

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2024	2025	2026	2027	2028
Capital Expenditures					
Operating Costs	417,900				
External Revenue	(417,900)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			

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

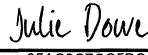
Budget Account No.:
 Fund 1010 Dept 142 Unit VAR Object 8201 Program Code VAR Program Period GY23

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

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

AGENCY	Total Budget	Duration	Target Demographics	Cost per:	Annual Cost for GY 2023
FDOH	\$1,423,700	3 years: Grant Year 3/1/21 - 2/29/24	997 clients living with HIV/AIDS	Approx.. \$1,427 per client	\$417,900

C. Departmental Fiscal Review:

DocuSigned by:

 Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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


 OFMB *10/25/23*


 Contract Development and Control *11/11/23*

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 1

FIRST AMENDMENT TO INTERLOCAL AGREEMENT FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR HEALTH SUPPORT SERVICES

THIS FIRST AMENDMENT TO INTERLOCAL AGREEMENT FOR RYAN WHITE PROGRAM HIV/AIDS PART A FOR HEALTH SUPPORT SERVICES (R2021-1010) is made and entered into at West Palm Beach Florida, on this _____ day of _____, 20__, by and between Palm Beach County, a Political Subdivision of the State of Florida, by and through its Board of Commissioners, hereinafter referred to as the COUNTY, and Florida Department of Health in Palm Beach County, hereinafter referred to as the AGENCY, a not-for-profit corporation authorized to do business in the State of Florida, whose Federal Tax I.D. is 59-3502843.

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

WITNESSETH:

WHEREAS, on August 17, 2021, the above named parties entered into a three-year Agreement (R2021-1010) (the Agreement) to provide services in the areas of Core Medical and Support Services in a total amount of \$1,508,700.00; and

WHEREAS, the need exists to amend the Agreement in order to decrease the total Agreement amount for Grant Year 2023 and update the following: EXHIBIT A-IMPLEMENTATION PLAN; EXHIBIT B-UNITS OF SERVICE RATE AND DEFINITION; and EXHIBIT F-SUBAWARD DATA.

NOW, THEREFORE, the above named parties hereby mutually agree that the Agreement entered into on August 17, 2021, is hereby amended as follows:

- I. The whereas clauses above are true and correct and are expressly incorporated herein by reference and made part of the parties' Agreement.
- II. The first paragraph of **ARTICLE 5- PAYMENTS TO RYAN WHITE HIV/AIDS PROGRAM FUNDED AGENCY** shall be replaced in its entirety with the following:
- III. The total amount to be paid by the COUNTY under this Agreement for all services and materials shall not exceed a total Agreement amount of ONE MILLION, FOUR HUNDRED TWENTY-THREETHOUSAND, SEVEN HUNDRED DOLLARS AND ZERO CENTS (\$1,423,700.00) OF WHICH FIVE HUNDRED TWO THOUSAND, NINE HUNDRED DOLLARS AND ZERO CENTS (\$502,900.00) IS BUDGETED IN GRANT YEAR 2021, AND FIVE HUNDRED TWO THOUSAND, NINE HUNDRED DOLLARS AND ZERO CENTS (\$502,900.00) IS BUDGETED IN GRANT YEAR 2022, AND FOUR HUNDRED SEVENTEEN THOUSAND NINE HUNDRED DOLLARS AND ZERO CENTS (\$417,900.00) IS ALLOCATED IN GRANT YEAR 2023.
- IV. **EXHIBIT A1- IMPLEMENTATION PLAN** attached hereto and incorporated herein by reference shall replace **EXHIBIT A- IMPLEMENTATION PLAN** to the Agreement in its entirety.
- V. **EXHIBIT B1- UNITS OF SERVICE RATE AND DEFINITIONS** attached hereto and

incorporated herein by reference shall replace **EXHIBIT B - UNITS OF SERVICE RATE AND DEFINITIONS** to the Agreement in its entirety.

- VI. **EXHIBIT F1- SUBAWARD DATA** attached hereto and incorporated herein by reference shall replace **EXHIBIT F- SUBAWARD DATA** to the Agreement in its entirety

REMAINDER OF PAGE LEFT BLANK INTENTIONALLY

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

ATTEST:

Joseph Abruzzo, Clerk of the Circuit Court & Comptroller
Palm Beach County

PALM BEACH COUNTY, FLORIDA,
A Political Subdivision of the State of Florida
BOARD OF COUNTY COMMISSIONERS

BY: _____
Deputy Clerk

BY: _____

AGENCY:
Florida Department of Health in Palm Beach County.

