

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: October 17, 2006 (X) Consent ( ) Regular  
( ) Ordinance ( ) Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

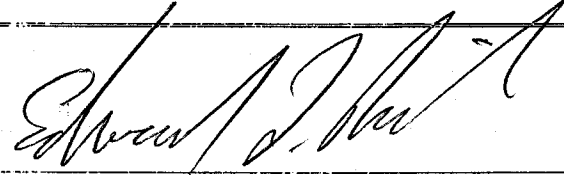
I. EXECUTIVE BRIEF

**Motion and Title:** Staff recommends motion to approve: Amendment No. 003 to Standard Agreement No. IH005-1 (R2005-1308; dated July 12, 2005) for the Home Care for the Elderly (HCE) program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA) for the period of July 1, 2005, through June 30, 2006, increasing the agreement amount by \$1,068 for case management services.

**Summary:** This agreement enables the Division of Senior Services (DOSS) to provide care in family type living arrangements in private homes as an alternative to nursing home or other institutional care. The new total not to exceed contract amount with this amendment is \$187,443. This amendment was received by DOSS on September 18, 2006. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

**Background and Justification:** DOSS as a Lead Agency will provide case management and case aide services pursuant to the Agreement. The AAA also contracts directly with vendors for in-home services. DOSS is responsible for creating referrals to the contracted vendors and managing the subsidy spending authority for the programs. Additional referrals will be made to other community resources as determined by needs of the senior population.

Attachment: Amendment

Recommended By:  10-3-2006  
Department Director Date

Approved By:  10/11/06  
Assistant County Administrator Date

**II. FISCAL IMPACT ANALYSIS**

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

Fiscal Years	<u>2006</u>	<u>2007</u>	<u>2008</u>	<u>2009</u>	<u>2010</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>1,068</u>	_____	_____	_____	_____
External Revenue	<u>(1,068)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>-0-</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1006 Dept 144 Unit 1481 Obj. Var.  
 Program Code Var.


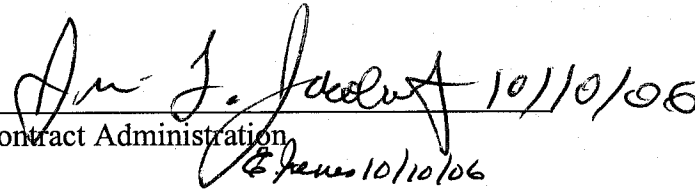
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**

Funding Source is the State of Florida \$1,068.

**C. Departmental Fiscal Review:** \_\_\_\_\_

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

 10-6-06  
 10/6/06 OFMB  
 pm 10-4-06  
 10/10/06  
 Contract Administration  
 10/10/06

**B. Legal Sufficiency:**

**This amendment complies with our review requirements.**

 10/10/06  
 Assistant County Attorney

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

THIS AMENDMENT, entered into between the Area Agency on Aging Palm Beach Treasure Coast, Inc., hereinafter referred to as the "Area Agency" and the Palm Beach County Board of County Commissioners, hereinafter referred to as the "provider", amends Agreement No. IH005-1.

The purpose of this agreement amendment is to increase the agreement amount by \$1,067.85, to increase corresponding services, to increase Case Management/Case Aide and to amend and replace ATTACHMENT III.

1. Section II, Paragraph A, is hereby amended to read:

**II. The Area Agency Agrees:**

**A. Agreement Amount**

To pay for contracted services according to the conditions of Attachment I in an amount not to exceed \$187,442.85, subject to the availability of funds. The State of Florida's and the Area Agency's performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Legislature. The costs of services paid under any other agreement or from any other source are not eligible for reimbursement under this agreement. The funds awarded to the provider pursuant to this agreement are in the state grants and aids appropriations and consists of the following:

Program Title	Year	Funding Source	CSFA#	Fund Amounts
Home Care for the Elderly	2005-2006	General Revenue	65001	\$177,188.00
Home Care for the Elderly-Case Management	2005-2006	General Revenue	65001	\$10,216.91
Home Care for the Elderly	2005-2006	AAA Unrestricted Funds	N/A	\$37.94
<b>TOTAL FUNDS CONTAINED IN THIS AGREEMENT:</b>				<b>\$187,442.85</b>

**HCE Spending Authority Funds are included in the TOTAL Funds Contained in this agreement.**

2. This amendment shall be effective on the date on which the amendment is signed by both parties.

All provisions in the agreement and any attachments thereto in conflict with this amendment shall be and are hereby changed to conform with this amendment.

