### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

## AGENDA ITEM SUMMARY

	The second secon	
Meeting Date: June 8, 2010		Regular Public Hearing Department
Submitted By:	Community Services	·
Submitted For:	Division of Senior Services	
· .	I. EXECUTIVE BRIEF	
Standard Agreement No. (HCE) Program with the A Inc. for the period July 1, 2	IH009-9500 (R2009-1260) for Area Agency on Aging (AAA) o	ove: Amendment No. 001 to the Home Care for the Elderly of Palm Beach/Treasure Coast, creasing the agreement amount 1826.
caregivers in keeping low- this amendment is to redu the provision of in-home of care. The \$30,000 reduction Care for the Elderly funding at the request of AAA to all the Mae Volen Senior	income elder at home and case on the case of the subsidy and to increase are for seniors as an alternative on in HCE is offset by a \$30,0 g (R2010-0597). These adjusting budgetary priorities. In the	nponents: a subsidy to assist e management. The purpose of se HCE Case Management for ye to nursing home/institutional 000 net increase in Community ments are periodically required area south of Hypoluxo Road, services from AAA. (DOSS) outh of Hypoluxo Road (TKF)
		e management and approves caregiver. No County match is
Attachments:		
HCE Amendmer	nt No. 001	
Recommended by:	Department Director	5/28/co Date
Approved By:	Lu-	6/4/10
Assis	ant County Administrator	Date

#### **II. FISCAL ANALYSIS IMPACT**

## A. **Five Year Summary of Fiscal Impact:** Fiscal Years <u>2010</u> 2011 2012 2013 2014 Capital Expenditures **Operating Costs** 30,000 External Revenue 90,000 Program Income (County) In-Kind Match (County) **NET FISCAL IMPACT** # ADDITIONAL FTE POSITIONS (Cumulative) \_ -0-Is Item Included in Current Budget: Yes No Budget Account No.: Fund 1006 Unit 1481 Obj. Vari. Dept\_144 Program Code Vari. B. Recommended Sources of Funds/Summary of Fiscal Impact: State funds through the Department of Elder Affairs. Previous resolution for Standard Agreement is R2009-1260. aruna Malho Departmental Fiscal Review: **III. REVIEW COMMENTS** OFMB Fiscal and/or Contract Administration Comments: \$30,000 increase to Community Cere was approved by the Board This amendment complies with B. Legal Sufficiency: our review requirements. 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 <u>Palm Beach County Board of County Commissioners</u>, hereinafter referred to as the "provider", amends agreement # <u>IH009-9500</u>.

The purpose of this amendment is to: 1) decrease the HCE Subsidy amount by \$45,000.00 and to 2) increase the HCE Case Management amount by \$15,000.00 and to 3) revise ATTACHMENT II, HOME CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY.

1) Section D of the agreement is hereby amended to read:

D. Agreement Amount

The agency agrees to pay for contracted services according to the statement of work, ATTACHMENT I of this agreement in an amount not to exceed \$107,826.00 subject to the availability of funds. Any costs or services paid for under any other agreement or from any other source are not eligible for payment under this agreement. The provider agrees to utilize the approved rate sheet, ATTACHMENT III for contracted services the agency agrees to pay for.

Funding Allocation						
	Program Title	Year	Funding Sources	CFDA	Amount	
	Care for the Elderly	2009	General Revenue	65.001	\$107,826.00	
TOTAL AGREEMENT AMOUNT:				\$107,826.00		

2) ATTTACHMENT II, HOME CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY is hereby replaced with revised ATTTACHMENT 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.

#### AMENDMENT 001

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	SIGNED
BY: Burt Aaronson	BY:
NAME:	NAME:
TITLE: Chair	TITLE:
DATE:	DATE:
SHARON R. BOCK, Clerk and Comptroller	
BY:	
DATE:	and the second of the second o
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	

#### ATTACHMENT I

#### HOME CARE FOR THE ELDERLY PROGRAM

#### **BUDGET SUMMARY**

HCE Case Management

\$23,291.00

**HCE Client Services** 

\$84,535.00

Total

\$107,826.00

## **Attestation Statement**

# Agreement Number IH009-9500

## **Amendment Number 001**

Ι,	Burt Aaronson, Chair	, provider representative for Palm Beach
County Board	of County Commissioners, attest the	nat 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	e Coast, Inc. and Palm Beach Cour	nty Board of County Commissioners. The only
exception to th	nis statement would be for change	s in page formatting, due to the differences in
electronic data	processing media, which has no eff	fect on the agreement content.
Signature of Pr	rovider Representative	Date

SIMPLIFIED UNIT COST METHODOLOGY LINE ITEM BUDGET PROJECTIONS

BUDGET YEAR: 7/1/09-6/30/10

BIDDER NAME: Palm Beach County Division of Senior Services

ORIGINAL DATE: 7/1/09 REVISED DATE: March 4, 2010

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 ADI

CCE

HCE

X

Form Revised July 18, 2003 (Service Reference) (6) TOTAL Case SERVICES DESCRIPTION Management Subsidy 1. Total Budgeted Cash Costs 122,390 84,535 37,855 1. (a) Add Inkind Cost 1. (b) Total Budgeted Costs 122,390 37,855 84,535 2. Total Budgeted Units 454 454 2.(a) Total Cost Per Unit of Service N/A 83.38 3. Less USDA 4. Less Cash Match 5. Less Inkind Match 6. Less Program Income Used as Match Sub-Total Match: 7. Program Income 8. Less Other Non-Matching Cash & Co-payments 14,564 14,564 9. Adjusted Budgeted Costs 107,826 23,291 84,535 10. Adjusted Cost Per Unit of Service N/A 51.30 12. Estimated Number of UNDUPLICATED Clients 40 N/A 55

