

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: September 11, 2007 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. 001 to the Contract for Consulting/Professional Services with Joseph L. Morse Geriatric Center-Just Checking Program (R2006-1095; June 20, 2006) for the period July 1, 2007, through June 30, 2008, for a not-to-exceed amount of \$20,040 to execute the first renewal option.

Summary: This amendment exercises the first renewal option for professional/consultation services with Joseph L. Morse Geriatric Center-Just Checking Program. It allows the Division of Senior Service (DOSS) to continue to meet the Area Agency on Aging Palm Beach, Treasure Coast, Inc., (AAA) counseling services requirements of the Community Care for the Elderly (CCE) grant by providing mental health counseling services to clients on an individual basis at the same rate of \$60.00 per hour. Funding consists of \$18,036 (90%) in State funds and \$2,004 (10%) in County matching funds. The County match funds are included in the current and the tentative FY 2008 budget. No additional County funds are required. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Services of South Palm Beach County (RRJFSSPBC) currently provides CCE services under similar grants from the AAA. (DOSS) Countywide except for portions of District 3, 4, 5 and 7 south of Hypoluxo Road (TKF)

Background and Justification: As a provider for the CCE Program, DOSS is responsible for meeting clients' total needs. Mental health counseling will be available for those clients having difficulty facing health problems, depression or other issues. DOSS social workers will refer clients for Mental Health Counseling and follow up to determine if services have provided the desired outcome. The goal of the CCE program is to provide services and make it possible for frail elder individuals to live independently in their own homes.

Attachments:

Amendment No. 001 with Joseph L. Morse Geriatric Center-Just Checking Program

Recommended By: 
Department Director

8-21-2007
Date

Approved By: 
Assistant County Administrator

8/28/07
Date

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Operating Costs	<u>5,010</u>	<u>15,030</u>	<u> </u>	<u> </u>	<u> </u>
External Revenue	<u>(4,509)</u>	<u>(13,527)</u>	<u> </u>	<u> </u>	<u> </u>
Program Income (County)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
In-Kind Match (County)	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
NET FISCAL IMPACT	<u>501</u>	<u>1,503</u>	<u> </u>	<u> </u>	<u> </u>
 # ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	<u>0</u>	<u> </u>	<u> </u>	<u> </u>

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1008 Dept. 144 Unit. 1443 Obj. 3401
 Program Code Various

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding sources are State of Florida Dept. of Elder Affairs and Palm Beach County. No additional County funds are required.

Departmental Fiscal Review: FEW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 8/23/07
 OFMB 82
 8/23/07
 mm 8/22
 ON 8/20/07

[Signature] 8/24/07
 Contract Administration
 E. Lopez 8/24/07

B. Legal Sufficiency:

[Signature] 8/24/07
 Assistant County Attorney

This amendment complies with our review requirements.

the effective date of the renewal is retroactive.

C. Other Department Review:

 Department Director

AMENDMENT 001 TOCONSULTING/PROFESSIONAL SERVICES CONTRACT

THIS AMENDMENT 001 TO CONSULTING/PROFESSIONAL SERVICES CONTRACT dated June 20, 2006 (Document No. R2006-1095), made and entered into at West Palm Beach, Florida, on this day of _____, by and between Palm Beach County, a political subdivision of the State of Florida hereinafter referred to as COUNTY, and **Joseph L. Morse Geriatric Center-Just Checking Program** hereinafter referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, the need exists to execute the first renewal option for the period of July 1, 2007 through June 30, 2008.

NOW, THEREFORE, the above named parties hereby mutually agree to execute the first renewal option to the CONTRACT entered into on June 20, 2006.

OTHER PROVISIONS

All provisions in the CONTRACT or exhibits to the CONTRACT in conflict with this Amendment to the CONTRACT shall be and are hereby changed to conform to this Amendment. All provisions not in conflict with the Amendment are still in effect and are to be performed at the same level as specified in the CONTRACT.

