

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

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

Department
Submitted By: _____ Community Services

Submitted For: _____ Division of Senior Services

I. EXECUTIVE BRIEF

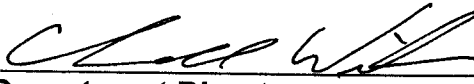
Motion and Title: Staff recommends motion to approve: Amendment No. 002 to Contract Renewal No. IH010-9500 (R2010-1228) for the Home Care for the Elderly (HCE) program with the Area Agency on Aging of Palm Beach/Treasure Coast, Inc., (AAA), for the period July 1, 2010 through June 30, 2011.

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: HCE provides both Case Management and a subsidy to assist caregivers in keeping low-income elders at home. DOSS, a designated Lead Agency for State funded services, is responsible for contracting with vendors to provide these provisions of care as an alternative to institutional care for the seniors. DOSS conducts case management and approves subsidy for care givers. AAA makes payment directly to caregiver. No County match is required.

Attachment:

Amendment No. 002 to Contract Renewal No. IH010-9500

Recommended By:  9/16/10
Department Director Date

Approved By:  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 1481 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 R2009-1260, Contract Renewal No. IH010-9500 is R2010-1227, and Amendment No. 001 to Contract Renewal No. IH010-9500 is R2010-1228. There is no fiscal impact.

Departmental Fiscal Review: Tauna Malhotra

 9/16/10

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

* The is no fiscal impact on this item

JB OFMB VA
 9/21 9/20/10 9/17/10

Erwin P. Jacowitz/Ed. 9/22/10
 Contract Administration

B. Legal Sufficiency:

[Signature]
 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 # Ih010-9500.

The purpose of this amendment is to revise ATTACHMENT III, HOME 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 3-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: _____

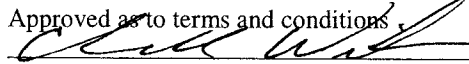
DATE: _____

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: HCE

SERVICE	2009 REIMBURSEMENT UNIT RATE	2010 REIMBURSEMENT UNIT RATE
BASIC SUBSIDY	\$106.00	\$106.00
CASE AIDE	\$0.00	\$0.00
CASE MANAGEMENT	\$51.30	\$51.30
RESPITE	\$0.00	\$0.00
SUPPLIES/SERVICES	\$0.00	\$0.00
SUPPLIES/SERVICES MEDICAL-VENDOR PAYMENT	\$0.00	\$0.00

Attestation Statement

Agreement/Contract Number IH010-9500

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 DOE A funding sources applicable to your agency)

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

(Service Reference) (6)

DESCRIPTION	TOTAL SERVICES	Case Management	Subsidy
1. Total Budgeted Cash Costs	138,114	8,579	129,535
1. (a) Add Inkind Cost	0		0
1. (b) Total Budgeted Costs	138,114	8,579	129,535
2. Total Budgeted Units	884	162	0
2.(a) Total Cost Per Unit of Service	n/a	52.96	0.00
3. Less NSIP	0	0	0
4. Less Cash Match	0	0	0
5. Less Inkind Match	0		0
6. Less Program Income Used as Match	0		0
Sub-Total Match:	0	0	0
7. Less Program Income	0	0	0
8. Less Other Non-Matching Cash & Co-payments	288	288	0
9. Adjusted Budgeted Costs	137,826	8,291	129,535
10. Adjusted Cost Per Unit of Service	n/a	51.30	0.00
12. Estimated Number of UNDUPLICATED Clients	120	60	60