

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

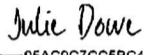
Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

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

Budget Account No.:
 Fund _ Dept _ Unit _ Object _ Program Code _ Program Period ____.

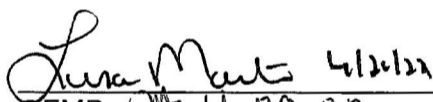
B. Recommended Sources of Funds/Summary of Fiscal Impact:
 There is no fiscal impact with this item.

DocuSigned by:

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

III. REVIEW COMMENTS

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


 OFMB AK 4-20-22
 MG 4/21/22


 Contract Development and Control

B. Legal Sufficiency:


 Assistant County Attorney

C. Other Department Review:


 Department Director

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



Memorandum

TO: Verdenia C. Baker, County Administrator
Board of County Commissioners

FROM: James Green, Director
Community Services Department 

DATE: February 3, 2022

RE: Administrative Monitoring-HOPWA Program

Community Services Department
810 Datura Street
West Palm Beach, FL 33401
(561) 355-4700
Fax: (561) 242-7336
www.pbcgov.com/communityservices



Palm Beach County
Board of County
Commissioners

Robert S. Weinroth, Mayor

Gregg K. Weiss, Vice Mayor

Maria G. Marino

Dave Kerner

Maria Sachs

Melissa McKinlay

Mack Bernard

County Administrator

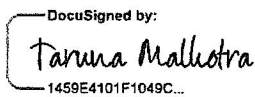
Verdenia C. Baker

In accordance with BCC approval granting signature authority to the County Administrator, or designee, on October 20, 2020 (Agenda Item 3E-3), your signature is needed on the Health Insurance Portability Accountability Act (HIPAA) Attestation form and the Independent Capacity of Contractor Attestation form to demonstrate compliance with administrative requirements outlined by the contract with the Florida Department of Health (FDOH) for Palm Beach County's Housing Opportunities for People with HIV (HOPWA) program.

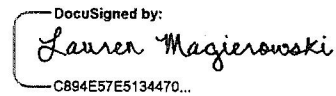
On January 31, 2022, the Community Services Department received the attached Desk Administrative Notification Letter initiating a standard desk review for compliance with administrative policies and procedures required of all FDOH contractors. Staff will provide to FDOH all documents requested in the letter to demonstrate compliance, including the two (2) forms that require your signature. FDOH requires return of the requested policies and procedures along with the completed and signed forms no later than February 28, 2022.

For additional information, please contact Dr. Casey Messer at 561-355-4730.

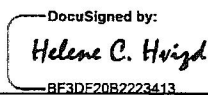
Approved by:


1459E4101F1049C...

Assistant Department Director


C894E57E5134470...

OFMB.


BF3DE20B2223413

Assistant County Attorney

Attachments:

- 1. Agenda Item Summary 3E-3, dated October 20, 2020
- 2. Desk Review Administrative Notification Letter
- 3. HIPAA Attestation Form
- 4. Independent Capacity of Contractor Attestation form

"An Equal Opportunity
Affirmative Action Employer"

Official Electronic Letterhead

Attachment 1

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA)

HIPAA is the acronym of the Health Insurance Portability and Accountability Act of 1996. The main purpose of this federal statute was to help consumers maintain their insurance coverage, but it also includes a separate set of provisions called Administrative Simplification. This section of the act is aimed at improving the efficiency and effectiveness of the health care system. The key components of Administrative Simplification include:

- Standardized electronic transmission of common administrative and financial Transactions (such as billing and payments)
- Unique health identifiers for individuals, employers, health plans, and health care Providers
- Privacy and security standards to protect the confidentiality and integrity of individually Identifiable health information

The HIPAA regulations apply to the following entities:

- Health Plans
- Health Care Clearinghouses (Entities that facilitate electronic transactions by "translating" data between health plans and providers when they use non-compatible Information systems).
- Health Care Providers who transmit health information in electronic form in connection With one or more of the eight covered transactions.

Business associates of a covered entity are not directly controlled by the regulations, but mandatory contracts require them to protect the privacy of individually identifiable information. Government agencies specifically named in the regulations are covered entities, as are agencies that function as a health plan or a health care provider.

