

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 5, 2010 (X) Consent () Regular
() Ordinance () Public Hearing

Department Submitted By: Community Services

Submitted For: Division of Senior Services (DOSS)

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Amendment No. 002 to Contract Renewal No. IC010-9500 (R2010-1230) for the Community Care for the Elderly (CCE) program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period July 1, 2010, through June 30, 2011.

Summary: The purpose of this amendment is to revise Attachment III, Community Care for the Elderly Agreement rate sheet. The rate sheet revisions are technical in nature and does not alter the general terms, scope of services or funding amount of the contract. In the area south of Hypoluxo Road, the Mae Volen Senior Center, Inc. currently provides services under a similar grant from AAA. (DOSS) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: CCE provides community-based services to assist elders 60+ who are at risk of nursing home placement. Services include Adult Day Care, Case Aide, Case Management, Counseling, Emergency Alert Response, In-Home Services (Homemaker, Personal Care, Shopping Assistance, Respite, Companionship, Chore and Escort), Pest Control and Specialized Medical Equipment, Services & Supplies. DOSS, a designated Lead Agency for State funded services, is responsible for contracting with vendors to provide a broad spectrum of CCE services.

Attachment:

Amendment No. 002 to Contract Renewal No. IC010-9500

Recommended By: [Signature] 9/16/10
Department Director Date

Approved By: [Signature] 9-22-10
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>*0 see below</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No
 Budget Account No.: Fund 1006 Department 144 Unit 1443 Object Var.
 Program Var.

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

Funding sources are the State of Florida, Palm Beach County and Private Donations (Program Income). Previous resolution for Standard Agreement is R2009-1258, Contract Renewal No. IC010-9500 is R2010-1229, and Amendment No. 001 to Contract Renewal No. IC010-9500 is R2010-1230.

* There is no fiscal impact.

Departmental Fiscal Review: Taruna Malhotra

 9/16/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 OFMB
 9/21/10
 VA
 9/20/10
 9/17/10

[Signature] 9/22/10
 Contract Administration

B. Legal Sufficiency:

[Signature] 9/22/10
 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 # IC010-9500.

The purpose of this amendment is to revise ATTACHMENT III, COMMUNITY CARE FOR THE ELDERLY AGREEMENT RATE SHEET.

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 WHEREOF, the parties hereto have caused this 4-page amendment to be executed by their officials there unto 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: _____
Burt Aaronson, Chair

SIGNED
BY: _____

DATE: _____

NAME: _____

SHARON R. BOCK, Clerk and Comptroller

TITLE: _____

BY: _____

DATE: _____

DATE: _____

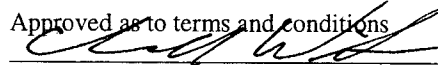
FEDERAL ID NUMBER: 59-6000785

FISCAL YEAR END DATE: _____

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions



Department Director

ATTACHMENT III

AGREEMENT RATE SHEET

PROGRAM: CCE

SERVICE	2009 REIMBURSEMENT UNIT RATE	2010 REIMBURSEMENT UNIT RATE
ADULT DAY CARE	\$9.36	\$9.36
ADULT DAY HEALTH CARE	\$0.00	\$0.00
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$0.00	\$0.00
CASE AIDE	\$22.23	\$22.23
CASE MANAGEMENT	\$37.77	\$37.77
CHORE	\$0.00	\$13.78
CHORE (ENHANCED)	\$0.00	\$0.00
CHORE (ENHANCED) - VENDOR PAYMENT	\$0.00	\$0.00
COMPANIONSHIP	\$0.00	\$13.78
CONSUMABLE MEDICAL SUPPLIES	\$0.00	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$0.00	\$65.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	\$65.00	\$0.00
EMERGENCY ALERT RESPONSE - INSTALLATION	\$0.00	\$0.00
EMERGENCY ALERT RESPONSE	\$0.79	\$0.79
ESCORT	\$0.00	\$13.78
GERONTOLOGICAL COUNSELING	\$0.00	\$0.00
HEALTH SUPPORT	\$0.00	\$0.00
HOME DELIVERED MEALS	\$0.00	\$0.00
HOME HEALTH AIDE	\$0.00	\$0.00
HOME NURSING	\$0.00	\$0.00
HOMEMAKER	\$13.78	\$13.78
HOUSING IMPROVEMENT	\$0.00	\$0.00
LEGAL SERVICES	\$0.00	\$0.00
MATERIAL AID	\$0.00	\$0.00
MEDICATION MANAGEMENT	\$0.00	\$0.00
NURSING SERVICES	\$0.00	\$0.00
NUTRITION COUNSELING	\$0.00	\$0.00
NUTRITION EDUCATION	\$0.00	\$0.00
OCCUPATIONAL THERAPY	\$0.00	\$0.00
OTHER SERVICES	\$0.00	\$0.00
PERSONAL CARE	\$0.00	\$13.78