IN WITNESS THEREOF, the parties hereto have caused this 1 page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
SHARON R. BOCK, Clerk and Comptroller

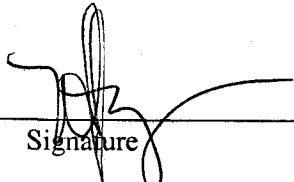
PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY COMMISSIONERS

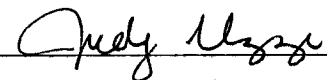
By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

WITNESS:

CONSULTANT:
Joseph L. Morse Geriatric Center-Just Checking Program

By: 
Signature

By: 

MARGARITA G. LONGORIA
Witness Name

Name: **Judy Uzzi**

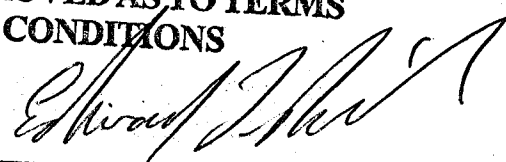
Title: **Program Clinical Director**

Date: **Aug 9, 2007**

Reviewed and Approved As to Form and Legal Sufficiency

By: _____
County Attorney

APPROVED AS TO TERMS AND CONDITIONS


BY: _____
DEPARTMENT HEAD

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 05/21/07
PRODUCER Kornreich/NIA 1400 Centrepark Boulevard Suite 600 West Palm Beach, FL 33401	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED MorseLife Inc 4847 Fred Gladstone Drive West Palm Beach, FL 33417	INSURERS AFFORDING COVERAGE INSURER A: Columbia Casualty Company INSURER B: Zenith Insurance Co INSURER C: INSURER D: INSURER E:	NAIC # 31127

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	2095802381	04/01/07	04/01/08	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1000000 GENERAL AGGREGATE \$3000000 PRODUCTS - COMP/OP AGG \$1000000												
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$												
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$												
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$												
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	Z069008201	04/01/07	04/01/08	<table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> WC STATU-TORY LIMITS</td> <td style="border: none;"><input type="checkbox"/> OTH-ER</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">E.L. EACH ACCIDENT</td> <td style="border: none;"></td> <td style="border: none;">\$500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - EA EMPLOYEE</td> <td style="border: none;"></td> <td style="border: none;">\$500,000</td> </tr> <tr> <td style="border: none;">E.L. DISEASE - POLICY LIMIT</td> <td style="border: none;"></td> <td style="border: none;">\$500,000</td> </tr> </table>	<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT		\$500,000	E.L. DISEASE - EA EMPLOYEE		\$500,000	E.L. DISEASE - POLICY LIMIT		\$500,000
<input type="checkbox"/> WC STATU-TORY LIMITS	<input type="checkbox"/> OTH-ER																	
E.L. EACH ACCIDENT		\$500,000																
E.L. DISEASE - EA EMPLOYEE		\$500,000																
E.L. DISEASE - POLICY LIMIT		\$500,000																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Additional Named Insureds:
 Joseph L Morse Geriatric Center Inc
 Morse Evans Home Health Agency DBA Lola & Saul Kramer Senior Services Agency Inc
 Morse Holding Co of Palm Beach County Inc DBA The Traditions of the Palm Beaches
 Re: Just Checking

CERTIFICATE HOLDER PBXBOCC, C/O Sharon Richardson, Senior Services 819 Datura Street, Suite 300 West Palm Beach, FL 33401	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--



American International Companies®

Insurance Provided by Members of American International Group, Inc.

