Personnel	\$ 66,126
Travel Per Diem and Mileage (Coverage/Meetings/Trainings)	\$ 640

GY17 Ryan White Agreement
FDOH in Palm Beach County
Eligibility

8 months
07/14/17-02/28/18

EXPENSE CATEGORY	BUDGETED AMOUNT
Printing and Graphics (Business Cards)	\$ 80
Office Supplies	\$ 960
Office Furniture and Equipment (Printers)	\$ 480
Total Non Personnel	\$ 2,160
TOTAL PROGRAM	\$ 68,286
Program Expense Percent	90.00%

Summary of Certificates

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

Thursday, August 10, 2017

- Simple View
- Certificate Images
- Documents

Insured: Florida Department of Health in Palm Beach County

Insured ID: 039RWO1FY16-PBC

Status:

Compliant

ITS Account Number:

PLC2043

Project(s):

Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 7/1/2018			
General Aggregate:	\$0	\$0	
Products - Completed Operations Aggregate:	\$0	\$0	
Personal And Advertising Injury:	\$0	\$0	
Each Occurrence:	\$200,000	\$300,000	
Fire Damage:	\$0	\$0	
Medical Expense:	\$0	\$0	
<u>Automobile Liability</u>			
Expiration: 7/1/2018			
Combined Single Limit:	\$200,000	\$300,000	

Notifications [\(Show All\)](#)

There were no deficiency letters issued.

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

Certificate Submittal

Amendment 1

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

THIS AMENDMENT TO CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2017-0251) 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 **COMPASS, 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 **65-0052657**.

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 Health Insurance Premium & Cost Sharing Assistance.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on March 14, 2017 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" attached hereto shall replace the Work Plan Exhibit "A" in its entirety.
- II. Increase funding for **Health Insurance Premium & Cost Sharing Assistance by ONE HUNDRED TWENTY-NINE THOUSAND DOLLARS (\$129,000) FOR A NEW HEALTH INSURANCE PREMIUM & COST SHARING ASSISTANCE NOT TO EXCEED AMOUNT OF TWO HUNDRED THIRTY-SIX THOUSAND, SEVEN HUNDRED AND SEVENTY-FOUR DOLLARS (\$236,774).**
- III. Total amended contract not to exceed amount will be **NINE HUNDRED NINETY-FOUR THOUSAND, NINE HUNDRED AND EIGHT DOLLARS (\$994,908).**

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this 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 _____
Paulette Burdick, Mayor

WITNESS:

AGENCY:


Signature

Compass Inc.
Agency's Name Typed

Geddy Dainke
Witness Name Typed

Anthony G. Plakas
Agency's Signatory Name


Agency's Signatory Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

Assistant County Attorney



James Green, Director
Palm Beach County
Department of Community Services

Exhibit A1

Compass - Ryan White Part A Work Plan GY17

#	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	Compass	Mental Health Services	70	4 units = 1 hour of mental health counseling; 1 unit = 15 minutes	2,800	\$37.00	a. 100% of clients have a treatment plan within two weeks of first visit	1. Refer clients to mental health therapist for evaluation and plan development. Responsible person(s): Case Manager and Program Supervisor 2. Ensure that clients are provided services in a timely manner, and that treatment plans are developed with the client to meet the needs of the client. Responsible person(s): Mental Health Therapist and Program Supervisor 3. Review counseling treatment plans including need for ongoing services every 3 mo. and update. Responsible pers	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing mental health services empowers clients to handle all types of situations, and to cope with HIV Spectrum Disease. Counseling provided is considered crisis counseling as well as short-term counseling.
							b. 75% of clients receiving mental health service have at least 2 CD4/Viral Load tests annually			
							a. 100% of MCM clients develop an initial plan of care that is updated every 6 months	1. Provide initial intakes and triage clients for services. Responsible person(s): Case	Foundcare. Currently, all agencies refer clients to each other for	Providing medical case management services allows clients to be able to

2	Compass	Medical Case Management	340	1 unit = 1 (15) minute MCM session	1,900	\$17.00	b. 75% of MCM clients have at least two CD4/Viral Load tests annually	manager 2. Develop 90 day service plan, link clients to medical care, evaluate need for ing case management, provide education needed to maintain medical adherence, refer clients to appropriate services. Responsible person(s): Case Manager 3. Review at least 20 client records on a monthly basis for quality assurance, using a quality assurance tool. Responsible: Program Supervisor	resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	access needed resources and information they need to access health care resources and understand the importance of medical adherence to maintain and/or improve their health and minimize opportunities to transmit HIV.
3	Compass	Non Medical Case Management Supportive Services	85	1 unit = 1 (15) minute NMCM session	3,000	\$14.00	a. 75% of clients receiving NMCM services have at least two CD4/Viral Load tests annually	1. Find insurance for services based on client qualification. Provide appropriate referral for psychosocial needs including social, legal, financial, food and medical transportation. 2. Educate the client on HIV topics. 3. Promote a healthy lifestyle. Responsible person(s): Case Manager 4. Review at least 20 records monthly for quality assurance, using a quality assurance tool. Responsible persons: Program Supervisor	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing non-medical case management services include the provision of advice and assistance in obtaining medical, social, and community, legal, financial and other needed services.
							b.100% of eligibility screenings for clients retained in care are completed at least once every six months			

