

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes _____ No _____

Budget Account No.:

Fund _____ Dept _____ Unit _____ Object _____ Program Code _____ Program Period _____

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

There is no fiscal impact associated with this item.

C. Departmental Fiscal Review:

DM

 Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

OFMB <i>[Signature]</i> 6/28/2013 cc 6/20/13 akw 4/27	Contract Development and Control <i>[Signature]</i> 7/3/13 7-3-13 Bwheath
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B. Legal Sufficiency:

[Signature] 7/5/13
 Chief Assistant County Attorney

C. Other Department Review:

 Department Director

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

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
AGED AND DISABLED ADULT (ADA) MEDICAID WAIVER
REFERRAL AGREEMENT**

This AMENDMENT is entered into between 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 "Service Provider", and collectively referred to as the "Parties".

The purpose of this AMENDMENT is to add Paragraphs Q and R below to Section II of the Home and Community Based Services Aged and Disabled Adult (ADA) Medicaid Waiver Referral Agreement between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

Q. The Service Provider shall notify the Medicaid Waiver Specialist immediately of the occurrence of an adverse incident that may jeopardize the health, safety and welfare of a recipient, or impair continued service delivery. A definition of an adverse incident that affects the health, safety and welfare of recipients include:

- (1) Injuries/Situations
 - (a) Death;
 - (b) Brain or spinal damage;
 - (c) Permanent disfigurement;
 - (d) Fracture or dislocation of bones or joints;
 - (e) Any condition requiring medical attention to which the recipient has not given informed consent; or
 - (f) Any condition that requires the transfer of the recipient, within or outside an Assisted Living facility to a unit providing a more acute level of care due to the adverse incident, rather than the recipient's condition prior to the adverse incident.
- (2) If one or more of the injuries/situations listed above occurred, and the event was one over which service provider staff could have had control (prevented or influenced the occurrence or extent of injury/situation to the recipient.)
- (3) If one or more of the injuries/situations listed above occurred, and the event is associated completely or partly with the service provider staff's intervention or lack of intervention and not the result of a pre-existing condition that the intervention was trying to correct or control. For example, transfer of a recipient to the hospital because a pre-existing condition of heart failure worsened, is not an adverse incident if staff intervention or lack of intervention was not directly or indirectly related to worsening of the condition. An expected death of a hospice patient is not an adverse incident, unless staff intervention or lack of intervention contributed to the death.

AMENDMENT # 001

HOME AND COMMUNITY BASED SERVICES
AGED AND DISABLED ADULT (ADA) MEDICAID WAIVER
REFERRAL AGREEMENT

Automatically Defined as Adverse

Any one of the following is automatically defined as an "adverse incident":

- (a) Abuse, neglect, or exploitation as defined in s.415.102, F.S.;
- (b) Resident elopement; or
- (c) An event that is reported to law enforcement. (Does not include notification for Baker Act transport or required notification of a death determined to be from natural causes.)

Adverse incidents involving abuse, neglect, and exploitation must be reported to the Department of Children and Families Adult Protective Services for investigation and resolution.

Information regarding an adverse incident must be reported to the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. using the Adverse Incident Report Template. The Service Provider shall not send any client information via email unless the information is sent in a secured manner through a data encryption service for email systems or if the client file(s) are encrypted prior to sending via email. When faxing PHI, use fax cover sheets that include the following information:

- Sender's name, facility, telephone and fax number
- Date and time of transmission
- Number of pages being faxed including cover sheet
- Intended recipient's name, facility, telephone and fax number
- Name and number to call to report a transmittal problem or to inform of a misdirected fax
- If notified of a misdirected fax, instruct the unintended recipient to mail back the information or destroy the information by shredding
- Confidentiality notice such as the following:

"Confidentiality Notice: The material contained in this facsimile transmission is either private, confidential, privileged, contains Protected Health Information (PHI) or constitutes a work product protected by law and is intended only for the use of the individual(s) named above. If you are not the recipient, be advised that unauthorized use, disclosure, copying, distribution or the taking of any action is strictly prohibited. If you have received this transmission in error, please immediately destroy this facsimile and notify us via the telephone number listed above. HIPAA-023 Rev. (4103)"

R. The Service Provider shall comply with any related requests for information from the Department of Elder Affairs or the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. regarding implementation of the Statewide Medicaid Managed Care Long-Term Care Program.

