



**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs	228,332				
External Revenue	(228,332)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				

No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes   x   No         
Does this item include the use of federal funds? Yes   x   No       

Budget Account No.:

Fund  1010  Dept  142  Unit  VAR  Object  8201  Program Code  VAR  Program Period  GY17 

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

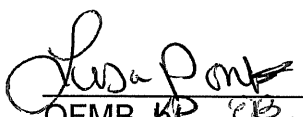
Funding source is the U.S Department of Health and Human Services. No County funds are required.

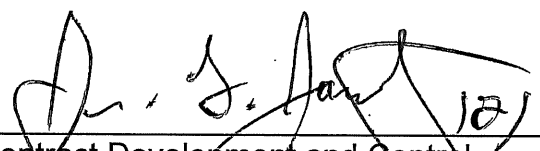
**C. Departmental Fiscal Review:**

  
Julie Dowe, Director, Financial & Support Svcs.

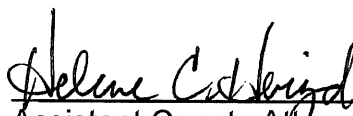
**III. REVIEW COMMENTS**

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

  
OFMB KP EB  
11/29 11/30 12.1.17

  
Contract Development and Control  
12/7/17 TW 12/17/17

**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 2

**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 Medical Case Management and Non-Medical Case Management – Supportive Services.

**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 "A2" attached hereto shall replace the Work Plan Exhibit "A1" in its entirety.
- II. Increase funding for Medical Case Management by **TEN THOUSAND DOLLARS (\$10,000)** for a new Medical Case Management not to exceed amount of **THREE HUNDRED NINETY FIVE THOUSAND, EIGHT HUNDRED AND TWENTY FIVE DOLLARS (\$395,825)**.
- III. Increase funding for Non-Medical Case Management – Supportive Services by **SIX THOUSAND NINE HUNDRED AND TWENTY FOUR DOLLARS (\$6,924)** for a new Non-Medical Case Management – Supportive Services not to exceed amount of **FIFTY SIX THOUSAND AND THREE DOLLARS (\$56,003)**.
- IV. Total amended contract not to exceed amount will be **ONE MILLION, ELEVEN THOUSAND, EIGHT HUNDRED AND THIRTY TWO DOLLARS (\$1,011,832)**.

**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

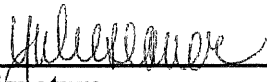

PALM BEACH COUNTY BOARD OF  
COUNTY COMMISSIONERS



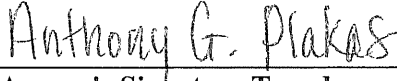
BY \_\_\_\_\_  
Deputy Clerk

BY \_\_\_\_\_  
Melissa McKinlay, Mayor

WITNESS:

AGENCY:

  
\_\_\_\_\_  
Signature  
  
  
\_\_\_\_\_  
Witness Name Typed

  
\_\_\_\_\_  
Agency's Name Typed  
  
  
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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

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 b. 75% of clients receiving mental health service have at least 2 CD4/Viral Load tests annually	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.
							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 access

2	Compass	Medical Case Management	345	1 unit = 1 (15) minute MCM session	20,500	\$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.	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	88	1 unit = 1 (15) minute NMCM session	3,200	\$14.00	a. 75% of clients receiving NMCM services have at least two CD4/Viral Load tests annually b.100% of eligibility screenings for clients retained in care are completed at least once every six months	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.

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.
							a. 100% of clients receiving food vouchers will have a nutritional assessment	1. Assess program eligibility and ensure that clients are provided with services in	Foundcare. Currently, all agencies refer clients to each other for	Providing food bank is the enhanced nutritional health of Ryan White eligible

5	Compass	Food Bank/Home Delivered Meals	60	1 unit = 1 vouchers	1,200	\$25.00	b. 75% of clients receiving food vouchers will have at least two CD4/Viral Load tests annually	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	resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	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	Foundcare. Currently, all agencies refer clients to each other for	Providing transportation services will ensure that clients have access/are



