

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: **May 5, 2009**

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. IH008-9500 (R2008-1620; dated September 23, 2008) for the Home Care for the Elderly (HCE) Program with the Area Agency on Aging (AAA) of Palm Beach/Treasure Coast, Inc. for the period July 1, 2008 through June 30, 2009, decreasing the agreement amount by \$35,719 for a new total not-to-exceed the amount of \$104,383.

Summary: This amendment will increase HCE case management services by \$350 and decrease HCE subsidy by \$36,069 for provisions of care in private homes as an alternative to nursing home or other institutional care. In the area south of Hypoluxo Road, Ruth Rales Jewish Family Service currently provides HCE 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 is responsible for referrals to vendors for the HCE program in northern and western Palm Beach County and contract with vendors to provide the provisions of care in family-type living arrangements in private homes on a not-for-profit basis as an alternative to nursing home or other institutional care. Additional referrals will be made to other community resources as determined by needs of the senior population.

Attachments:

HCE Amendment No. 001

Recommended by: _____

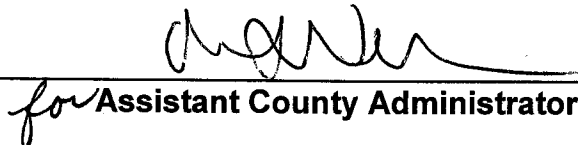


Department Director

4/16/09

Date

Approved By: _____


for Assistant County Administrator

4/16/09

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>(35,719)</u>				
External Revenue	<u>35,719</u>				
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	<u>-0-</u>				
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>-0-</u>	<u>-0-</u>			

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Dept 144 Unit 1481 Obj. Var.
 Program Code Var.

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

State funds through the Department of Elder Affairs.

Departmental Fiscal Review: REW

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jim Owl 4-23-09
 28 4/21/09 OFMB
 P 4/22/09
 m 4/21
 pm 4-17-09

Shirley J. Jewell 4/23/09
 Contract Administration

B. Legal Sufficiency:

J. P. D. 4/24/09
 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 # IH008-9500.

The purpose of this amendment is to: 1) decrease the agreement amount by \$35,719.00 and to 2) revise ATTACHMENT I, HOME 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 the **PROGRAM PROVISIONS** in an amount not to exceed \$104,383.00, 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
Home Care for the Elderly	2008	General Revenue	65.001	\$104,383.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$104,383.00

3) ATTACHMENT I, HOME CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTACHMENT II, HOME 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.

PROVIDER: PALM BEACH COUNTY,
FLORIDA, A Political
Subdivision of the State of
Florida

Area Agency on Aging of Palm Beach/
Treasure Coast, Inc.

SIGNED
BY: John F. Koons, Chairman

SIGNED
BY: _____

NAME: _____

NAME: _____

TITLE: Chairman

TITLE: _____

DATE: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

BY: _____

DATE: _____

FEDERAL ID NUMBER 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT I

HOME CARE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY

HCE Case Management	\$8,727.00
HCE Client Services	\$95,656.00
Total	\$104,383.00

Attestation Statement

Agreement Number IH008-9500

Amendment Number 001

I, John F. Koons, Chairman, 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: 7/1/2008 - 6/30/2009
 Provider Name: Palm Beach County Division of Senior Services

ORIGINAL DATE: July 1, 2008
 REVISED DATE: March 20, 2009
 REVISION NUMBER: Revision #001 , Amendment #001

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

Funding Source
 (X) HCE including Subsidy

Form Revised July 18, 2003	(Service Reference)	(6)	(6)
DESCRIPTION	TOTAL SERVICES	Case Management	Subsidy
1. Total Budgeted Cash Costs	109,498	13,842	95,656
1. (a) Add Inkind Cost			
1. (b) Total Budgeted Costs	109,498	13,842	95,656
2. Total Budgeted Units	170	170	
2.(a) Total Cost Per Unit of Service	N/A	81.37	
3. Less USDA	0		
4. Less Cash Match	0		
5. Less Inkind Match			
6. Less Program Income Used as Match			
Sub-Total Match:	0		
7. Program Income	0	-	
8. Less Other Non-Matching Cash & Co-payments	5,115	5,115	
9. Adjusted Budgeted Costs	104,383	8,727	95,656
10. Adjusted Cost Per Unit of Service	N/A	51.30	
12. Estimated Number of UNDUPLICATED Clients	N/A	50	