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
AGED AND DISABLED ADULT (ADA) MEDICAID WAIVER
REFERRAL AGREEMENT**

This AMENDMENT shall begin on the date on which both Parties have signed the AMENDMENT.

All provisions in the Home and Community Based Waiver Referral Agreement between the Area Agency on Aging Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners and any of its attachments, which may be in conflict with this AMENDMENT are hereby changed to conform to 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 Referral Agreement.

In witness whereof, the parties have caused this four (4) page AMENDMENT to be executed by their undersigned officials as 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: _____
Steven L. Abrams, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: _____

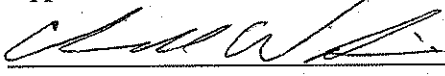
DATE: _____

Federal Tax ID: 59-6000785
Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Chief Assistant County Attorney

Approved as to terms and conditions



Department Director

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
AGED AND DISABLED ADULT (ADA) MEDICAID WAIVER
REFERRAL AGREEMENT**

Attestation Statement

REFERRAL AGREEMENT: Home and Community Based Services Aged and Disabled Adult (ADA) Medicaid Waiver Referral Agreement between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

AMENDMENT NUMBER: 001

I, _____, attest that no changes or revisions
(*Service Provider representative-print name*)
have been made to the content of the above-referenced Referral Agreement 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 effect on the Referral Agreement amendment content.

Signature of Service Provider Representative

Date

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
ASSISTED LIVING FOR THE FRAIL ELDERLY (ALE) MEDICAID WAIVER
CASE MANAGEMENT REFERRAL AGREEMENT**

This AMENDMENT is entered into between 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 "Case Management Agency", and collectively referred to as the "Parties".

The purpose of this AMENDMENT is to add Paragraphs O, P and Q below to Section III of the Home and Community Based Services Assisted Living For The Frail Elderly (ALE) Medicaid Waiver Case Management Referral Agreement between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

O. The Case Management Agency shall notify the Medicaid Waiver Specialist immediately of the occurrence of an adverse incident that may jeopardize the health, safety and welfare of a recipient, or impair continued service delivery. A definition of an adverse incident that affects the health, safety and welfare of recipients include:

- (1) Injuries/Situations
 - (a) Death;
 - (b) Brain or spinal damage;
 - (c) Permanent disfigurement;
 - (d) Fracture or dislocation of bones or joints;
 - (e) Any condition requiring medical attention to which the recipient has not given informed consent; or
 - (f) Any condition that requires the transfer of the recipient, within or outside an Assisted Living facility to a unit providing a more acute level of care due to the adverse incident, rather than the recipient's condition prior to the adverse incident.
- (2) If one or more of the injuries/situations listed above occurred, and the event was one over which service provider staff could have had control (prevented or influenced the occurrence or extent of injury/situation to the recipient.)
- (3) If one or more of the injuries/situations listed above occurred, and the event is associated completely or partly with the service provider staff's intervention or lack of intervention and not the result of a pre-existing condition that the intervention was trying to correct or control. For example, transfer of a recipient to the hospital because a pre-existing condition of heart failure worsened, is not an adverse incident if staff intervention or lack of intervention was not directly or indirectly related to worsening of the condition. An expected death of a hospice patient is not an adverse incident, unless staff intervention or lack of intervention contributed to the death.

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
ASSISTED LIVING FOR THE FRAIL ELDERLY (ALE) MEDICAID WAIVER
CASE MANAGEMENT REFERRAL AGREEMENT**

Automatically Defined as Adverse

Any one of the following is automatically defined as an "adverse incident":

- (a) Abuse, neglect, or exploitation as defined in s.415.102, F.S.;
- (b) Resident elopement; or
- (c) An event that is reported to law enforcement. (Does not include notification for Baker Act transport or required notification of a death determined to be from natural causes.)

Adverse incidents involving abuse, neglect, and exploitation must be reported to the Department of Children and Families Adult Protective Services for investigation and resolution.

Information regarding an adverse incident must be reported to the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. using the Adverse Incident Report Template. The Case Management Agency shall not send any client information via email unless the information is sent in a secured manner through a data encryption service for email systems or if the client file(s) are encrypted prior to sending via email. When faxing PHI, use fax cover sheets that include the following information:

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P. The Case Management Agency shall ensure coordination of care for recipients transitioning to the SMMC LTC.

