Agenda Item #: 3E-2

## PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

#### AGENDA ITEM SUMMARY

Meeting Date:	September 10, 2024	[X]	Consent Ordinance	[	]	Regular Public Hearing
Department		~ 2		•	•	•
Submitted By:	Community Service	ces				
Submitted For:	Ryan White Progr	<u>am</u>				

#### I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to receive and file: Amendment No. 1 to Contract for Provision of Services (R2023-1853) for the Ryan White Program HIV/AIDS Part A (RWHAP) and Ending the HIV Epidemic (EHE) Initiative Program in Palm Beach County with Broward Regional Health Planning Council (BRHPC), for the period November 1, 2023 through February 28, 2025, to increase funding by \$500,000 for a new amount not-to-exceed \$1,000,000, for the provision of health insurance premiums and cost-sharing assistance for RWHAP and EHE clients.

Summary: This amendment is necessary due to several major changes regarding health insurance eligibility. Under Medicaid unwinding, clients who are no longer eligible for Medicaid have the opportunity through the state to enroll in an Affordable Care Act (ACA) Health Insurance plan and receive assistance with their premium payments regardless of their Federal Poverty Level (FPL). The Florida Department of Health (FDOH) is lowering the eligibility for RWHAP clients to receive premium assistance to 50% FPL for the upcoming open enrollment period. FDOH does not provide Health Insurance Navigation and Premium Assistance directly and instead has entered into a contract with BRHPC as the sole provider of this service in Florida.

This amended contract will supplement current services in RWHAP funded contracts using EHE funding once all RWHAP funds are exhausted. The benefit of this increase will allow the program to serve approximately 100 additional clients through February 28, 2025. RWHAP has approximately 242 clients who are currently enrolled and receiving ongoing health insurance assistance through this partnership. The amendment allows the agency to continue improving health outcomes for clients by increasing the number of clients retained in HIV medical care. This amendment was executed by delegated authority. All delegated contracts, agreements and grants must be submitted by the initiating department as a receive and file in accordance with PPM CW-O-051. No County match is required. Countywide (HH)

Background and Justification: The Palm Beach County Board of County Commissioners has been receiving the Ryan White Program HIV Emergency Relief Project Grant since 1994, and has assisted thousands of persons with HIV/AIDS with medical support services. The EHE grant has been awarded to Palm Beach County since 2020. A Comprehensive HIV Community Needs Assessment is conducted every 3 years to assess service gaps, with allocations and annual work plan goals established based on the Palm Beach County Ending the HIV Epidemic Plan and Palm Beach County Integrated HIV Prevention & Care Plan. Subrecipients are monitored annually, with performance measures reported quarterly and annually.

Attachments: Amer	ndment No. 1 BRHPC Contract for Pr	ovision of Services
Recommended By:	Taruna Malioltra	8/14/2024
•	Department Director	Date
Approved By:	Jan Mark	8/22/24
	Assistant County Administrator	Date

Department Director

	II. FISCAL IM	PACT ANALY	<u>'SIS</u>		
A. Five Year Summary	of Fiscal Impa 2024	2025	2026	2027	2028
	0		2020	2021	2020
Capital Expenditures	250,00	0			
Operating Costs  External Revenue	(250,000	250,000			
	0	(250,000)			
Program Income (County)	0	0			
In-Kind Match (County)					
NET FISCAL IMPACT	0	0			
No. ADDITIONAL FTE POSITIONS (Cumulative)			The state of the s		
Is Item Included in Current Is this item using Federal F Is this item using State Fur Budget Account No.: Fund 1010_Dept 142_ Unit 1	ids? \	/es_X No_ /es_X No_ /es_ No_)	<u>X</u>	I Program F	Period GY24
B. Recommended Sour Funding source is the is required.					ounty funding
C. Departmental Fiscal		Signed by: S4174CAEBASC424.  Dowe, Directo	or, Financ	ial & Suppo	ort Svcs.
	III. REVIE	W COMMENTS	<u>S</u>		
A. OFMB Fiscal and/or	Contract Dev	elopment and	Control	Comments	<b>s</b> :
Liva Muti OFMB JA 8/1	815/2027 \ Bub(17	Contract [	Add Developm	MUM/ ent and Co	1 3 120/84 ntrøl 1
B. Legal Sufficiency:  Legal Sufficiency:  Assistant County Attor	- 90/8-21-24 Princy	<u>!</u>			
C. Other Department Re	eview:				

