Agenda Item No. 3E-19

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 5, 2010

(X) Consent () Ordinance () Regular() Public Hearing

Department

Submitted By: <u>Community Services</u>

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. IZ010-9500 (R2010-1232)) for the Alzheimer's Disease Initiative (ADI) 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 do 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) <u>Countywide except</u> for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Road (TKF)

Background and Justification: ADI ensures that persons afflicted with Alzheimer's disease and other dementia related disorders are provided services to help them remain independent. DOSS, a designated Lead Agency for State funded services, is responsible for contracting with vendors to provide In-Home and Facility Based Respite services.

Attachment:

Amendment No. 002 to Contract Renewal No. IZ010-9500

Recommended By:

Department Director

9/16/10

Approved By:

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)	y)	· · · · · · · · · · · · · · · · · · ·			
NET FISCAL IMPACT		see bet			
# ADDITIONAL FTE POSITIONS (Cumulative	2)				<u></u>
Is Item Included in Curre Budget Account No.: Fu		Yes Departmen	<u>X</u> No t <u>144</u> Unit	. <u>1472</u> Objec	ct <u>Var.</u>

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 R2009-1259, Contract Renewal No. IZ010-9500 is R2010-1231, and Amendment No. 001 to Contract Renewal No. IZ010-9500 is R2010-1232. There is no fiscal impact.

Departmental Fiscal Review: _ Jajuna Mal)10 III. <u>REVIEW COMMENTS</u> OFMB Fiscal and/or Contract Administration Comments: Α.

m fiscal impact. 15 OFMB 20 Β. Legal Sufficiency: Asş tant County Attorney

21059/22/10 Contract Administration

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.

AMENDMENT 002

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 # <u>IZ010-9500</u>.

The purpose of this amendment is to revise ATTACHMENT III, ALZHEIMER'S DISEASE INITIATIVE 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	

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ATTACHMENT III

AGREEMENT RATE SHEET

PROGRAM: ADI

SERVICE	2009 REIMBURSEMENT UNIT RATE	2010 REIMBURSEMENT UNIT RATE		
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00	\$0.00		
CAREGIVER TRAIN/SUPPORT (INDV)	\$0.00	\$0.00		
CASE AIDE	\$0.00	\$0.00		
CASE MANAGEMENT	\$37.77	\$37.77		
COUNSELING	\$0.00	\$0.00		
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$0.00	\$0.00		
GERONTOLOGICAL COUNSELING	\$0.00	\$0.00		
MODEL DAY CARE	\$0.00	\$0.00		
OTHER SERVICES	\$0.00	\$0.00		
RESPITE	\$15.77	\$15.77		
RESPITE IN-FACILITY	\$9.36	\$9.36		
SUPPLIES/SERVICES	\$0.00	\$0.00		

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Attestation Statement

Agreement/Contract Number IZ010-9500

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

SIMPLIFIED UNIT COST METHODOLOGY LINE ITEM BUDGET PROJECTIONS BUDGET YEAR: 7/1/10-6/30/11 BIDDER NAME: Palm Beach County Division of Senior Services

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	X
CCE	
HCE	

	(Service Reference)	(6)	(52)	(53)
DESCRIPTION	TOTAL SERVICES	Case Management	Respite (Facility Based)	Respite (In- Home)
1. Total Budgeted Cash Costs	304,796	22,667	59,627	222,502
1. (a) Add Inkind Cost	0			
1. (b) Total Budgeted Costs	304,796	22,667	59,627	222,502
2. Total Budgeted Units	16,175	428	3,627	11,459
2.(a) Total Cost Per Unit of Service	n/a	52.96	16.44	19.42
3. Less NSIP	0	0	0	0
4. Less Cash Match	0	0	0	о
5. Less Inkind Match	0			
6. Less Program Income Used as Match	0			
Sub-Total Match:	0	0	0	0
7. Less Program Income	2,195		0	2,195
8. Less Other Non-Matching Cash & Co-payments	71,791	6,510	25,678	39,603
9. Adjusted Budgeted Costs	230,810	16,157	33,949	180,704
10. Adjusted Cost Per Unit of Service	n/a	37.77	9.36	15.77
12. Estimated Number of UNDUPLICATED Clients	70	35	10	25