PEST CONTROL INITIATION	\$0.00	\$0.00
PEST CONTROL MAINTENANCE	\$25.00	\$25.00
PHYSICAL THERAPY	\$0.00	\$0.00
RESPIRE	\$0.00	\$13.78
RESPIRE IN-FACILITY	\$0.00	\$0.00
RISK REDUCTION FINANCIAL ASSES	\$0.00	\$0.00
RISK REDUCTION FINANCIAL MAINT	\$0.00	\$0.00
RISK REDUCTION NUTRITIONAL	\$0.00	\$0.00
RODENT CONTROL INITIATION	\$0.00	\$0.00
RODENT CONTROL MAINTENANCE	\$0.00	\$0.00
SHOPPING ASSISTANCE	\$0.00	\$13.78
SPECIALIZED MEDICAL EQUIPMENT & SUPPLIES	\$28.57	\$28.57
SPEECH THERAPY	\$0.00	\$0.00
SUPPLIES/SERVICES	\$0.00	\$0.00
TRANSPORTATION	\$0.00	\$0.00

Attestation Statement

Agreement/Contract Number IC010-9500

Amendment Number 002

I, _____, attest that no changes or revisions have been made to the
(Provider Representative)

content of the above referenced agreement/contract or amendment between the Area Agency on Aging 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 affect on the agreement/contract content.

Signature of Provider Representative

Date

ORIGINAL DATE: 7/1/10
 REVISED DATE:
 REVISION NUMBER: , Amendment #002

III.B. SUPPORTING BUDGET SCHEDULE BY PROGRAM ACTIVITY

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

Funding Source **Mark which one applies:**
 ADI
 CCE X
 HCE

	(Service Reference)	(1)	(5)	(6)	(14)	(17)	(46)	(58)	(18)	(10)	(29)	(43)	(53)	(55)	(8)	
DESCRIPTION	TOTAL SERVICES	Adult Day Care	Case Aid	Case Management	Counseling (Gerontological): Individual	Emergency Alert Response	Pest Control (Maintenance)	Specialized Medical Equipment, Services & Supplies	Escort	Companion ship	Homemaker	Personal Care	Respite (In-Home)	Shopping Assistance	Chore	In-Home Services Total (E,C,H,P,R,SA & CH)
1. Total Budgeted Cash Costs	1,553,832	50,451	28,907	258,126	6,420	38,088	1,156	257,352	16,350	235,892	270,170	136,209	235,608	12,975	6,128	913,332
1. (a) Add Inkind Cost	0															
1. (b) Total Budgeted Costs	1,553,832	50,451	28,907	258,126	6,420	38,088	1,156	257,352	16,350	235,892	270,170	136,209	235,608	12,975	6,128	913,332
2. Total Budgeted Units	84,853	3,000	920	4,874	45	24,000	12	3,468	386	12,718	14,967	7,882	12,134	298	149	48,534
2.(a) Total Cost Per Unit of Service	n/a	16.82	31.42	52.96	142.67	1.59	96.33	74.21	42.36	18.55	18.05	17.28	19.42	43.54	41.13	18.82
3. Less NSIP	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Less Cash Match	113,633	3,120	2,273	20,454	325	2,107	33	11,009	591	19,473	22,917	12,068	18,579	456	228	74,312
5. Less Inkind Match	0															
6. Less Program Income Used as Match	0															
Sub-Total Match:	113,633	3,120	2,273	20,454	325	2,107	33	11,009	591	19,473	22,917	12,068	18,579	456	228	74,312
7. Less Program Income	29,557							29,557								
8. Less Other Non-Matching Cash & Co-payments	387,958	19,251	6,180	53,589	3,170	17,021	823	117,706	10,440	41,165	41,004	15,527	49,822	8,413	3,847	170,218
9. Adjusted Budgeted Costs	1,022,684	28,080	20,454	184,083	2,925	18,960	300	99,080	5,319	175,254	206,249	108,614	167,207	4,106	2,053	668,802
10. Adjusted Cost Per Unit of Service	n/a	9.36	22.23	37.77	65.00	0.79	25.00	28.57	13.78	13.78	13.78	13.78	13.78	13.78	13.78	13.78
12. Estimated Number of UNDUPLICATED Clients	1,041	5	145	350	5	95	1	110	3	86	101	54	83	2	1	330