#### FIRST AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES

THIS FIRST AMENDMENT TO CONTRACT FOR PROVISION OF SERVICES (R2023-1853) is made as of the day of day

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

#### WITNESSETH:

WHEREAS, on December 18, 2023, the above named parties entered into a Contact (R2023-1853) (the Contract) to provide services in a total amount of \$500,000.00; and

WHEREAS, the need exists to amend the Contract in order to increase total Contact amount for Grant Year 2024 and update the following: EXHIBIT A—SCOPE OF WORK AND EXHIBIT B-UNITS OF SERVICE RATE AND DEFINITION.

NOW, THEREFORE, the above named parties hereby mutually agree that the Contract entered into on December 18, 2023, is hereby amended as follows:

- I. The foregoing recitals are true and correct and are expressly incorporated herein by reference and made part of the parties' Contract.
- II. The first paragraph of **ARTICLE 4- PAYMENTS TO AGENCY** shall be replaced in its entirety with the following:

The total amount to be paid by the COUNTY under this Contract for all services and materials shall not exceed a total Contract amount of <u>ONE MILLION DOLLARS AND</u> <u>ZERO CENTS (1,000,000.00)</u>

- III. **EXHIBIT A1 SCOPE OF WORK** attached hereto and incorporated herein by reference shall replace **EXHIBIT A- SCOPE OF WORK** to the Contract in its entirety.
- IV. 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 Contract in its entirety.

IN WITNESS WHEREOF, the Board of County Commissioners of Palm Beach County, Florida has made and executed this First Amendment 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 Florio BOARD OF COUNTY COMMISSIONERS
BY:	Dy Madana Charle
Deputy Clerk	BY: // Malmal (, f) All Verdenia C. Baker,
• •	County Administrator
	AGENCY: Broward Regional Health
	Planning Council, Inc.
	DocuSigned by:
	BY: Michael De Lucca
	Authorized-Signature
	Michael De Lucca
	AGENCY'S Signatory Name Typed
APPROVED AS TO FORM AND	APPROVED AS TO TERMS
LEGAL SUFFICIENCY	AND CONDITIONS
O 014 . Cos	DocuSigned by:
Unne Keligent for HCH	Tanuna Malliotra
Assistant County/Attorney	Tarunt Wallietta; Deputy Director
-	Community Services Department

### **EXHIBIT A1**

#### **SCOPE OF WORK**

	HIV Servic		mplementation Plan: Service Category Table		
Agency Name:	Broward Regional		alth Planning Council, Inc.	························	·········
Grant Year: 2023- 2024	Service Category:	Hea	alth Insurance Premium and Co	st-Sharing Ass	sistance
****	Total Budget:	\$1,0	000,000		
Service Category Go insurance or to receive	val: The provision of e medical and pharm	fina nacy	ncial assistance for clients to m benefits under a health care co	aintain continu overage progra	ity of health ım.
Objective: List quant objective related to t service listed above	he	1	Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
At the end of the proje number of clients retai care by 5% through the Insurance Premium ar Assistance	ned in HIV medical e provision of Health	Ì	1 unit= 1 monthly premium	200	2,400
HAB/HHS Performan Measure:	ce Retention	in H	IIV Medical Care		
	Baseline	(%)	89%	_	
	Target (%	6)	94%		
				_	

# CONTRACT FOR PROVISION OF SERVICES UNITS OF SERVICE RATE AND DEFINITION

Agency Name: Program Name:

Broward Regional Health Planning Council, Inc.

Health Insurance Navigation & Premium Cost-Sharing Assistance

Description	Total Contract Amount
Health Insurance Navigation & Premium Cost-Sharing Assistance: The provision of Health Insurance Navigation & Premium Cost-Sharing Assistance as described in <b>EXHIBIT A1</b> will be reimbursed on actual costs of premium payment amounts.	\$937,600
Administrative Costs: \$26 transaction fee per monthly premium payment.	\$62,400
Total	\$1,000,000

For the service listed above, expenses will be reimbursed at the actual cost 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 via desk and/or on-site monitoring on a periodic basis.