6	Compass	Medical Transportation Services	50	1 unit = 1 trip/voucher	250	<p>\$15 reduced/ \$20 regular/\$35 ticket to ride/\$70 Undocumented</p> <p>b. 85% of clients receiving medical transportation services will have at least one primary care appointment annually</p>	<p>services. Responsible person(s): Program Supervisor</p> <p>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</p> <p>3. Reassess client situation monthly to verify continued eligibility. Responsible person(s): Case Manager, Program Supervisor</p> <p>4. Obtain necessary documentation (Request for Transportation Assistance forms and cab voucher duplicates). Responsible person(s): Case Manager</p> <p>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</p> <p>6. Review all records on a semi-annual basis for quality</p>	<p>resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>	<p>linked to medical and social support services.</p>
						<p>a. 100 % of the providers will comply with protocol and document HIV-related need noted in clients' chart</p>	<p>1. Complete financial assessment documenting needs and eligibility, including original bill</p>	<p>Foundcare. Currently, all agencies refer clients to each other for resources. URN numbers and case</p>	<p>Providing emergency financial assistance services will prevent client homelessness or institutionalization and</p>

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 emr. 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	323	\$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.
							a. 75% of clients receiving peer	1. Assist new patients in		Providing Peer Mentor

9	Compass	Peer Mentor	40	1 unit = 1 (15) minute peer mentor session	2,000	\$12.00	mentor services will have at least two CD4/Viral Load tests per year	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.	services is the adherence to treatment and retention in care of people living with HIV/AIDS.
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	1. Conduct Outreach and testing activities in communities highly impacted by HIV disease. 2. Provide referral and linkage services to people diagnosed with HIV.	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 early intervention 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.		

Revised: 9/29/2017

Summary of Certificates

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

Friday, October 06, 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	\$2,000,000	
Personal And Advertising Injury:	\$0	\$1,000,000	
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)

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 (R2017-0394) 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 Health Insurance Premium & Cost Sharing Assistance, Substance Abuse Residential and Medical Transportation.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on April 4, 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 **EIGHTY EIGHT THOUSAND, TWO HUNDRED AND EIGHTY SIX DOLLARS (\$88,286)** for a new Health Insurance Premium & Cost Sharing Assistance not to exceed amount of **FIVE HUNDRED TWENTY THOUSAND, TWO HUNDRED AND EIGHTY SIX DOLLARS (\$520,286)**.
- III. Increase funding for Substance Abuse Residential by **THIRTEEN THOUSAND SEVEN HUNDRED AND FORTY SIX DOLLARS (\$13,746)** for a new Substance Abuse Residential not to exceed amount of **FIFTEEN THOUSAND, SEVEN HUNDRED AND FORTY SIX DOLLARS (\$15,746)**.
- IV. Increase funding for Medical Transportation by **NINE THOUSAND, SEVEN HUNDRED DOLLARS (\$9,700)** for a new Medical Transportation not to exceed amount of **NINETY FIVE THOUSAND, EIGHT HUNDRED AND NINETY DOLLARS (\$95,890)**.
- V. Increase funding for Medical Case Management- MAI by **TWENTY NINE THOUSAND, SIX HUNDRED AND SEVENTY SIX DOLLARS (\$29,676)** for a new Medical Case Management –MAI not to exceed amount of **FIVE HUNDRED NINETY TWO THOUSAND, NINE HUNDRED AND FIFTY SIX DOLLARS (\$592,956)**.
- VI. Total amended contract not to exceed amount will be **THREE MILLION, NINE HUNDRED THIRTY FOUR THOUSAND, THREE HUNDRED AND FIFTY SEVEN DOLLARS (\$3,934,357)**.

