

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures					
Operating Costs	139,487				
External Revenue	(139,487)				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0		

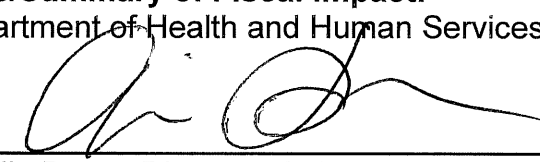
No. ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No
 Does this item include the use of federal funds? Yes X No

Budget Account No.:
 Fund 1010 Dept 142 Unit VAR Object VAR Program Code VAR Program Period VAR
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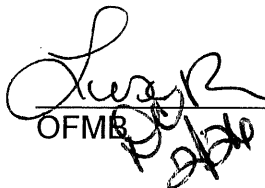
B. Recommended Sources of Funds/Summary of Fiscal Impact:

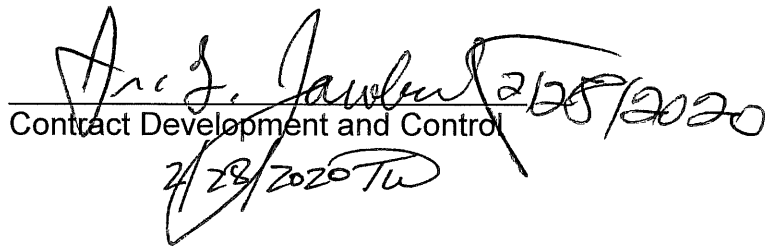
Funding source is the U.S. Department of Health and Human Services. No County funding is required.

C. Departmental Fiscal Review: 
 Julie Dowe, Director of Finance and Support Services

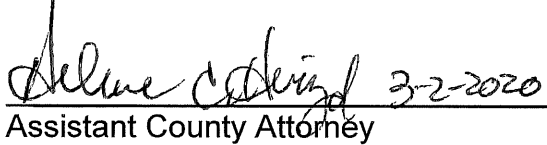
III. REVIEW COMMENTS

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

 2/20/2020
 OFMB 2/20/2020

 2/25/2020
 Contract Development and Control
 2/28/2020 TW

B. Legal Sufficiency:

 3-2-2020
 Assistant County Attorney

C. Other Department Review:

 Department Director

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

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

THIS SECOND AMENDMENT TO CONTRACT FOR PROVISION OF RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES (R2018-0370) 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, AIDS Healthcare Foundation, Inc., (AHF), and the COUNTY entered into a three-year contract on April 10, 2018, (R2018-0370) for the provision of Ryan White Part A HIV Health Support Services in a total contract amount of \$562,050 (\$187,350 per Grant Year (GY)); and

WHEREAS, AHF and the COUNTY amended the three-year contract on February 5, 2019 (R2019-0196), to amend the Work Plan, increase the total contract amount for GY18 to \$189,517, and update contract language related to **Article 9 – Nondiscrimination, Article 14 – Termination, Article 23 – Scrutinized Companies, and Article 31 – Criminal History Records Check;** and

WHEREAS, the need exists to amend the contract in order to: update the Work Plan (Exhibit A1); change the funding in the schedule of payments (Exhibit B1); update the Subaward Data – (Exhibit F); include Service Category Definitions – (Exhibit G); increase the total contract amount for GY19; and update language related to **Article 9 – Nondiscrimination, Article 10 – Agency’s Programmatic Contracts, Article and Article 13 – Amendments to Funding Levels.**

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 12, 2018 (R2018-0370), as amended on February 5, 2019 (R2019-0196) is hereby amended as follows:

