

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2010</u>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	_____ - 0 - *see below _____				
# 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:

Departmental Fiscal Review: Taruina Mallhotra

III. REVIEW COMMENTS

9/28/10

A. OFMB Fiscal and/or Contract Administration Comments:

* there is no fiscal impact on this item.

[Signature] 6/3/10
OFMB
6/2/10

[Signature] 6/17/10
Contract Administration
E. Jones 6/17/10

B. Legal Sufficiency:

[Signature] 6/8/10
Assistant County Attorney

C. Other Department Review:

Department Director

This summary is not to be used as a basis for payment.

AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.
And
THE DEPARTMENT OF CHILDREN AND FAMILIES
And
PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS,
DIVISION OF SENIOR SERVICES
MEMORANDUM OF UNDERSTANDING
FOR
ADULT PROTECTIVE SERVICES REFERRALS

This Memorandum of Understanding, made this _____ day of _____, 2010, shall be in effect indefinitely among the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), the Aging Resource Center for Planning and Service Area 9 (ARC); Palm Beach County Board of County Commissioners, Division of Senior Services (Provider); and the Department of Children and Families (DCF) Adult Protective Services (APS) for referrals made in Palm Beach County.

The Department of Children and Families and the Department of Elder Affairs may, consistent with their requirements under ss. 415.106(2) and 430.205(5), F.S., amend this memorandum at any time in the best interest of the program.

The purpose of this agreement is to ensure the timely delivery of services to victims of abuse, neglect or exploitation in need of services. Under this Memorandum of Understanding, the AAA/ARC), the Provider and DCF agree to their respective responsibilities as outlined in the APS Referrals Operations Manual and any updates to said manual. Please see Special Provision below.

Objectives

1. To maintain a climate of cooperation among agencies in order to achieve equitable delivery of services to vulnerable elder Floridians who are victims of abuse, neglect, or exploitation.
2. To promote services and activities designed to protect vulnerable elders and prevent premature institutionalization, pursuant to Chapters 415 and 430, Florida Statutes.
3. To participate, together by means of shared information, in tracking delivery of services to elder Floridians who are victims of abuse, neglect, or exploitation in need of home and community-based services.
4. To provide technical assistance to, and consultation with, each other on matters pertaining to actual service delivery and to share appropriate assessment information.

The AAA/ARC defines which agency(ies) will be the intake entity(ies) for the DCF/APS referrals in each county in their Planning and Service Area.

All "high" risk APS referrals will be sent to the following agency:

- Palm Beach County Board of County Commissioners, Division of Senior Services

810 Datura Street, Suite 300
West Palm Beach, FL 33401
Phone (561) 355-4746 /Fax (561) 355-3222

All "intermediate" and "low" risk APS referrals will be sent to the following agency:

Area Agency on Aging Palm Beach/Treasure Coast, Inc.
Your Aging Resource Center
4400 North Congress Avenue
West Palm Beach, FL 33407
Phone (561) 684-5885 /Fax (561) 214-8678.

Special Provision

The "Adult Protective Services Referrals Operations Manual," jointly published by the Departments of Children and Families and Elder Affairs, dated December 11, 2007, dictates required procedures to be followed regarding high risk referrals. Paragraph 35 "Miscellaneous" describes the actions Lead Agencies must follow if a high risk referral is also being served by a Nursing Home Diversion provider. By virtue of being a Community Care for the Elderly case management agency, the Lead Agency is designated to play an intermediary role between Adult Protective Services and the Nursing Home Diversion provider in assuring that the vulnerable elder is served in a timely manner to resolve the crisis. Moreover, the Lead Agency is required to perform the crisis-resolving services if the Nursing Home Diversion provider fails to be responsive or is suspected to be responsible for creating the crisis.

It is the position of the AAA that some of these directions are ambiguous and perhaps inoperable. Moreover, the language of Paragraph 35 fails to describe the responsibility of the Diversion provider to reimburse the Lead Agency for services rendered on behalf of the Diversion client. Neither does it describe the recourse available to the Lead Agency for recouping its costs incurred in serving a Diversion client.

Therefore, the Area Agency on Aging Palm Beach / Treasure Coast, Inc. assures Palm Beach County Division of Senior Services that all costs incurred in the course of providing services to high risk Diversion clients will be reimbursed by the AAA. The AAA in turn will seek repayment from the Diversion provider, enlisting the assistance of the Department of Elder Affairs as may be necessary. Moreover, the AAA will hold the Lead Agency harmless for those actions performed in good faith to resolve the crisis which may not conform to ambiguous or inoperable actions described in Paragraph 35.

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**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: Jaime Estremera Fitzgerald

TITLE: Chairman

TITLE: CEO

DATE: _____

DATE: 5-21-2010

SIGNED
BY: _____

**DEPARTMENT OF CHILDREN AND
FAMILIES**

PRINT
NAME: Sharon R. Bock

SIGNED
BY:  _____

TITLE: Clerk and Comptroller

TITLE: Director of Support Services

DATE: _____

PRINT
NAME: Stephen A. Faroni

FEDERAL
ID
NUMBER: 59-6000785

DATE: 5/18/10

FISCAL
YEAR
END
(MM/DD): _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions


Department Director