DocuSigned by:
BY: Mark Landers
Authorized Signature

Mark Landers, Deputy Secretary for County Health Systems
9/7/2023

AGENCY'S Signatory Name Typed

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

Deleane C. Hovig DS
Assistant County Attorney HH

APPROVED AS TO TERMS AND CONDITIONS

DocuSigned by:
Taruna Malhotra
James Green, Director
Community Services Department

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table				
Agency Name:	Florida Department of Health in Palm Beach County			
Fiscal Year: 2023	Service Category:	Early Intervention Services		
	Total Budget:	\$133,348		
Service Category Goal: The provision of targeted HIV testing (only when other funding for testing is unavailable), 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 Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.				
Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided	
At the end of the project period, increase the number of clients linked to HIV medical care by 5% through the provision of Early Intervention Services.	1 unit= 15 minutes of service	121	1,026	
HAB/HHS Performance Measure: Linkage to Medical Care				
	Baseline (%)	73%		
	Target (%)	78%		

EXHIBIT A1

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:	Florida Department of Health in Palm Beach County		
Fiscal Year: 2023	Service Category:	Oral Health Care	
	Total Budget:	\$276,602	
Service Category Goal: The provision of outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants. Dental screenings, prophylaxes, fillings, simple extractions, as well as periodontal and other advanced treatments.			
Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
At the end of the project period, increase the number of clients retained in HIV medical care by 5% through the provision of Oral Health Care.	1 unit= 1 oral health visit	382	1,417
HAB/HHS Performance Measure:	Retention in HIV Medical Care		
	Baseline (%)	89%	
	Target (%)	94%	

EXHIBIT B1**UNITS OF SERVICE RATE AND DEFINITION
GRANT YEAR 2021 – 2023 RYAN WHITE PART A - CONTRACT**

Florida Department of Health in Palm Beach County				
Core Medical Services	GY21	GY22	GY23	Total
Early Intervention Services	218,348	218,348	133,348	570,044
Oral Health Care	276,602	276,602	276,602	829,806
Subtotal Support Services	494,950	494,950	404,950	1,399,850
Continuous Quality Management (CQM) Program	7,950	7,950	7,950	23,850
Total	502,900	502,900	417,900	1,423,700

Annual allocations do not rollover to future years if unspent.

For all service categories listed above, expenses will be reimbursed at the actual cost of services listed in the monthly submission. 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.

EXHIBIT F1

Subaward Data
For Grant Year 2023

(i)	Sub-recipient Name	Florida Department of Health in Palm Beach County
(ii)	Sub-recipient Unique Entity Identifier:	59-3502843
(iii)	Federal Award Identification Number (FAIN):	H8900034
(iv)	Federal Award Date of Award to the Recipient by the Federal Agency:	03/28/2023
(v)	Sub-award Period of Performance Start Date:	03/01/2023
	Sub-award Period of Performance End Date:	02/29/2024
(vi)	Amount of Federal Funds Obligated by this Action by the Pass-Through Entity to the Sub-recipient:	\$417,900
(vii)	Total Amount of Federal Funds Obligated to the Sub-recipient by the Pass-Through Entity Including the Current Obligation:	\$417,900
(viii)	Total Amount of the Federal Award Committed to the Sub-recipient by the Pass-Through Entity:	\$417,900
(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:	Marie E Mehaffey MMehaffey@hhs.gov (301) 945-3934
	Contact Information for Palm Beach County Authorizing Official:	Taruna Malhotra tmalhotra@pbcgov.com (561) 355-4716
	Contact Information for Palm Beach County Project Director:	Dr. Casey Messer CMesser@pbcgov.com (561) 355- 4730
(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

This sub-award notice applies to GY23 only and does not affect the total 3-year contract value. A new Sub-award notice is issued for each grant year. 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.



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

Policy Number: WC-8300 State Employee Workers' Compensation
and Employer's Liability
Certificate of Coverage

Name Insured: Department of Health

Coverage Limits:

Coverage A - Compensation coverage is provided to comply with the applicable State Workers' Compensation, Occupational Disease Laws and any rule promulgated thereunder.

Coverage B \$200,000.00 each person
\$300,000.00 each occurrence

Inception Date: July 1, 2023

Expiration Date: July 1, 2024



DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

STATE RISK MANAGEMENT
TRUST FUND

Policy Number: FC-8300 Federal Civil Rights Liability and
Employment Discrimination
Certificate of Coverage

Name Insured: Department of Health

Federal Civil Rights Liability Coverage provided pursuant to Chapter 284, Part II,
Section 768.28, Florida Statutes, and any rules promulgated thereunder.

Federal Civil Rights:

Liability: Unlimited each person
Unlimited each occurrence

Inception Date: July 1, 2023

Expiration Date: July 1, 2024