**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 \_\_\_\_\_  
Melissa McKinlay, Mayor

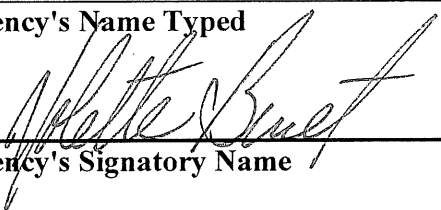
WITNESS:

  
\_\_\_\_\_  
Signature

Rik Pavlescak, COO  
\_\_\_\_\_  
Witness Name Typed

AGENCY:

FoundCare, Inc.  
\_\_\_\_\_  
Agency's Name Typed

  
\_\_\_\_\_  
Agency's Signatory Name

Yvette Bonnet, CEO  
\_\_\_\_\_  
Agency's Signatory Typed

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

## Exhibit A1

#	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	37	1 unit = 1 EFA Encounter	74	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.	37 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	345	1 unit = 1 voucher	9,670	\$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 345 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	210	1 unit = 1 monthly premium, copay, or deductible	1260	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 210 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 101% to 400% .	About 210 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	6	1 unit = 1 hourly session	403	Average of \$38.333; 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 6 eligible clients are able to retain in their homes as a result of assistance provided by home health care.
5	FC	Housing Services	6	1 unit = 1 day of housing assistance or 1 week of assistance	1,068	Average of \$63.00 per day of housing assistance; could vary based on actual cost for rent/emergency 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 emergency 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 6 individuals living with HIV/AIDS will have improved health outcomes as a result of a stabilized housing situation.



## FoundCare, Inc. Work Plan GY2017

6	FC	Substance Abuse-Residential	1	1 unit = 1 day of substance abuse residential treatment	90	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	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.
							b. 100% of discharged patients have an aftercare plan documented in record.			
7	FC	Medical Transportation Services	300 + 23 (Full Price)	1 unit = 1 trip/voucher/ 1 bus pass/1 ticket to ride	3600 + 138	Varies based on actual costs for monthly bus pass (reduced-regular) and full price.	a. 75% of clients receiving medical transportation services will have at least two CD4/Viral Load tests annually	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 323 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.
							b. 100% of clients are determined eligible for medical transportation services.			
8	FC	Medical Case Management	825	1 unit = 1 (15) minute MCM session	79,200	16.24	a. 100% of clients receiving MCM have an initial CM Assessment and Action Plan in PE which is reviewed every 6 months.	At the inception of the grant year, continue to provide medical case management to 880 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.	880 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.
							b. 75% of MCM clients have two or more CD4/Viral Load tests annually			
9	FC	Medical Case Management/MAI	350	1 unit = 1 (15) minute MCM session	36,960	15.49	a. 75% of MCM clients have 2 or more CD4/Viral Load tests annually	At the inception of the grant year, continue to provide medical case management to 425 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.	425 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.
							b. 100% of clients receiving receiving MCM/MAI services have an initial CM Assessment and Action Plan in PE which is reviewed every six months			
10	FC	Non Medical Case Management Determining Eligibility	2,045	1 unit = 1 eligibility screening	4,091	\$78.54	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 three 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	180	1 unit = 1 (15) minute case	13,728	12.53	a. 100% of eligibility screenings are completed at least once every six months.	At the inception of the grant year, continue to provide non medical case	FoundCare, Inc. is one of the two agencies in the county offering case management services. Clients choose	180 men, women and children living with HIV/AIDS will have improved health outcomes and maintenance of health as a result of non

		Management		management session			b. 75% of non medically case managed clients have at least two CD4/Viral Load tests annually	management to 165 eligible clients.	their service provider. FoundCare uses Provide Enterprise system which helps avoiding duplication of services.	medical case management services that help them maintain access to medical.
12	FC	Peer Mentor	1000	1 unit = 1 (15) minute peer mentor session	30,800	\$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 hae 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	162	1 unit = 1 Oral Health visit	650	\$230.00	a. 100% of non-urgent patients under dental treatment receive education <u>during routine visits.</u> b. 80% of clients receiving Oral Health services will have improved nutritional outcomes	At the inception of the new grant year, continue to provide oral health services to 162 eligible patients.		
14	FC	OAMC primary care	300	1 unit = 1 OAMC visit	900	\$150.00	a. 75 % of clients linked to care will have at least two CD4/Viral Load tests <u>annually.</u> b. 80% of clients prescribed ART will have viral load suppression	At the inception of the new grant year, continue to provide medical care to 300 eligible patients.		
15	FC	Labs & Diagnostic Testing	200	1 unit = 1 lab test	1600	Varies widely based on type of test as cost per test varies- this number is approximate.	a. 75% of clients receiving lab services will have at least two CD4/Viral Load tests annually b. 100% of lab data will be submitted at least monthly to the Grantee	At the beginning of the grant year, continue to provide lab services to approximately 200 eligible patients.		
16	FC	Early Intervention Services (MAI)	900	1 unit = 1 EIS intervention	900	\$98.86	a. 75% of clients diagnosed will have at least one primary care appointment <u>annually</u> b. 80% of clients retained in care will be prescribed anti retroviral therapy	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		