RENEWAL

POLICY DECLARATIONS

ACCOUNT: AIG AUTO INSURANCE

Policy Number: 342 12 94

Insurer: **AIG Premier Insurance Company**

The Policy Period Begins and Ends at 12:01 A.M.
Standard Time From 05/23/07 To 05/23/08

Effective Date of Change: 05/23/07

POLICY SERVICE: To make a
change to your policy call 1-800-616-4524

CLAIMS: Call anytime to report
an accident or loss 1-800-433-8880

DRIVER NAME	LICENSE NUMBER	BIRTH DATE
STEPHEN UZZI		
JUDITH UZZI		

ENDORSEMENTS:

GLBA 11-04	BJP 8054 105	AU FL46 1106	AU FL01a 0904
------------	--------------	--------------	---------------

DISCOUNTS:

Auto 1, 2 - Air Bag Discount	Auto 1, 2 - Anti-Lock Brake Discount
Multiple Autos Insured	Merit Credit Discount
Deluxe Discount	

LIENHOLDER(S):

AUTO#1	AUTO#2
HARRIS BANK	MINISUBISHI MOTOR CRE
PO BOX 660310	PO BOX 24020
SACRAMENTO CA 95866-0310	TUCSON AZ 85734-4020

AMERICAN HOME ASSURANCE CO.
THIS IS A CLAIMS MADE POLICY - PLEASE READ CAREFULLY

2/05/07

Social Worker Professional Liability Policy

*** RENEWAL ***

NOTICE: A LOWER LIMIT OF LIABILITY APPLIES TO JUDGMENTS OR SETTLEMENTS WHEN THERE ARE ALLEGATIONS OF SEXUAL MISCONDUCT (SEE THE SPECIAL PROVISION "SEXUAL MISCONDUCT" IN THE POLICY).

DECLARATIONS

POLICY NO: SWL-8130816
ITEM 1. (a) NAME AND ADDRESS OF INSURED:

JUDITH UZZI
1540 FIRETHORN DR
WEST PALM BEACH, FL 33414

ACCOUNT NO: FL-UZZJ154-0 0327510S
ITEM 1. (b) ADDITIONAL NAMED INSUREDS:

TYPE OF ORG: INDIVIDUAL

ITEM 2. ADDITIONAL INSUREDS:

ITEM 3. POLICY PERIOD: FROM: 03/01/07 TO: 03/01/08
12:01A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN:

ITEM 4. LIMITS OF LIABILITY:

(a) \$	<u>1,000,000</u>	EACH WRONGFUL ACT OR SERIES OF CONTINUOUS, REPEATED OR INTERRELATED WRONGFUL ACTS OR OCCURRENCE
(b) \$	<u>5,000,000</u>	AGGREGATE
(c) \$	<u>5,000</u>	DEFENSE REIMBURSEMENT

ITEM 5. PREMIUM SCHEDULE:


CLASSIFICATION	NUMBER	RATE	ANNUAL PREMIUM
PROFESSIONALS	1	225.00	225.00
DEFENSE LIMIT			.00
FLORIDA HURRICANE CAT FUND	1		2.25
TOTAL PREMIUM:			227.25

ITEM 6. RETROACTIVE DATE: 03/01/95

ITEM 7. EXTENDED REPORTING PERIOD
ADDITIONAL PREMIUM(If Exercised): \$ 227.25

ITEM 8. POLICY FORMS AND ENDORSEMENTS ATTACHED TO THIS POLICY:

FORM #65852 7/96 #65853 (7/96) 76105 (5/00)
83191 (10/03) 74825 (02/01)
APA23 (11/96) THIS IS NOT A BILL. PREMIUM HAS BEEN PAID


AUTHORIZED COMPANY REPRESENTATIVE

AC# 2383334

STATE OF FLORIDA
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LICENSE NO.	CONTROL NO.
01/17/2007	SW 4955	22232

The LICENSED CLINICAL SOCIAL WORKER
named below has met all requirements of
the laws and rules of the state of Florida.

Expiration Date: **MARCH 31, 2009**

JUDITH UZZI

ATTN: THE JUST CHECKING PROGRAM
(MORSE LIFE)

2290 10TH AVE NORTH SUITE 304
LAKE WORTH, FL 33461



Handwritten signature of Charlie Crist in black ink.

Charlie Crist
GOVERNOR

Handwritten signature of Joseph J. Chiaro in black ink.

Joseph J. Chiaro, M.D., FAAP
INTERIM SECRETARY

DISPLAY IF REQUIRED BY LAW