- I. New Work Plan Exhibit A2 attached hereto shall replace Work Plan Exhibit A1 in its entirety.
- II. New Exhibit B2 attached hereto shall replace Exhibit B1 in its entirety.
- III. New Exhibit F1 - Subaward Data attached hereto shall replace Exhibit F in its entirety.
- IV. New Exhibit G – Service Category Definitions is added to the Contract.
- V. **ARTICLE 3 - PAYMENTS TO AGENCY/REIMBURSABLE** shall be amended to read: The COUNTY shall pay to the AGENCY for services rendered under this contract not to exceed a total amount of **EIGHT HUNDRED FORTY SEVEN THOUSAND, FIVE HUNDRED AND TWENTY FIVE DOLLARS (\$847,525) for a three year period of which THREE HUNDRED TWENTY NINE THOUSAND AND FOUR DOLLARS (\$329,004) IS BUDGETED IN GY 2019 WITH AN ANTICIPATED ANNUAL ALLOCATION OF THREE HUNDRED TWENTY NINE THOUSAND**

AND FOUR DOLLARS (\$329,004) IN EACH SUBSEQUENT GRANT YEAR FOR THE TERM OF THIS CONTRACT.

The AGENCY will bill the COUNTY on a monthly basis, by the twentieth (20th) working day of each month, for services performed at actual cost of service. Failure to submit monthly Service Utilization Reimbursement Requests and required reports in a manner deemed correct and acceptable by the COUNTY, by the twentieth (20th) working day of each month following the month in which services were delivered shall deem the Service Provider(s) in non-compliance with this covenant and at the option of the COUNTY, the Service Provider will forfeit its claim to any reimbursement for that specific month's reimbursement request or the COUNTY may invoke the termination provision in this Contractual. Any travel authorized for reimbursement must meet the condition set forth in Section 112.061, Florida Statutes and Palm Beach County PPM #CW-F-009. All Requests for Payment under the terms of this Contract shall include documents acceptable to the Community Services Department. The final invoice under this Contract must be labeled "Final Invoice" and must be received by the COUNTY not later than March 31 of each fiscal year that this contract is in effect. Invoices received from the AGENCY pursuant to this Contract will be reviewed for authenticity and accuracy and approved by the Community Services Department, to verify that services have been rendered in conformity with Contract and then will be sent to the Finance Department for payment. Funding changes between service categories within the designated Contract can be approved, in writing, by the Director or Assistant Director of the Community Services Department at their discretion for up to ten percent (10%) of the total Contract amount during the Contract period. Changes in excess of ten percent (10%) of the annual Contract amount during the Contract period must be approved by the Palm Beach County Board of County Commissioners.

Final Invoice: In order for both parties herein to close their books and records, the AGENCY will clearly state "final invoice" on the AGENCY'S final/last billing to the COUNTY. This shall constitute AGENCY'S certification that all services have been properly performed and all charges and costs have been invoiced to Palm Beach County. Any other charges not properly included on this final invoice are waived by the AGENCY.

In order to do business with Palm Beach County, AGENCYs are required to create a Vendor Registration Account OR activate an existing Vendor Registration Account through the Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>. If AGENCY intends to use sub-AGENCYs, AGENCY must also ensure that all sub-AGENCYs are registered as AGENCYs in VSS. All subcontractor agreements must include a contractual provision requiring that the sub-AGENCY register in VSS. COUNTY will not finalize a contract award until the COUNTY has verified that the AGENCY and all of its sub-AGENCYs are registered in VSS.

VI. **ARTICLE 9 - NONDISCRIMINATION** shall be amended to read: The COUNTY is committed to assuring equal opportunity in the award of contracts and complies with all