All provisions not in conflict with this amendment are still in effect and are to be performed at the level specified in the agreement.

This amendment and all its attachments are hereby made a part of the agreement.

IN WITNESS THEREOF, the parties hereto have caused this 4 page amendment to be executed by their officials thereunto duly authorized.

**PROVIDER: PALM BEACH COUNTY, FLORIDA, A Political Subdivision of the State of Florida**

**AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.**

BY: \_\_\_\_\_  
Tony Masilotti, Chairman

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SHARON R. BOCK, Clerk & Comptroller

DATE: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

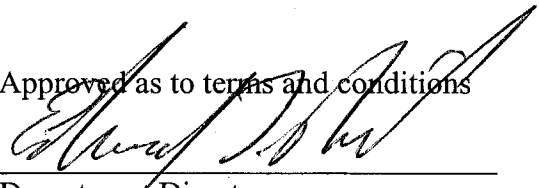
FEDERAL I.D. NUMBER: 59-6000785

FISCAL YEAR END DATE: \_\_\_\_\_

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

Approved as to terms and conditions

  
\_\_\_\_\_  
Department Director

**ATTACHMENT III**

**HOME CARE FOR THE ELDERLY PROGRAM**

**BUDGET SUMMARY**

**Provider: Palm Beach County Board of County Commissioners**

1.	HCE Case Management/Case Aide	\$10,216.91
2.	HCE Subsidy Spending Authority	\$177,188.00
3.	AAA Unrestricted Funds/Case Management	\$37.94
3.	<b>Total</b>	<b><u>\$187,442.85</u></b>

**Attestation Statement**

HOME CARE FOR THE ELDERLY PROGRAM

Agreement Number IH005-1

Amendment Number 003

I, Tony Masilotti, Chairman, attest that no changes or revisions  
*(Provider Representative)*

have been made to the content of the above referenced agreement or amendment between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and the Palm Beach County Board of County Commissioners. The only exception to this statement would be for changes in page formatting, due to the differences in electronic data processing media, which has no effect on the agreement content.

\_\_\_\_\_  
Signature of Provider Representative

\_\_\_\_\_  
Date

ORIGINAL DATE: July 1, 2005  
 REVISED DATE: September 19, 2006  
 REVISION NUMBER: 003, Amendment #003

**III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY**  
 \*(Indicate all DOE A funding sources applicable to your agency)

- |  |   |
|--|---|
| <u>Funding Source</u>                        | <u>Funding Source</u>                   |
| <input type="checkbox"/> Title III B         | <input type="checkbox"/> ADI            |
| <input type="checkbox"/> Title III C1        | <input type="checkbox"/> CCE            |
| <input type="checkbox"/> Title III C2        | <input type="checkbox"/> Elderly Meals  |
| <input type="checkbox"/> Title III D         | <input checked="" type="checkbox"/> HCE |
| <input type="checkbox"/> Title III E         | <input type="checkbox"/> LSP            |
| <input type="checkbox"/> Title III F         | <input type="checkbox"/> MW             |
| <input type="checkbox"/> Contracted Services |   |

Form Revised July 18, 2003 (Service Reference) (5) (6)

DESCRIPTION	TOTAL SERVICES	Case Aid	Case Management	Lead Agency Operations
1. Total Budgeted Cash Costs	200,948.04	12,651.19	11,108.85	177,188.00
1. (a) Add Inkind Cost				
1. (b) Total Budgeted Costs	200,948.04	12,651.19	11,108.85	177,188.00
2. Total Budgeted Units	301	161	140	
2.(a) Total Cost Per Unit of Service	n/a	78.73	79.20	
3. Less USDA	0.00			
4. Less Cash Match	0.00	0.00		0.00
5. Less Inkind Match				
6. Less Program Income Used as Match				
Sub-Total Match:	0.00	0.00		0.00
7. Spending Authority	177,188.00	0.00	0.00	177,188.00
8. Less Other Non-Matching Cash & Co-payments	13,505.19	9,249.19	4,256.00	
9. Adjusted Budgeted Costs	10,254.85	3,402.00	6,852.85	
10. Adjusted Cost Per Unit of Service	n/a	21.17	48.86	
12. Estimated Number of UNDUPLICATED Clients	70	35	35	