Summary of Certificates

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

Friday, October 13, 2017

- Simple View
- Certificate Images
- Documents
- Call Log

Insured: Foundcare, Inc.

Insured ID: 023RW02FY16

Status:

Compliant

ITS Account Number:

PLC2028

Project(s):

Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 6/1/2018			
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: 6/1/2018			
	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: 6/1/2018			
<u>Professional Liability</u>			
Expiration: 6/1/2018			
Each Occurrence:	\$500,000	\$1,000,000	
Aggregate Limit:	\$500,000	\$3,000,000	

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 (R2017-0250) 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 Special Outpatient Medical Care.

**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 Special Outpatient Medical Care by **SEVENTY THOUSAND (\$70,000)** for a new Special Outpatient Medical Care not to exceed amount of **THREE HUNDRED FORTY SIX THOUSAND, EIGHT HUNDRED AND FIFTY THREE DOLLARS (\$346,853)**
- III. Total amended contract not to exceed amount will be **FOUR HUNDRED SIXTY NINE THOUSAND, THREE HUNDRED AND FIFTY THREE DOLLARS (\$469,353).**

**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:**

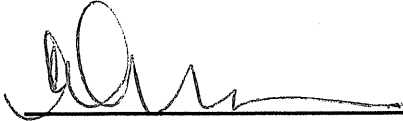
**Sharon R. Bock**  
**Clerk and Comptroller**