laws prohibiting discrimination. Pursuant to Palm Beach County Resolution R2017-1770, as may be amended, the AGENCY warrants and represents that throughout the term of the Contract, including any renewals thereof, if applicable, all of its employees are treated equally during employment without regard to race, color, religion, disability, sex, age, national origin, ancestry, marital status, familial status, sexual orientation, gender identity or expression, or genetic information. Failure to meet this requirement shall be considered default of the Contract. As a condition of entering into this Contract, the AGENCY represents and warrants that it will comply with the COUNTY'S Commercial Nondiscrimination Policy as described in Resolution 2017-1770, as amended. As part of such compliance, the AGENCY shall not discriminate on the basis of race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability, or genetic information in the solicitation, selection, hiring or commercial treatment of subcontractors, vendors, suppliers, or commercial customers, nor shall the AGENCY retaliate against any person for reporting instances of such discrimination. The AGENCY shall provide equal opportunity for subcontractors, vendors and suppliers to participate in all of its public sector and private sector subcontracting and supply opportunities, provided that nothing contained in this clause shall prohibit or limit otherwise lawful efforts to remedy the effects of marketplace discrimination that have occurred or are occurring in the County's relevant marketplace in Palm Beach County. The AGENCY understands and agrees that a material violation of this clause shall be considered a material breach of this Contract and may result in termination of this Contract, disqualification or debarment of the company from participating in County contracts, or other sanctions. This clause is not enforceable by or for the benefit of, and creates no obligation to, any third party. AGENCY shall include this language in its subcontracts.

VII. **ARTICLE 10 - AGENCY'S PROGRAMMATIC CONTRACTS** shall be amended by the addition of the following immediately before the final paragraph of ARTICLE 10:

29. The Agency must comply with 2 C.F.R. 200.

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 _____
Dave Kerner, Mayor

AGENCY:

Marisa Nilchavee
Witness

AIDS Healthcare Foundation, Inc.
Agency's Name Typed

Marisa Nilchavee
Witness Name Printed

[Signature]
Agency's Signatory Name

Michael Weinstein
Agency's Signatory Name Typed

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

Assistant County Attorney

James E. Green
James Green, Director
Department of Community Services

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	EFA- HIV Medicaiton Prior Authorization	
	Total Request:	\$100,000	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
Objective: List quantifiable timelimited objective related to the service listed above	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By the end of month 12, AHF will provide medications to 50 eligible patients in accordance with EFA guidelines.	1 prescription= 1 unit	50	100
HAB/HHS Performance Measure:			
	Prescription of HIV Anti-retroviral Therapy		
	Baseline (%)	93%	
	Target (%)	95%	

*****Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments**

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Food Bank- Nutritional Supplements	
	Total Request:	\$13,407	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12, AHF will provide nutritional supplements to 15 eligible patients in accordance with food bank guidelines.	1 nutritional supplement=1 unit	15	65
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93%	
	Target (%)	95%	

*****Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments**

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Local Pharmacy Asssitance	
	Total Request:	\$13,790	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12, AHF will provide medications to 125 eligible patients in accordance with the LPAP formulary.	1 unit=1 filled perscription	125	500
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93%	
	Target (%)	95%	

*****Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments**

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Medical Transportation	
	Total Request:	\$2,570	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12, AHF will provide 125 medical transportation vouchers/Lyft rides to 25 RW eligible clients in need of these services to increase their ability to remain linked to HIV care.	1 unit = 1 voucher/Lyft ride	25	125
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93%	
	Target (%)	95%	
HAB/HHS Performance Measure: HIV Medical Visit Frequency			
	Baseline (%)	73%	
	Target (%)	77%	

*****Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments**

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Laboratory/Diagnostic Testing	
	Total Request:	\$38,656	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
Objective: List quantifiable timelimited objective related to the service listed above	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
By the end of month 12, at least 90% of RW eligible clients seeking OAMC services will receive HIV VL, CD4/CD8, CBC, Blood chemistry and other approved FDA routine tests as clinically indicated to treat their HIV disease.	1 unit = 1 lab test	75	3,250
HAB/HHS Performance Measure: HIV Viral Load Suppression			
	Baseline (%)	61%	
	Target (%)	75%	

