PALM BEACH COUNTY **BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY								
===== Meeting	g Date: Dec	======================================	===== [X] []		=== [[===]]	Regular Public Hearing	=====
	ted By:	Community Servi Division of Senio	ces					
		I. EX	(ECUTI	VE BRIEF				
Motion	and Title: S	taff recommends			ı 1			
A)	Amendmen the Older A Beach/Trea	t No. 001 to Standamericans Act (OA sure Coast, Inc. 31, 2012, to amend	dard Ag AA) gra (AAA)	greement No. nt with the A for the peri	. IA .rea od	Age Jan	ency on Aging uary 1, 2012,	of Palm through
B)	the Home C October 1, amount not	t No. 004 to Standare for the Elderly 2012, to increase to exceed \$32,981 Dand Attachment I	(HCE) case m .90 and	with AAA for to an agement for the following	the pundi	perio	od July 1, 2011, by \$1,340.90 fo	through r a new
met req service and to (DOEA) provide which p	garding back provider; who comply with and the Ago various in-ho reserves the	mendment was re- ground screening o are not exempt for applicable rules ency for Health Ca ome and communities ir independence are except for portion	for perform the promulare Admits base and defe	ersons who represent to the Department's ligated by the ninistration (And services to the need for the need f	neets level e Daniel HCA sen	t the vel 2 epa A). niors ore	e definition of 2 background so rtment of Elder HCE funds are in Palm Beach costly institution	a direct creening Affairs used to County nal care.
on the socially improve caregive	delivery of isolated elde quality of lers in a famil	ustification: OAA in-home and comers, and those with ife and productivity-type living arrangle during the contra	munity function ty. HCE gement	based servi onal impairme allows DOS as an alterna	ces ents SS 1 ative	to for to a to i	low income mi in-home service assist seniors a institutional care	norities, s which nd their
Attachr	nents: Two	(2) Amendments						
Recom	mended By:	Department Direct	4 /e			= = =	///30//2 Date	
Approv	ed By:	Ace		niotroto:			11/30/12 Date 14/18/12	
		Assistant County	/ Admii	nistrator			Date	

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	1,340.90				
External Revenue	(1,340.90)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				
# ADDITIONAL FTE POSITIONS (Cumulative)					

is item included	in Current Bud	dget? Yes	s <u>X</u>	No	
Budget Account N	No.:	_			
Fund 1006 Dept	<u>144</u> Unit <u>Var.</u> (Object <u>Var.</u>	_Program	Code Var.	Program Period Var.

B. Recommended Sources of Funds/Summary of Fiscal Impact:
Funding sources are the State of Florida Department of Elder Affairs and Palm Beach County. Previous resolution for OAA is Standard Agreement No. IA112-9500 (R2012-0421). Previous resolutions for HCE are Standard Agreement No. IH011-9500 (R2011-1316), Amendment No. 001 (R2012-0972), Amendment No. 002 (R2012-1624), Amendment No. 003 (R2012-1625).

C.	Departmental Fiscal Review:	7	m				
		Taruna	Malhotra,	Director,	Financial	& Suppor	Svcs

III. REVIEW COMMENTS

Α.	OFMB Fisca	l and/or (Contract	Developmen	t and	Control (Comments:
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OFMB

Chief 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, hereinafter referred to as the "Agency", and Palm Beach County Board of County Commissioners hereinafter referred to as the "Provider", amends contract IA112-9500.

The purpose of this amendment is to amend Paragraphs 8 and 8.1.

STANDARD AGREEMENT:

Revise the Standard Agreement to incorporate the following changes, and renumber all affected paragraphs accordingly:

- (1) Amend Paragraphs 8, and 8.1.
- (1) Paragraphs 8 and 8.1 of the Standard Agreement are hereby amended to read:
- 8. Background Screening

The Provider shall ensure that the requirements of s. 430.0402 and ch. 435, F.S., as amended, are met regarding background screening for all persons who meet the definition of a direct service provider and who are not excepted from the Department's level 2 background screening pursuant to s. 430.0402(2)-(3), F.S. The Provider must also comply with any applicable rules promulgated by the Department and the Agency for Health Care Administration regarding implementation of s. 430.0402 and ch. 435, F.S. To demonstrate compliance with section 8 of the Standard Agreement, the Provider shall submit ATTACHMENT XIV, Background Screening Affidavit of Compliance annually, by January 15th.