The cost allocations are to be completed and posted by service category, delineating program and administrative costs, to the general ledger on a monthly basis. Additionally, the administrative costs shall be maintained at individual service category. Shall be available in the detailed general ledger, and shall support the units of services billed.

Client#: 2241208

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ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/08/2024

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Lauren Mayer	
McGriff Insurance Services LLC		No): 866-802-8684
2200 N. Commerce Pkwy, Ste#200	E-MAIL ADDRESS: Lauren.mayer@mcgriff.com	
Weston, FL 33326	INSURER(S) AFFORDING COVERAGE	NAIC#
	INSURER A: Hartford Accident & Indemnity Ins Co	22357
INSURED	INSURER B: Hartford Casualty Insurance Company	29424
Broward Regional Health Planning	INSURER C: Associated Industries Ins Company	23140
Council, Inc.	INSURER D : Nautilus Insurance Company	17370
200 Oakwood Lane, Suite 100	INSURER E: Twin City Fire Insurance Company	29459
Hollywood, FL 33020-1929	INSURER F: Trumbull Insurance Company	27120

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		AGES					NUMBER:			REVISION NUMBER:	
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INSR LTR		TYPE OF I	NSUI	RANCE	ADDL INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
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										MED EXP (Any one person)	s10,000
	*********									PERSONAL & ADV INJURY	s1,000,000
	GE	N'L AGGREGATE LI		PPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	X	POLICY PF	CT	LOC						PRODUCTS - COMP/OP AGG	\$2,000,000
		OTHER:									\$
F	AU	TOMOBILE LIABILIT	ry		Y	Y	21UENDL1226K3	03/07/2024	03/07/2025	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
		ANY AUTO								BODILY INJURY (Per person)	\$
		OWNED AUTOS ONLY		SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS ONLY	X	NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
											\$
В	Х	UMBRELLA LIAB	L	X OCCUR			21XHUBB5VHJ	03/07/2024	03/07/2025	EACH OCCURRENCE	\$4,000,000
		EXCESS LIAB		CLAIMS-MADE						AGGREGATE	\$4,000,000
				n s <b>\$10,000</b>							\$
C		RKERS COMPENSA DEMPLOYERS' LIA					AWC1205184	03/07/2024	03/07/2025	X PER STATUTE ER	
	ANY	PROPRIETOR/PARTICER/MEMBER EXC	RTNE	ED?	N/A					E.L. EACH ACCIDENT	\$1,000,000
	(Ma	ndatory in NH) s. describe under		· <u></u>						E.L. DISEASE - EA EMPLOYEE	s1,000,000
	DÉS	CRIPTION OF OPE		ONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
		ofessional Lia							03/07/2025		•
E		ectors&Offic	e							\$1,000,000/Ded.\$10,	
G		ber Liability			<u> </u>					\$1,000,000/Ded.\$25,	000
							D 181, Additional Remarks Schedule, may SSIONERS, a Political Subdivi				
Off	cer	s, Employee:	s &	Agents are n	ame	d as	Additional Insured with res	pect to Gen	eral Liabilit	y when	
req	uire	ed by written	cor	itract.						_	
CR	ME	INSURANCE	<b>:</b> : (	Carrier: Twin	City	Fire	Insurance Co Pol#21KB02	2611124 - I	Eff. Date: 03	/07/2024 to	

(See Attached Descriptions)

CERTIFICATE HOLDER

CANCELLATION

Palm Beach County Board of County Commissioners c/o Purchasing Department 50 South Military Trail, Ste#110 West Palm Beach, FL 33415 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

Millistal Land

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8/07/2025 - Employee Theft Limit \$500,000 / Ded. \$	5,000 - Fiduciary Liability Limit \$4,000,0	00 / Ded0-	

#S34353787/M34061384

# NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT (§ 787.06(13), Fla. Stat.) THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of <u>Broward Regional Health Planning Council</u>, Inc (CONTRACTOR) and attest that CONTRACTOR does not use coercion for labor or services as defined in section 787.06. Florida Statutes.

and correct.	
signature of officer or representative)	Michael De Lucca
sgluttic of officer of representative)	(printed name of officer or representative)
tate of Florida, County of Palm Beach	
iis, <u>lotn</u> day of <u>August</u>	
Personally known 🗑 OR produced identificat	
Personally known  OR produced identificat  Type of identification produced	
Personally known 🔽 OR produced identificat	

(Notary Seal)