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WORK PLAN

Work Plan

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Early Intervention Services	
	Total Request:	\$69,548	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12, AHF will link and retain 85% in of Linkage patients into care.	1 unit = 15 minutes of contact	75	2,700
HAB/HHS Performance Measure: Prescription of HIV Anti-retroviral Therapy			
	Baseline (%)	93	
	Target (%)	95	
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93	
	Target (%)	95	
HAB/HHS Performance Measure: HIV Viral Load Suppression			
	Baseline (%)	61	
	Target (%)	75	

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Outpatient Ambulatory Medical Care	
	Total Request:	\$101,669	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12, AHF will provide OAMC services to 100 RW eligible clients. These services will include at a minimum 2 medical visits more than 60 days apart, including prevetative	1 unit = 1 visit	100	550
HAB/HHS Performance Measure: HIV Medical Visit Frequency			
	Baseline (%)	73	
	Target (%)	77	
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93	
	Target (%)	95	
HAB/HHS Performance Measure: Prescription of HIV Anti-retroviral Therapy			
	Baseline (%)	93	
	Target (%)	95	
HAB/HHS Performance Measure: HIV Viral Load Suppression			
	Baseline (%)	61	
	Target (%)	75	

***Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	AIDS HEALTHCARE FOUNDATION		
Fiscal Year: 2019	Service Category:	Medical Case Management	
	Total Request:	\$116,561	
Service Category Goal: HIV/AIDS counseling, testing, referrals, diagnosis, and linkage.			
<i>Objective: List quantifiable timelimited objective related to the service listed above</i>	<i>Service Unit Definition</i>	<i>Number of Persons to be Served</i>	<i>Number of Units to be Provided</i>
By the end of month 12 at least 90% of clients will have at least 2 medical visits; will achieve ICP goals related to outpatient ambulatory medical care, and will be considered retained in	1 unit = 15 minute visit	225	3,600
HAB/HHS Performance Measure: HIV Medical Visit Frequency			
	Baseline (%)	73	
	Target (%)	77	
HAB/HHS Performance Measure: Retention in HIV Medical Care			
	Baseline (%)	93	
	Target (%)	95	

*****Total Requested Amount is subject to change every fiscal year depending on carry over, sweeps and amendments**

Schedule of Payments

2018 – 2020 RYAN WHITE PART A – CONTRACT

**The amounts on this Schedule are based on annual allocations and are subject to change throughout the grant year based on ARTICLE 13 - AMENDMENTS TO FUNDING LEVELS

AIDS Healthcare Foundation				
Core Medical Services	GY18	GY19	GY20	Total Amount
Early Intervention Services	32,149	69,548	69,548	171,245
Laboratory Diagnostic Testing	21,067	38,656	38,656	98,379
Medical Case Management Services	52,141	116,561	116,561	285,263
Outpatient/Ambulatory Medical Care	78,308	101,669	101,669	281,646
Subtotal Core Medical Services	183,665	326,434	326,434	836,533
Support Services	GY18	GY19	GY20	Total Amount
Medical Transportation	5,852	2,570	2,570	10,992
Subtotal Support Services	5,852	2,570	2,570	10,992
Combined Core Medical and Support Services	GY18	GY19	GY20	Total Combined 3 year Amount
Total	189,517	329,004	329,004	847,525

Annual allocations do not rollover to future years if unspent.

*As part of the ADAP/Local Supplemental Drug services, the Agency is allowed to bill a dispensing fee of \$10.24 and shipping fee of \$7.00. The backup documentation - copies of paid receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission of the general ledger. The backup documentation - copies of paid

receipts, copies of checks, invoices, or any other applicable documents acceptable to the Palm Beach County Department of Community Services will be requested as a desk and/or on-site monitoring on a periodic basis.

***For Emergency Financial Assistance/Health Insurance and Cost Sharing ONLY:

Prior Authorizations payments can be made for back services and also to pay forward payments when payments are due within the grant period but are paying for expenses outside the grant period to bring the client current. This includes items due on the first or tenth of the month outside the grant period, which must be issued or mailed to meet the due date.

