

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: November 18, 2008 Consent Regular
 Ordinance Public Hearing

Department

Submitted By: Community Services

Submitted For: Division of Senior Services

I. EXECUTIVE BRIEF

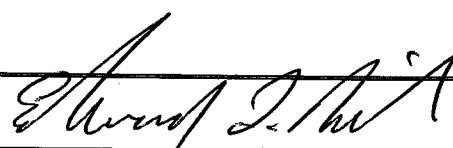
Motion and Title: Staff recommends motion to approve: A) Amendment No. 003 to Standard Agreement No. IC007-9500 (R2007-1691) for the Community Care for the Elderly (CCE) Program with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period July 1, 2007, through June 30, 2008, increasing the agreement amount by \$89,143.76 for a new total not-to-exceed the amount of \$1,242,328.76.

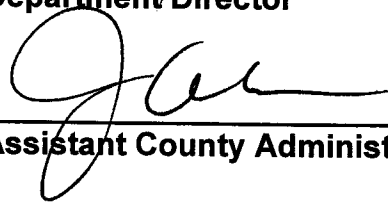
Summary: This amendment will increase In-Home Services by \$89,143.76. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Service currently provides CCE services under a similar grant from the AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5 and 7 south of Hypoluxo Road (TKF)

Background and Justification: 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 services 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 living in the least restrictive environment suitable to their needs. Additional referrals will be made to other community resources as determined by needs of the senior population.

Attachments:

- 1. CCE Amendment No. 003

Recommended By:  _____ 10-22-2008
Department Director Date

Approved By:  _____ 10/5/08
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	<u>99,048.62</u>	_____	_____	_____	_____
External Revenue	<u>(89,143.76)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>9,904.86</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 1006 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.

Departmental Fiscal Review: KEW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:
\$ 99,048.62 includes administrative costs.

adwillhite 10.31.08
 OFMB
 10/30
 10/30
 10/28/08

Kevin J. Jacobowitz 10/31/08
 Contract Administration
 6. Jan 10/31/08

B. Legal Sufficiency:
Joe Pate 11/4/08
 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 \$89,143.76 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 \$1,242,328.76, 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	65.010	\$1,242,328.76
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,242,328.76

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: _____

PRINT
NAME: _____

TITLE: Chairperson

TITLE: _____

DATE: _____

DATE: _____

SIGNED
BY: _____

PRINT
NAME: Sharon R. Bock

TITLE: Clerk and Comptroller

DATE: _____

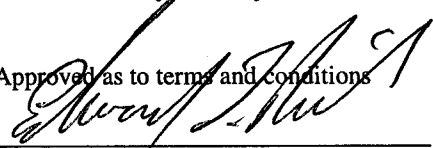
FEDERAL
ID
NUMBER: 59-6000785

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	\$192,537.00
CCE Case Aide	\$21,393.00
CCE Services	\$994,865.76
APS Services related to high risk referrals	\$33,533.00
Total	\$1,242,328.76

Attestation Statement

Agreement Number IC007-9500

Amendment Number 003

I, _____, 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 - 6/30/2007
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2007
 REVISED DATE: October 17, 2008
 REVISION NUMBER: 004, Amendment #003

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

* (Indicate all DOE funding sources applicable to your agency)

Funding Source
 (X) CCE

Form Revised July 18, 2003

	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(19)	(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,CH,CHE,E)	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	1,696,678.03	16,866.75	3,207.59	262,510.98	6,598.77	36,218.11	1,153,282.97	217,992.86
1. (a) Add Inkind Cost								
1. (b) Total Budgeted Costs	1,696,678.03	16,866.75	3,207.59	262,510.98	6,598.77	36,218.11	1,153,282.97	217,992.86
2. Total Budgeted Units	106,098.27	798.93	29.96	3,206.99	32.00	26,456.96	72,282.42	3,291.00
2.(a) Total Cost Per Unit of Service	N/A	21.11	107.06	81.86	206.21	1.37	15.96	66.24
3. Less USDA	0.00							
4. Less Cash Match	138,036.53	830.89	74.00	13,458.67	231.11	2,322.33	110,672.42	10,447.11
5. Less Inkind Match								
6. Less Program Income Used as Match								
Sub-Total Match:	138,036.53	830.89	74.00	13,458.67	231.11	2,322.33	110,672.42	10,447.11
7. Program Income	35,679.00							35,679.00
8. Less Other Non-Matching Cash & Co-payments	280,633.74	8,557.86	2,467.59	127,924.31	4,287.66	12,994.78	46,558.79	77,842.75
9. Adjusted Budgeted Costs	1,242,328.76	7,478.00	666.00	121,128.00	2,080.00	20,901.00	996,051.76	94,024.00
10. Adjusted Cost Per Unit of Service	N/A	9.36	22.23	37.77	65.00	0.79	13.78	28.57
12. Estimated Number of UNDUPLICATED Clients	N/A	12	300	850	5	125	435	150