**PALM BEACH COUNTY BOARD OF  
COUNTY COMMISSIONERS**

**BY** \_\_\_\_\_  
**Deputy Clerk**

**BY** \_\_\_\_\_  
**Melissa McKinlay, Mayor**

**WITNESS:**

  
\_\_\_\_\_  
**Signature**

Estrella Callwood  
**Witness Name Typed**

**AGENCY:**

Treasure Coast Health Council, Inc. d/b/a  
Health Council of Southeast Florida

**Agency's Name Typed**

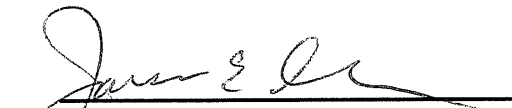
  
\_\_\_\_\_  
**Agency's Signatory Name**

Andrea Stephenson-Royster  
**Agency's Signatory Typed**

**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**

**Exhibit A 1**  
**Ryan White Part A HIV Health Support Services**  
**GFY 2017 - 2018**

A-1

#	Agency	Service	Total # to be served	Unit Definition	Total Units Provided	Estimated Unit Cost	HRSA Implementation Plan Objective/Program Objective	Activities	Non-Duplicating Statement:	Impact Statement:
1	HCSEF	Specialty Outpatient Medical Care	150 Clients	1 unit = 1 specialty medical visit	635 units		Assist 75% of PLWH/A referrals with access to timely, cost effective, HIV/AIDS specialty outpatient medical care, which will have a direct impact on their quality and length of life.	1. Negotiate service rates with medical outpatient specialists 2. Process referrals received from Case Managers, Referral Clerks, or nurses when a primary physician identifies a need for specialty care service 3. Process referrals within 72 hours of receipt. HCSEF will confirm eligibility using documentation in Provide, and ensure that the referral is appropriate prior to approval.	Ryan White specialty outpatient medical care providers in Palm Beach County report their services by client URN thus duplication of services is easily identifiable.	PLWH/A will have access to timely, cost effective, HIV/AIDS specialty outpatient medical care which will have a direct impact on their quality and length of life.
2	HCSEF	Care Council Support	n/a	n/a	n/a	n/a	Provide member support for the Palm Beach HIV Care Council and sub-committees	1. Staff Support: A) Provide staff support to officially convened CARE Council Meetings. B) Provide staff support to officially convened CARE Council Membership Committee meetings throughout the year. C) Provide staff support to officially convened CARE Council Community Awareness Committee Meetings. D) Arrange for members transportation as needed and as outlined in the CARE Council policies. E) Reimburse members for transportation and childcare expenses as needed and as outlined in the CARE Council policies.  2. Community Engagement: A) Provide the support for public outreach events intended to broaden and enhance the general public's knowledge of issues related to living with HIV disease, current treatment practices and or available services within the EMA. B) Actively participate in Care Council Meetings in order to maintain up to date knowledge regarding key HIV/AIDS issues in Palm Beach County, and become a trusted source of reliable information and support for committee members. C) Serve as a conduit for information sharing between the Care Council and other relevant planning bodies or entities.	HCSEF is the sole service provider in this category	Successful completion of the accompanying activities will effect accomplishing the Council's goal to work across all locally available funding streams to collaboratively identify, prioritize and allocate funding for HIV/AIDS Services in Palm Beach County. Successful implementation of CARE Council activities will ensure the community based identification of need, needs based allocation of funding for services and the rapid contracting of identified services.
								3. Membership Activities: A) Maintain an up-to-date Members Orientation Manual for CARE Council Members as outlined in the 12/13 Training Work Plan. B) Hold orientation/training meetings in conjunction with the Membership Committee to develop or strengthen members' ability to understand the complex issues the CARE Council must act upon. Continue the Mentor Program for new members to strengthen participation on both the CARE Council and its committees. C) Assist CARE Council members with participating in additional training programs sponsored by HRSA, relating to enhancing capacity to perform committee and group activities such as developing community plans, coming to group consensus, and maintaining community involvement. D) Co-sponsor trainings as appropriate and within the resources available (both human and financial). E) Provide staff support to the Membership Committee to continue and enhance activities which will develop Council Membership utilizing the CARE Council Membership policy as a guide. F) Increase community wide participation in Council activities through networking, and increasing awareness of the Council's value to Palm Beach County as a whole. G) Maintain up to date demographic matrix, inventory of seats, member renewal schedules. H) Submit membership packets to grantee.		

Summary of Certificates

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

Wednesday, November 08, 2017

- Simple View
- Certificate Images
- Documents
- Call Log

Insured: Treasure Coast Health Council, Inc.

Insured ID: 047RW02FY16

Status: Compliant (with overrides)

ITS Account Number: PLC2031

Project(s): Palm Beach County - Community Services

Insurance Policy	Required	Provided	Override
<u>General Liability</u>			
Expiration: 5/30/2018			
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: 5/30/2018			
	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: 1/1/2018			
Each Accident:	\$0	\$1,000,000	
Disease - Policy Limit:	\$0	\$1,000,000	
Disease - Each Employee:	\$0	\$1,000,000	
<u>Professional Liability</u>			
Each Occurrence:	\$500,000	\$0	X
Aggregate Limit:	\$500,000	\$0	X

Missing Policy Information

Override

The original Certificate of Insurance received did not include policies for the following coverages:

- Professional Liability
- X




To: Our Funding and Program Partners and Colleagues  
From: Marnie Ritchie Poncy, Esq., Chairperson  
Re: Signature Authority

Please be advised that effective, February 16, 2011, Andrea D. Stephenson- Royster MBA, MHS was appointed Executive Director of Treasure Coast Health Council, Inc. d/b/a Health Council of Southeast Florida.

By this letter, Ms. Stephenson has been authorized to sign all contracts, agreements and other official documents on behalf of the agency.

Should you have further questions, please feel free to contact her via email at: [astephenson@hcsef.org](mailto:astephenson@hcsef.org) or by telephone at 561-844-4220 ext. 2500.

  
Marnie Ritchie Poncy, Esq., Chairperson

PROUDLY SERVING INDIAN RIVER, MARTIN, OKEECHOBEE, PALM BEACH AND ST. LUCIE COUNTIES