

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

Meeting Date: October 7, 2008 (X) Consent ( ) Regular  
( ) Ordinance ( ) Public Hearing

**Department**

Submitted By: Community Services

Submitted For: Division of Senior Services

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**I. EXECUTIVE BRIEF**

**Motion and Title:** Staff recommends motion to approve: Amendment No. 002 with Consulting/Professional Services Contract with Caregiver Services, Inc., d/b/a Friends Assisting Seniors & Families (R2007-0931) to extend the Contract for an additional six (6) months beginning November 1, 2008, through April 30, 2009.

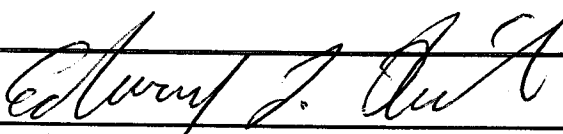
**Summary:** This amendment extends the contract for an additional six (6) months, to allow the Purchasing Department time to process a similar vendor contract through the competitive bid process. This vendor contract amendment allows the Division of Senior Services (DOSS) to provide Licensed Practical Nurse (LPN) and Home Health Aide (HHA) on call services on an as-needed basis at the Mid County Adult Day Care and the North County Adult Day Care. These services are needed to meet the Area Agency on Aging (AAA) and the Florida Department of Elder Affairs (DOEA) guidelines to provide Adult Day Care and Facility Based Respite Services. There is no fiscal impact. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

**Background and Justification:** Through this current vendor contract the DOSS will provide weekday and weekend Adult Dare Care hours at the Mid County Adult Day Care and the North County Adult Day Care under the OAA, CCE, ADI and Med Waiver grants provided by AAA. Mega Nursing Services, Inc., a licensed home health agency, has been under contract with DOSS (since 1989) to provide homemaker, personal care, respite and chore services to DOSS' homebound clients. Both DOSS and Mega Nursing Services, Inc., wish to continue services under this long term working relationship.

**Attachments:**

Amendment No. 002 with Caregiver Services, Inc., d/b/a Friends Assisting Seniors & Families

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Recommended By:  9-29-2008  
Department Director Date

Approved By:  10/2/08  
Assistant County Administrator Date

**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2009</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>*</u> _____	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Budget Account No.: Fund \_\_\_\_\_ Dept. \_\_\_\_\_ Unit. \_\_\_\_\_  
 Obj. \_\_\_\_\_ Program Code \_\_\_\_\_

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

\* There is no fiscal impact. *Time extension only.*

Departmental Fiscal Review: \_\_\_\_\_

**III. REVIEW COMMENTS**

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

*A. White 9.30.08*  
 OFMB  
 9/29 9/29/08

*Dr. J. Jacoby 10/1/08*  
 Contract Administration  
 E. Jones 10/1/08

**B. Legal Sufficiency:**

*J. D. B. 10/2/08*  
 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.

**AMENDMENT 002 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES**

**THIS AMENDMENT 002 TO CONTRACT FOR CONSULTING/PROFESSIONAL SERVICES** dated June 19, 2007 (Document No. R2007-0931), 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 **Caregiver Services, Inc., d/b/a Friends Assisting Seniors & Families, 2324 South Congress Avenue, Suite 1-B, West Palm Beach, FL 33406** hereinafter referred to as the CONSULTANT.

**WITNESSETH:**

**WHEREAS**, the need exists to amend and extend the CONTRACT for the CONSULTANT for a six (6) month renewal option from November 1, 2008 through April 30, 2009.

**NOW, THEREFORE**, the above named parties hereby mutually agree to extend the CONTRACT entered into on June 19, 2007, hereby amended as follows:

I. So much as **ARTICLE 1 - SERVICES** is now amended to read the CONSULTANT's representative/liaison during the performance of this Contract amendment as detailed in Exhibit A and Attachments I through VII shall be Wanda Birchette, RN, Administrator, telephone no. (561) 967-5859.

II. So much as **ARTICLE 2 - SCHEDULE** is now amended to read the CONSULTANT shall commence services prior to this contract Amendment being signed by both parties retroactive back to November 1, 2008 and complete all services by April 30, 2009.

III. So much as **RETROACTIVE STATEMENT** is now amended to read this is to certify that payment will be made for services rendered by the CONSULTANT prior to this Amendment being signed by both parties retroactive back to November 1, 2008.

**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 2 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:**  
Caregiver Services, Inc., d/b/a Friends Assisting  
Seniors & Families

By: Paula Lotz  
Signature  
Paula Lotz  
Witness Name

By: Wanda Birchette RN Admin  
Name: Wanda Birchette, RN  
Title: Administrator

Date: 9/9/08

Reviewed and Approved As to Form  
and Legal Sufficiency

By: \_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

By: [Signature]  
Department Director