***Payments for Emergency Financial Assistance are limited to essential utilities, housing, food and medications (mortgage payments are not allowed). All payments made for services rendered or to be rendered outside of the current grant year must be submitted separate from all other reimbursement requests.

**Sub-award Data¹
For Grant Year GY19**

(i)	Sub-recipient Name	AIDS Healthcare Foundation, Inc.
(ii)	Sub-recipient Unique Entity Identifier:	95-4112121
(iii)	Federal Award Identification Number (FAIN):	H89HA00034-26-02
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	09/20/19
(v)	Sub-award Period of Performance Start Date:	03/01/2019
	Sub-award Period of Performance End Date:	02/29/2020
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$117,399
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	\$329,004
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	\$329,004
(ix)	Federal Award Project Description:	HIV Emergency Relief Project Grants
(x)	Name of Federal Awarding Agency:	US Department of Health & Human Services
	Name of Pass-Through Entity:	Palm Beach County Board of Commissioners
	Contact Information for Federal Awarding Official:	Lawrence Momodu lmomodu@hrsa.gov (301)443-0694
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra TMalhotr@pbcgov.org (561)355-4716
	Contact Information for Palm Beach County Project Director:	Taruna Malhotra
(xi)	CFDA Number and Name:	93.914 - HIV Emergency Relief Project Grants
(xii)	Identification of Whether Sub-award is R&D:	This award is not R&D
(xiii)	Indirect Cost Rate for [CAA] Federal Award:	0

¹ This information is required by the Uniform Guidance, 2 C.F.R. § 200.331(a)(1). The Uniform Guidance also requires that if any of these data elements change, the pass-through entity must include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the federal prime award and subaward.

SERVICE CATEGORY DEFINITIONS
HRSA Policy Notice #16-02
MARCH 1, 2019- FEBRUARY 28, 2020

CORE MEDICAL SERVICES

1. Outpatient/Ambulatory Medical Care

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

2. *Laboratory Diagnostic Testing (included in OAMC services, Not a HRSA defined service, no separate SOC)

HIV viral load testing, CD4/CD8, CBC with diff., blood chemistry profile, & other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, IGRA, AFB, pap smear, toxoplasmosa,

hepatitis B, & CMV serologies) & all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease & its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate.

3. AIDS Pharmaceutical Assistance (LPAP)

The purpose of a Local AIDS Pharmaceutical Assistance Program (LPAP) is to provide therapeutics to treat HIV/AIDS or to prevent the serious deterioration of health arising from HIV/AIDS in eligible individuals, including measures for prevention and treatment of opportunistic infections. An LPAP is a program to ensure that clients receive medications when other means to procure medications are unavailable or insufficient. As such, LPAPs are meant to serve as an ongoing means of providing medications for a period of time.

Limitations:

- Local pharmacy assistance programs are not funded with AIDS Drug Assistance Program (ADAP) earmark funding.
- LPAPs are not to take the place of the ADAP program.
- LPAPs are not emergency financial assistance for medications; please refer to Emergency Financial Assistance- HIV Medications/Prior Authorization Standards of Care.
- Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-payment discounts.
- Funds may not be used to make direct payments of cash/vouchers to a client.
- No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).

Local AIDS Pharmaceutical Programs provide:

- HIV medications that are not included in the ADAP formulary
- Medications when the ADAP financial eligibility is restrictive
- Medications if there is a protracted State ADAP eligibility process and/or other means of accessing medications are not available (i.e., pharmaceutical company assistance programs)

4. *Specialty Outpatient Medical Care (Not a HRSA defined service)

Short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for HIV positive patients based upon referral from a primary care provider, physician, physician assistant, registered nurse. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry.

