

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

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Meeting Date: July 8, 2008 [X] Consent [] Regular
[] Ordinance [] Public Hearing

Department
Submitted By: Community Services

Submitted For: Head Start/Early Head Start & Children's Services

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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment 001 to the Contract for Consulting/Professional Services with Audrey Greenwald (R2007-1476), for the period of October 1, 2007, through September 30, 2008, to decrease funding by \$12,000, for a new total of \$16,860 due to renegotiated scope of work.

Summary: The provider's scope of work was renegotiated and funding is being adjusted accordingly. The provider will conduct the screening for speech services in July for all incoming Head Start children and any rescreening of children prior to September 30, 2008. It is estimated that 525 children will be served and 25% of these children will be rescreened. (Head Start) Countywide (TKF)

Background and Justification: The Head Start Grant Agreement provides that services in the contracted therapy and speech instructional categories must be available. This contract is for speech/language therapy to be provided by Speech Language Pathologists (SLP) in accordance with Head Start guidelines. Fees are based on flat rates or hourly rates for service. Palm Beach County Purchasing Code exempts professional medical services from the formal bid process. Audrey Greenwald was recommended by School Board of Palm Beach County staff and meets all requirements to provide speech and language services to Head Start children.

Attachments: Amendment

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Recommended by: [Signature] 6-19-2008
Department Director Date

Approved by: [Signature] 6/30/08
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

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>16,860</u>	_____	_____	_____	_____
External Revenues	<u>(13,488)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
 NET FISCAL IMPACT	 <u>3,372</u>	 _____	 _____	 _____	 _____

ADDITIONAL FTE POSITIONS (CUMULATIVE)

Is Item Included in Current Budget? Yes X No _____
 Budget Account No.: Fund 1002 Dept. 147 Unit 1451 Object 3103
 Program Code HD29 Program Period GY07

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

Federal Funds & Local PBC Funds

C. Departmental Fiscal Review, *Eulth*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

<p><i>A. White 6.24.08</i> _____ OFMB/Budget <i>ll</i> <i>6/24/08</i> <i>cn</i> <i>6/23/08</i></p>	<p><i>Dr. J. Jacob 6/26/08</i> _____ Contract Development and Control <i>6/26/08</i></p>
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This amendment complies with our review requirements.

B. Legal Sufficiency:

Maurice Eulth

 Assistant County Attorney *For Tammy Fields*

C. Other Department Review:

 Department Director

AMENDMENT 001 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES

THIS AMENDMENT 001 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES, dated September 11, 2007 (Document No. R2007 1476), 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 herein referred to as the COUNTY, and Audrey Greenwald, M.S., C.C.C., herein referred to as the CONSULTANT.

WITNESSETH:

WHEREAS, the parties now desire to decrease the maximum amount of the CONTRACT;

NOW, THEREFORE, the above named parties hereby mutually agree that the CONTRACT is hereby amended as follows:

I. So much as Article 3 reads Twenty Eight Thousand, Eight Hundred and Sixty Dollars (\$28,860) is amended to read Sixteen Thousand, Eight Hundred and Sixty Dollars (16,860) in accordance with the budget set forth herein as Exhibit "B1"

II. The existing Exhibit "B" Payment/Fee Schedule and Billing Procedures For Professional Services is withdrawn in its entirety and a new Exhibit "B1" attached hereto is substituted in its stead.

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

ATTEST:
Sharon R. Bock, Clerk & Comptroller

PALM BEACH COUNTY, FLORIDA
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

WITNESS:

CONSULTANT:
Audrey Greenwald, M.S., C.C.C.

By: Barbara Goldberg

By: Audrey Greenwald, M.S., C.C.C.-SLP
Signature

Barbara Goldberg
Witness Name

Audrey Greenwald, M.S., C.C.C.-SLP
Typed Name

Director
Title

REVIEWED AND APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND
CONDITIONS

By: _____
County Attorney

By: Edward L. Rich
Edward L. Rich, Department Head

EXHIBIT "B1"
PAYMENT/FEE SCHEDULE AND BILLING PROCEDURES
FOR PROFESSIONAL SERVICES

A. The SPEECH LANGUAGE PATHOLOGIST will bill HEAD START for services provided to non-Medicaid eligible children as follows:

1.	Speech/Language screening	\$20/each screen
2.	Comprehensive Evaluation	\$140/child
3.	Treatment/Therapy	\$70/hour
4.	Multi-disciplinary Team Meeting (MDT)	\$70/hour
5.	IEP (Individual Education Plan) (development and meeting)	\$70/hour
6.	*Non-specific Evaluations	\$45/child
7.	Staff/parent Training	\$70/hour
8.	Class Language Stimulation	\$70/hour
9.	Mileage**	.445 cents/mile (see "C")

B. The Provider will bill Medicaid for evaluations and services for children who are eligible for Medicaid Plan of Treatment. The Provider will bill the School Board for children who are eligible for School Board services.

C. *Mileage to the South Bay, Pahokee, or Palm Glades centers for screens ONLY will be paid from: 160 NW 4th Street, Boca Raton, FL 33432.

Between October 1, 2007 and September 30, 2008, the total amount of services provided shall not exceed \$16,860.00.

Audrey Greenwald, M.S., C.C.C.

* When a child won't cooperate for the SLP to finish an evaluation.

STUA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/26/07

PRODUCER
CS&S/Brown & Brown Insurance
PO Box 94580
Maitland, FL 32794-6580
866 883-7159

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
Dr. Stuart Greenwald, DC, PA And Audrey
B. Greenwald M.S.C.C.C
160 NW 4th Street
Boca Raton, FL 33432

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	American Casualty Company	
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

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 ADD'L LTR. INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	2091677985	11/10/07	11/10/08	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	2091677985	11/10/07	11/10/08	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate Holder is Named as Additional Insured - Owners, Lessees or Contractors.

CERTIFICATE HOLDER

Palm Beach County BOCC C/O
Community Services - Head Start
3323 Belvedere Rd., Bldg. 502
West Palm Beach, FL 33406

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 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

Nancy A. [Signature]