4	Compass	Non Medical Case Management Determining Eligibility	360	1 unit = 1 eligibility screening	720	\$14.00	a. 100% of clients receiving eligibility screening will receive at least two CD4/Viral Load tests annually	1. Conduct initial eligibility and eligibility re-determination every six months. 2. Provide clients with a list of required eligibility documents. 3. Complete a needs assessment to determine if a referral to non-medical or medical case management is needed, or note in CAREWare if a client does not want these services. eligible. Responsible person(s): Eligibility Worker 4. Review at least 20 records monthly for quality assurance. Responsible person: Program Supervisor	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing eligibility screening services include maintaining consistency for clients and providers by completing the initial and redetermination screenings of all persons living with HIV/AIDS who seek Ryan White services. Clients will be screened and based on the outcome of this screening, will be impacted by being presented with and referred to agencies that provide the necessary services for which the client has been deemed eligible.
5	Compass	Food Bank/Home Delivered Meals	60	1 unit = 1 vouchers	1,200	\$25.00	a. 100% of clients receiving food vouchers will have a nutritional assessment b. 75% of clients receiving food vouchers will have at least two CD4/Viral Load tests annually	1. Assess program eligibility and ensure that clients are provided with services in accordance with standards set forth by the Palm Beach County HIV CARE Council. Responsible person(s): Case Manager, Program Supervisor 2. Reassess client situation monthly to verify continued eligibility. Responsible person(s): Case Manager, Program Supervisor 3. Review all records on a semi-annual basis for quality assurance using a quality assurance tool. Responsible person(s): Program Supervisor	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing food bank is the enhanced nutritional health of Ryan White eligible clients.

							a. 100 % of clients are determined eligible for medical transportation services	1. Continue to contract with Palm Tran and Yellow Cab to provide transportation services. Responsible person(s): Program Supervisor	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing transportation services will ensure that clients have access/are linked to medical and social support services.
							b. 85% of clients receiving medical transportation services will have at least one primary care appointment annually	2. Assess program eligibility and ensure that clients are provided with services in accordance with standards set forth by the Palm Beach County HIV CARE Council. Responsible person(s): Case Manager, Program Supervisor		
6	Compass	Medical Transportation Services	50	1 unit = 1 trip/voucher	250	\$15 reduced/ \$20 regular/\$35 ticket to ride/\$70 Undocumented		3. Reassess client situation monthly to verify continued eligibility. Responsible person(s): Case Manager, Program Supervisor		
								4. Obtain necessary documentation (Request for Transportation Assistance forms and cab voucher duplicates). Responsible person(s): Case Manager		
								5. Update policies and procedures to ensure that the most cost effective mode of transportation is utilized given the needs of the client. Responsible person(s): Program Supervisor		
								6. Review all records on a		
							a. 100 % of the providers will comply with protocol and document HIV-related need noted in clients' chart	1. Complete financial assessment documenting needs and eligibility, including original bill	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case	Providing emergency financial assistance services will prevent client homelessness or institutionalization and

7	Compass	Emergency Financial Assistance	10	1 unit = 1 encounter	10	1,000.00	b.85% of clients linked to care will have at least one primary care appointment annually	including original on. Responsible person(s): Case manager 2. Complete 3 required forms of documentation, including, Emergency referral application, Utility guarantee, internal RFP for bookkeeping purposes and guarantee of payment. Responsible persons: Case Managers, Program Supervisor, Bookkeeper. 3. Review all records on a semi-annual basis for quality assurance using a quality assurance tool. Responsible person(s): Program Supervisor	numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	institutionalization and reduce barriers to clients remaining in medical care.
8	Compass	Health Insurance Premium and Cost Sharing Assistance	45	1 unit = 1 monthly premium, copay, or deductible assistance	600	\$300.00	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	1. Determine financial eligibility for program services. 2. Conduct cost benefit analysis to ensure best use of Ryan White funds. 3. Ensure coverage of antiretroviral medication. 4. Ensure timely processing of payment requests to avoid coverage termination.	Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing Health Insurance and Co-Payment Assistance is eliminating barriers to accessing healthcare for people living with HIV/AIDS.
9	Compass	Peer Mentor	40	1 unit = 1 (15) minute peer mentor session	2,000	\$12.00	a. 75% of clients receiving peer mentor services will have at least two CD4/Viral Load tests per year	1. Assist new patients in becoming familiar with the system of care. 2. Provide referrals to community resources. 3. Work as part of the interdisciplinary care team and help patients move toward treatment plan goals.	Foundcare and the Health Department. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	Providing Peer Mentor services is the adherence to treatment and retention in care of people living with HIV/AIDS.
								1. Conduct Outreach and	Foundcare and the	Providing early intervention

10	Compass	Early Intervention Service	40	1 unit = 1 (15) minute EIS encounter	1,200	\$14.00	a. 75% of clients diagnosed will have at least one primary care medical appointment annually	testing activities in communities highly impacted by HIV disease. 2. Provide referral and linkage services to people diagnosed with HIV.	Health Department. Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	services and linking people living with HIV/AIDS in care is reducing health disparities and mortality in communities at high risk for infection.
							b. 80% of clients retained in care will be prescribed anti retroviral therapy	3. Provide short term support for newly in-care individuals and help them transition to self-sufficiency.		

Summary of Certificates

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

Thursday, July 13, 2017

Simple View

Certificate Images

Documents

Insured: Compass, Inc.Insured ID: 014RW02FY16

Status: Compliant

ITS Account Number: PLC2027

Project(s): Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 7/1/2018			
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: 7/1/2018			
	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: 12/26/2017			
<u>Professional Liability</u>			
Expiration: 7/1/2018			
Each Occurrence:	\$500,000	\$1,000,000	
Aggregate Limit:	\$500,000	\$2,000,000	

Notifications (Show All)

The following letters were issued:

Jun 13 2017 - Renewal Letter

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

Certificate Submittal