5. Oral Health Care

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

6. Early Intervention Services (EIS)

EIS is the combination of such services rather than a stand-alone service. EIS services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected
 - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Care Management, and Substance Abuse Care
- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

7. Health Insurance Premium & Cost Sharing Assistance

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying standalone dental insurance premiums to provide comprehensive oral health care services for eligible clients; and/or
- Paying cost-sharing on behalf of the client.

To use HRSA RWHAP funds for health insurance premium assistance (not standalone dental insurance assistance), include the following requirements:

- Clients obtain health care coverage that at a minimum, includes at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services' Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services; and
- The cost of paying for the health care coverage (including all other sources of premium and cost sharing assistance) is cost-effective in the aggregate versus paying for the full cost for medications and other appropriate HIV outpatient/ambulatory health services.

To use HRSA RWHAP funds for standalone dental insurance premium assistance, include the following requirement:

- HRSA RWHAP Part recipients must assess and compare the aggregate cost of paying for the standalone dental insurance option versus paying for the full cost of HIV oral health care services to ensure that purchasing standalone dental insurance is cost effective in the aggregate, and allocate funding to Health Insurance Premium and Cost

Sharing Assistance only

8. Medical Nutrition Therapy

Medical Nutrition Therapy includes:

- Nutritional assessment and screening;
- Dietary/nutritional evaluation;
- Food and/or nutritional supplements per medical provider's recommendation;
- Nutrition education and/or counseling.

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory health services.

All services performed under this service category must be pursuant to a medical provider's referral and based upon a nutritional plan developed by the registered dietitian or other licensed nutrition professional. Activities not provided by a registered/licensed dietitian should be considered Psychosocial Support Services under the HRSA RWHAP.

9. Home and Community-Based Health Services

Home and Community-Based Health Services are provided to an eligible client in an integrated setting appropriate to a client's needs, based on a written plan of care established by a medical care team under the direction of a licensed clinical provider. Services include:

- • Appropriate mental health, developmental, and rehabilitation services
- • Day treatment or other partial hospitalization services
- • Durable medical equipment
- • Home health aide services and personal care services in the home
- Inpatient hospitals, nursing homes, and other long-term care facilities are not considered an integrated setting for the purposes of providing home and community-based health services.

10. Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

11. Medical Case Management Services (including treatment adherence)

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan

- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Activities provided under the Medical Case Management service category have as their objective improving health care outcomes whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit should be reported under the Outpatient/Ambulatory Health Services category.

SUPPORT SERVICES

1. Non-Medical Case Management Services

Non-Medical Case Management Services (NMCM) is the provision of a range of client centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan

- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

2. Emergency Financial Assistance (EFA)

Emergency Financial Assistance provides limited one-time or short-term payments to assist the RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries, and food vouchers), transportation, medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes.. Emergency financial assistance must occur as a direct payment to an agency or through a voucher program. Direct cash payments to clients are not permitted. Continuous provision of an allowable service to a client must not be funded through emergency financial assistance.

3. Emergency Financial Assistance- HIV Medications/Prior Authorization (EFA-PA) * (Not a HRSA defined service)

Emergency Anti-Retroviral medications provided to clients on a limited or short-term basis when no other payer sources are available. Medications purchased under this program must be purchased at Public Health Service (PHS) prices or less.

Limitations:

- Local pharmacy assistance programs are not funded with AIDS Drug Assistance Program (ADAP) earmark funding.
- EFA-PAs are not to take the place of the ADAP program.
- Clients cannot be enrolled in another medication assistance program for the same medication, excluding co-payment discounts.
- Funds may not be used to make direct payments of cash/vouchers to a client.

No charges may be imposed on clients with incomes below 100% of the Federal Poverty Level (FPL).

4. Food Bank/Home Delivered Meals- Nutritional Supplements * (Not a HRSA defined service, No SOC, old Nutritional Supplements definition)

Provision of nutritional supplement prescribed by Primary Medical Care provider. Nutritional services and nutritional supplements provided by a registered dietitian are considered a core medical service under the HRSA RWHAP.

5. Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a

voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Unallowable costs include household appliances, pet foods, and other non-essential products.

6. Emergency Housing Services

Housing provides transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Activities within the Housing category must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing activities also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these activities.

Housing activities cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits, although these may be allowable costs under the HUD Housing Opportunities for Persons with AIDS (HOPWA) grant awards.

7. Legal Services

Legal services provided to and/or on behalf of the individual living with HIV and involving legal matters related to or arising from their HIV disease, including:

- Assistance with public benefits such as Social Security Disability Insurance (SSDI)
- Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the RWHAP
- Preparation of:
 - Healthcare power of attorney
 - Durable powers of attorney
 - Living wills

Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:

- Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
- Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the Affordable Care Act for all individuals receiving premium tax credits.

- Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

8. Medical Transportation Services

Medical Transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but should not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

9. Substance Abuse Residential Services

Substance Abuse Services (residential) activities are those provided for the treatment of drug or alcohol use disorders in a residential setting to include screening, assessment, diagnosis, and treatment of substance use disorder. Activities provided under the Substance Abuse Services (residential) service category include:

- Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention
 - Detoxification, if offered in a separate licensed residential setting (including a separately-licensed detoxification facility within the walls of an inpatient medical or psychiatric hospital)

Substance Abuse Services (residential) is permitted only when the client has received a written referral from the clinical provider as part of a substance use disorder treatment program funded under the RWHAP.

Acupuncture therapy may be an allowable cost under this service category only when it is included in a documented plan as part of a substance use disorder treatment program funded under the HRSA RWHAP.

RWHAP funds may not be used for inpatient detoxification in a hospital setting, unless the detoxification facility has a separate license.



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 7/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 10940 White Rock road, 2nd Floor Rancho Cordova, CA 95670	CONTACT NAME: Jesse Williams PHONE (A/C, No, Ext): 916-883-0692 FAX (A/C, No): 610-537-2346 E-MAIL ADDRESS: jesse.williams@usi.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Philadelphia Indemnity Insurance Company	18058
INSURER B: NORCAL Specialty Insurance Company	35114
INSURER C: Preferred Physicians Medical RRG	44083
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 14439810 **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATION MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	PHPK1948446	3/1/2019	3/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Deductible \$ N/A
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>		X	PHPK1948446	3/1/2019	3/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B C	Med Prof Liab-AOS Med Prof Liability-NY			730536E 90005	08/01/2019 08/01/2019	08/01/2020 08/01/2020	\$3,000,000 per claim / \$10,000,000 primary aggregate \$3,000,000 per claim / \$10,000,000 primary aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Palm Beach County Board of county Commissioners, a Political Subdivision of the State of Florida, it's Officers, Employees and Agents are additional insured as it relates to general liability per attached. The general liability, commercial auto liability and professional liability are primary and non-contributory where required by written contract per attached. Waiver of subrogation applies for general liability and commercial auto per attached.

CERTIFICATE HOLDER Board of County Commissioners Palm Beach County Department of Community Services 810 Datura Street West Palm Beach, FL 33401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

(This certificate replaces certificate 14432174 issued on 7/19/2019)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/16/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

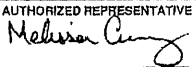
PRODUCER Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kimberly Kleinman	PHONE (A/C, No, Ext): 818.539.8619	FAX (A/C, No): 818.539.8719
	E-MAIL: Kimberly_Kleinman@ajg.com		
INSURED AIDS Healthcare Foundation 6255 W Sunset Blvd, 21st Floor Los Angeles, CA 90028	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: NOVA Casualty Company		42552
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 1861913264 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPIOP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	CF1-WK-10000216-02	8/17/2019	8/17/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Evidence of Coverage.

CERTIFICATE HOLDER Palm Beach County, Florida Department of Community Services, 810 Datura Street, West Palm Beach, FL 33401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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