

**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: **A)** Amendment No. 001 to Standard Agreement No. IC008-9500 (R2008-1621; dated September 23, 2008) 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, 2008 through June 30, 2009, increasing the agreement amount by \$83,536 for a new total not-to-exceed amount of \$1,091,014; and **B)** Budget Amendment of \$21,362 in the DOSS – Administration Fund 1006.

Summary: This amendment will increase Case management to \$15,037, Case Aide to \$1,670, and In-Home (Client) Services by \$66,829. 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:

- 1. CCE Amendment No. 001
- 2. Budget Amendment in DOSS – Administration Fund 1006

Recommended by:			4/16/09
	Department Director		Date
Approved By:			4/29/09
	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>83,536</u>	_____	_____	_____	_____
External Revenue	<u>(83,536)</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 _____ No X _____
 Budget Account No.: Fund _____ Dept _____ Unit _____ Obj. _____
 Program Code _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 State funds through the Department of Elder Affairs and County funds.

Departmental Fiscal Review: ED _____

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

Jan Orl 4-27-09
 8/4/09 OFMB
 04/24 PM
 4/17/09

Joe J. Jacobson 4/28/09
 Contract Administration
 C. Jones 4/28/09

This amendment complies with our review requirements.

B. Legal Sufficiency:

[Signature] 4/28/09
 Assistant County Attorney

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 # IC008-9500.

The purpose of this amendment is to: 1) increase the agreement amount by \$83,536.00 and to 2) revise ATTACHMENT I, 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 the **PROGRAM PROVISIONS** in an amount not to exceed \$1,091,014.00, 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	2008	General Revenue/Tobacco Settlement Trust Funds	65.010	\$1,091,014.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$1,091,014.00

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

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

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

SIGNED
BY: _____

SIGNED
BY: _____

NAME: John F. Koons, Chairman

NAME: _____

TITLE: Chairman

TITLE: _____

DATE: _____

DATE: _____

BY: _____
Sharon R. Bock, Clerk and Comptroller

DATE: _____

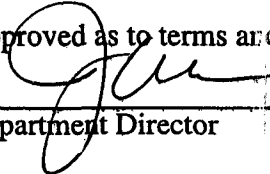
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT I
COMMUNITY CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY

CCE Case Management	\$196,383.00
CCE Case Aide	\$21,820.00
CCE Client Services	\$872,811.00
Total	\$1,091,014.00

Attestation Statement

Agreement Number IC008-9500

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 DOEA funding sources applicable to your agency)

Funding Source
 (X) CCE

Form Revised July 18, 2003	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(19)	(46)	(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,C H,CHE,E)	Pest Control (Maintenance)	Specialized Medical Equipment, Services & Supplies
1. Total Budgeted Cash Costs	1,698,269	62,922	104,597	423,060	6,774	36,106	834,388	1,341	229,081
1. (a) Add Inkind Cost									
1. (b) Total Budgeted Costs	1,698,269	62,922	104,597	423,060	6,774	36,106	834,388	1,341	229,081
2. Total Budgeted Units	1,600	3,000	982	5,199	33	26,533	52,373	12	3,468
2.(a) Total Cost Per Unit of Service	N/A	20.97	106.56	81.37	205.29	1.36	15.93	111.74	66.06
3. Less USDA									
4. Less Cash Match	1,224	3,120	2,424	21,820	238	2,329	80,189	93	11,009
5. Less Inkind Match									
6. Less Program Income Used as Match									
Sub-Total Match:	1,224	3,120	2,424	21,820	238	2,329	80,189	93	11,009
7. Program Income	48,030								48,030
8. Less Other Non-Matching Cash & Co-payments	48,001	31,722	80,353	204,856	4,391	12,816	32,494	408	70,962
9. Adjusted Budgeted Costs	1,091,014	28,080	21,820	196,383	2,145	20,961	721,705	840	99,080
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	6	100	350	5	110	350	1	130