Further information concerning the procedures for background screening are found at http://elderaffairs.state.fl.us/doea/backgroundscreening.php.

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.

Department Director

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:Chair	SIGNED BY:
DATE:	NAME:
SHARON R. BOCK, Clerk and Comptroller	
BY:	TITLE:
DATE:	DATE:
Federal Tax ID: <u>59-6000785</u>	
Fiscal Year Ending Date:	
Approved as to form and legal sufficiency	
Chief Assistant County Attorney	
Approved as to terms and conditions	

Attestation Statement

Agreement/Contract Number IA112-9500	
Amendment Number001	
	s or revisions have been made to the
(Provider Representative)	
content of the above referenced agreement/contract or amendment between	the Area Agency on Aging of Palm
Beach/Treasure Coast, Inc. and Palm Beach County Board of County Comm	nissioners, Division of Senior Services.
The only exception to this statement would be for changes in page formatting	ng, due to the differences in electronic
data processing media, which has no affect on the agreement/contract content	nt.
Signature of Provider Representative	Date.

AMENDMENT 004 IH011-9500

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 # IH011-9500.

The purpose of this amendment is to increase case management funding by \$1,340.90 and to revise ATTACHMENT II, HOME CARE FOR THE ELDERLY AGREEMENT BUDGET SUMMARY.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) amends Attachment I, Section III. A; (3) revises and replaces ATTACHMENT II, Budget Summary; and (4) revises and replaces Attachment VII..

STANDARD AGREEMENT:

(1) Paragraph D of the Standard Agreement, is hereby amended to read:

D. Agreement Amount

The Agency awards for services according to the statement of work, ATTACHMENT I of this Agreement in an amount not to exceed \$32,981.90 subject to the availability of funds. The Agency will provide a spending authority in the amount of \$78,685.00 for client services. Any costs or services paid for under any other contract or 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	CSFA	Amount			
Home Care for the Elderly	2011	General Revenue	65.001	\$27,131.90			
Program(HCE) - Case							
Management							
Home Care for the Elderly	2011	General Revenue	65.001	5,850.00			
Program(HCE) - Background		3					
Screenings for Caregivers							
TOTAL AGREEMENT AMO	\$32,981.90						

(2) Attachment I, Section III, A of the Standard Agreement is hereby amended to read:

A. STATEMENT OF METHOD OF PAYMENT

This is a fixed rate for services agreement. The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed \$111,666.90, subject to the availability of funds.

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.

AMENDMENT 004 IH011-9500

This amendment and all of its attachments are hereby made a part of this Agreement. IN WITNESS WHEREOF, the parties hereto have caused this 5 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:		SIGNED BY:
D1	Chair	SIGNED DI.
DATE:		
SHARON F	R. BOCK, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:		DATE:
	ID: <u>59-6000785</u> Ending Date:	
Approved a	s to form and legal sufficiency	
Chief Assis	tant County Attorney	
	s to terms and conditions	
	el hilli	
Department	Director	

AMENDMENT 004 IH011-9500

ATTACHMENT II

BUDGET SUMMARY

4.	Total	\$111,666.90
3.	Background Screenings for Caregivers	\$5,850.00
2.	HCE Case Management	\$27,131.90
1.	HCE Subsidies	\$78,685.00

ATTACHMENT VII EXHIBIT – 1

1. FEDERAL RESOURCES AWARDED TO THE SUBRECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

2. STATE RESOURCES AWARDED TO THE RECIPIENT PURSUANT TO THIS AGREEMENT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD	\$0		

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	General Revenue	65.001	\$111,666.90
TOTAL AWARD			\$111,666.90

COMPLIANCE REQUIREMENTS APPLICABLE TO STATE RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

Attestation Statement

Agreement/Contract Number IH011-9500
Amendment Number004
I, Chair_, 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 of
Palm Beach/Treasure Coast, Inc. 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