Florida Department of Health
Office of Contracts
4052 Bald Cypress Way, Bin B-08 • Tallahassee, FL 32399-1703
PHONE: 850/245-4122
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

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HEALTH INSURANCE PORTABILITY ACCOUNTABILITY ACT (HIPAA) ATTESTATION

Contracting Company Name:	<u>Palm Beach County Board of County Commissioners</u>
Address:	<u>810 Datura St</u>
	<u>West Palm Beach, FL 33401</u>
Phone:	<u>561-355-4730</u>

In accordance with Section I.C.2.i of the standard contract with the Florida Department of Health, I, Verdenia C. Baker, an authorized representative of the provider, do hereby attest that my response to the following statement is true, complete, and accurate to the best of my belief for contract(s) CODRY.

If the HIPAA regulations apply to the Provider's organization, please sign the attestation below:

1. The Provider is in compliance with the Health Insurance Portability Accountability Act as well as all regulations promulgated within 45 CFR Parts 160, 162, and 164.

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a contractor, the services would be liable to be terminated.

By signing this Attestation, (1) you certify that you have read this Attestation and applied a valid, legal signature; (2) you agree to be governed by all of the terms of this Attestation.

_____ Authorized Signature	_____ Title	_____ Date
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If the HIPAA regulations do not apply to the Provider's organization, please sign the attestation below:

<u>Verdenia C. Baker</u> Authorized Signature	<u>County Administrator</u> Title	<u>2/18/2022</u> Date
Verdenia C. Baker		

Approved As To Form and Legal Sufficiency

By Helene C. Hvizd
Assistant County Attorney

Florida Department of Health
Office of Contracts
4052 Bald Cypress Way, Bin B-08 • Tallahassee, FL 32399-1703
PHONE: 850/245-4122
FloridaHealth.gov



Attachment 2



Memorandum

TO: Verdenia C. Baker, County Administrator
Board of County Commissioners
FROM: James Green, Director
Community Services Department
DATE: February 3, 2022
RE: Administrative Monitoring-HOPWA Program

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County Administrator
Verdenia C. Baker

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For additional information, please contact Dr. Casey Messer at 561-355-4730.

Approved by:

DocuSigned by:
Tanvira Mallotra
1459E4101F1049C...

Assistant Department Director

DocuSigned by:
Lauren Magierowski
C894E57E5134470...

OFMB.

DocuSigned by:
Helene C. Hvizd
BE3DF20B2223413

Assistant County Attorney

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INDEPENDENT CAPACITY OF CONTRACTOR ATTESTATION

Contracting Company Name:	<u>Palm Beach County Board of County Commissioners</u>
Address:	<u>810 Delura St</u>
	<u>West Palm Beach, FL 33401</u>
Phone:	<u>561-355-4730</u>

In accordance with Section I.O. of the standard contract with the Florida Department of Health, I, Verdenia C. Baker, an authorized representative of the provider, do hereby attest that my response to the following statement is true, complete, and accurate to the best of my belief for contract(s) CODRY.

1. In the performance of this contract, the provider is an independent contractor and is held solely liable for the performance of all tasks contemplated by this contract(s), which are not the exclusive responsibility of the Department.
2. Except where the provider is a state agency, the provider, its officers, agents, employees, subcontractors, or assignees, in the performance of the contract, shall act in the capacity of an independent contractor and not as an officer, employee, or agent of the State of Florida. Nor shall the provider represent to others that it has the authority to bind the department unless specifically authorized to do so.
3. Except where the provider is a state agency, neither the provider, its officers, agents, employees, subcontractors, nor assignees are entitled to state retirement or state leave benefits, or to any other compensation of state employees as a result of performing the duties and obligations of this contract (s).
4. The provider agrees to take such actions as may be necessary to ensure that each subcontractor of the provider will be deemed to be an independent contractor and will not be considered or permitted to be an agent, servant, joint venture, or partner of the State of Florida.
5. Unless justified by the provider and agreed to by the department in Attachment I, the department will not furnish services of support to the provider, or its subcontractor or assignee.
6. All deductions for social security, withholding taxes, income taxes, contributions to the unemployment compensation funds, and all necessary insurance for the provider, the provider's officers, employees, agents, subcontractors, or assignees shall be the responsibility of the provider.

If the fact that false information has been furnished or that there has been suppression of any factual information in the attestation form comes to notice at any time during the service of a contractor, the services would be liable to be terminated.

By signing this Attestation, (1) you certify that you have read this Attestation and applied a valid, legal signature; (2) you agree to be governed by all of the terms of this Attestation.

Verdenia C. Baker
Authorized Signature
Verdenia C. Baker

County Administrator
Title

2/18/2022
Date

Approved As To Form And Legal Sufficiency

By: Helene C. Huizd
Assistant County Attorney

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