

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

## AGENDA ITEM SUMMARY

Meeting Date: March 11, 2008 (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. 001 to Standard Agreement No. IC007-9500 (R2007-1691) for the Community Care for the Elderly (CCE) Program with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period July 1, 2007, through June 30, 2008, increasing the agreement amount by \$33,533 for a new total not-to-exceed the amount of \$1,103,185.

**Summary:** This amendment will increase Adult Protective Services (APS) and In-Home Services by \$33,533. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Service currently provides CCE services under a similar grant from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

**Background and Justification:** The Division of Senior Services (DOSS) provides a broad spectrum of services to the senior population under the CCE program. As additional funding is granted, amendments are needed to reflect the change in the various service categories affected. DOSS is responsible for creating referrals to the contracted vendors and managing the spending authority for the program. The CCE program provide community-based services organized in a continuum of care to assist aged 60+ elders at risk of nursing home placement to live in the least restrictive environment suitable to their needs. As additional funding is granted, amendments are needed to reflect the change in the various service categories affected. Additional referrals will be made to other community resources as determined by needs of the senior population.

**Attachments:**

CCE Amendment No. 001

**Recommended by:**

**Department Director**

Date \_\_\_\_\_

**Approved By:**

**Assistant County Administrator**

Date \_\_\_\_\_

## II. FISCAL ANALYSIS IMPACT

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

Fiscal Years	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>37,259</u>	_____	_____	_____	_____
External Revenue	<u>(33,533)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>3,726</u>	_____	_____	_____	_____
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	<u>-0-</u>	<u>-0-</u>	_____	_____	_____

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

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

State funds through the Department of Elder Affairs and County funds. Local funds already in Budget.

Departmental Fiscal Review: Real

## III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:  
*10-1 Required county match is already in FY2008 budget*  
Jim Dwyer 2-26-08 OFMB *62/2502/07*  
J. J. J. 2/27/08 Contract Administration *6-2000 2/27/08*

B. Legal Sufficiency:  
J. J. J. 2/27/08  
 Assistant County Attorney

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

### C. Other Department Review:

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

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

This AMENDMENT, entered into by the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., hereinafter referred to as the "AGENCY", and Palm Beach County Board of County Commissioners, hereinafter referred to as the "PROVIDER", amends agreement # IC007-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$33,533.00 and to 2) revise ATTACHMENT II, COMMUNITY CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY.

1) Section II.A. of the agreement is hereby amended to read:

**A. Agreement Amount:**

To pay for services according to the conditions of ATTACHMENT I in an amount not to exceed \$1,103,185.00, subject to the availability of funds.

2) Section II.C. of the agreement is hereby amended to read:

**C. Source of Funds:**

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 recipient pursuant to this agreement are in the state grants and aids appropriations and consist of the following:

Program Title	Year	Funding Source	CSFA #	Fund Amounts
Community Care for the Elderly	2007-2008	General Revenue/Tobacco Settlement Trust Funds	65010	\$1,103,185.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,103,185.00

3) ATTACHMENT II, COMMUNITY CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, COMMUNITY CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY attached hereto.

This amendment shall be effective on the last date that the amendment has been 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 of its attachments are hereby made a part of this agreement.

IN WITNESS THEREOF, the parties hereto have caused this 4-page agreement to be executed by their undersigned officials as duly authorized.

**PALM BEACH COUNTY,  
FLORIDA**, a Political  
Subdivision of the State of  
Florida

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

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

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

PRINT  
NAME: Addie L. Greene

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

TITLE: Chairperson

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

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

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

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

PRINT  
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

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

FEDERAL  
ID  
NUMBER: 59-6000785

FISCAL  
YEAR  
END  
(MM/DD): \_\_\_\_\_

Approved as to form and legal sufficiency

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

Approved as to terms and conditions

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

**ATTACHMENT II**  
**COMMUNITY CARE FOR THE ELDERLY PROGRAM**  
**BUDGET SUMMARY**

CCE Case Management	\$192,537
CCE Case Aide	\$21,393
CCE Services	\$855,722
APS Services related to high risk referrals	\$33,533
<b>Total</b>	<b>\$1,103,185</b>

**Attestation Statement**

**Agreement Number IC007-9500**

**Amendment Number 001**

I, Addie L. Greene, Chairperson, provider representative for Palm Beach County Board of County Commissioners, attest that no changes or revisions have been made to the content of the above referenced agreement or amendment between the Area Agency of Palm Beach Treasure Coast, Inc. and 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

PSA: 9  
County Name: Palm Beach County  
Period: 7/1/2007 - 6/30/2008  
Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2007  
REVISED DATE: January 29, 2008  
REVISION NUMBER: 001

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

Funding Source	Funding Source
( ) Title III B	( ) ADI
( ) Title III C1	( X ) CCE
( ) Title III C2	( ) Elderly Meals
( ) Title III D	( ) HCE
( ) Title III E	( ) LSP
( ) Title III F	( ) MW
( ) Contracted Services	

Form Revised July 18, 2003

	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(19)	(44)	(58)
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Case Aid	Case Management	Counseling (Mental Health / Screening)	Emergency Alert Response	In_Home Services (H,P,SA,R,C,H,CHE,E)	Pest Control (Maint.)	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	1,797,406	51,738	85,216	500,882	4,750	43,895	868,527	1,372	241,026
1. (a) Add Inkind Cost									
1. (b) Total Budgeted Costs	1,797,406	51,738	85,216	500,882	4,750	43,895	868,527	1,372	241,026
2. Total Budgeted Units	96,444	3,000	962	5,098	50	30,000	54,382	12	2,940
2.(a) Total Cost Per Unit of Service	N/A	17.25	88.55	98.26	95.01	1.46	15.97	114.34	81.98
3. Less USDA	0								
4. Less Cash Match	122,575	3,120	2,377	21,393	361	2,633	83,265	93	9,333
5. Less Inkind Match									
6. Less Program Income Used as Match									
Sub-Total Match:	122,575	3,120	2,377	21,393	361	2,633	83,265	93	9,333
7. Program Income	35,679								35,679
8. Less Other Non-Matching Cash & Co-payments	535,967	20,538	61,446	286,952	1,139	17,562	35,877	439	112,014
9. Adjusted Budgeted Costs	1,103,185	28,080	21,393	192,537	3,250	23,700	749,385	840	84,000
10. Adjusted Cost Per Unit of Service	N/A	9.36	22.23	37.77	65.00	0.79	13.78	70.00	28.57
12. Estimated Number of UNDUPLICATED Clients	N/A	12	300	850	5	125	435	1	150