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
ASSISTED LIVING FOR THE FRAIL ELDERLY (ALE) MEDICAID WAIVER
CASE MANAGEMENT REFERRAL AGREEMENT**

Q. The Case Management Agency will share client information and pass all client records that are requested by the Department of Elder Affairs (DOEA) and/or the Agency for Assisted Living Waiver Program clients. This information includes current care plans, service authorizations, and other documents for upload in a format specified by the DOEA prior to Planning and Service Area 9's transition to the SMMC LTC. Information will be provided pursuant to a method and timeframe requested by the Agency and/or the DOEA. Failure to comply with the provision of requested information may result in Medicaid payments being recouped or withheld for non-compliant Assisted Living Waiver Program Case Management agencies.

This AMENDMENT shall begin on the date on which both Parties have signed the AMENDMENT.

All provisions in the Home and Community Based Services Assisted Living For The Frail Elderly (ALE) Medicaid Waiver Case Management Referral Agreement between the Area Agency on Aging Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners and any of its attachments, which may be in conflict with this AMENDMENT are hereby changed to conform to 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 Referral Agreement.

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
ASSISTED LIVING FOR THE FRAIL ELDERLY (ALE) MEDICAID WAIVER
CASE MANAGEMENT REFERRAL AGREEMENT**

In witness whereof, the parties have caused this five (5) page AMENDMENT to be executed by their undersigned officials as 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: _____
Steven L. Abrams, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: _____

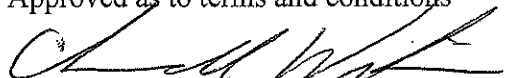
DATE: _____

Federal Tax ID: 59-6000785
Fiscal Year Ending Date:

Approved as to form and legal sufficiency

Chief Assistant County Attorney

Approved as to terms and conditions



A. Department Director

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES
ASSISTED LIVING FOR THE FRAIL ELDERLY (ALE) MEDICAID WAIVER
CASE MANAGEMENT REFERRAL AGREEMENT**

Attestation Statement

REFERRAL AGREEMENT: Home and Community Based Services Assisted Living For The Frail Elderly (ALE) Medicaid Waiver Case Management Referral Agreement between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

AMENDMENT NUMBER: 001

I, _____, attest that no changes or revisions
(Case Management Agency representative-print name)
have been made to the content of the above-referenced Referral Agreement 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 effect on the Referral Agreement Amendment content.

Signature of Case Management Agency
Representative

Date

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS
CASE MANAGEMENT REFERRAL AGREEMENT**

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The purpose of this AMENDMENT is to add Paragraphs R, S and T below to Section III of the Home and Community Based Services Medicaid Waivers Case Management Referral Agreement between the Area Agency on Aging of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners.

R. The Case Management Agency shall notify the Medicaid Waiver Specialist immediately of the occurrence of an adverse incident that may jeopardize the health, safety and welfare of a recipient, or impair continued service delivery. A definition of an adverse incident that affects the health, safety and welfare of recipients include:

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AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS
CASE MANAGEMENT REFERRAL AGREEMENT**

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S: The Case Management Agency shall ensure coordination of care for recipients transitioning to the SMMC LTC.

AMENDMENT # 001

**HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS
CASE MANAGEMENT REFERRAL AGREEMENT**

T. The Case Management Agency will share client information and pass all client records that are requested by the Department of Elder Affairs (DOEA) and/or the Agency for ADA Waiver Program clients. This information includes current care plans, service authorizations, and other documents for upload in a format specified by the DOEA prior to Planning and Service Area 9's transition to the SMMC LTC. Information will be provided pursuant to a method and timeframe requested by the Agency and/or the DOEA. Failure to comply with the provision of requested information may result in Medicaid payments being recouped or withheld for non-compliant A/DA Waiver Program Case Management agencies.

This AMENDMENT shall begin on the date on which both Parties have signed the AMENDMENT.

All provisions in the Home and Community Based Services Medicaid Waivers Case Management Referral Agreement between the Area Agency on Aging Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County Commissioners and any of its attachments, which may be in conflict with this AMENDMENT are hereby changed to conform to 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 Referral Agreement.

AMENDMENT # 001

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS
CASE MANAGEMENT REFERRAL AGREEMENT

In witness whereof, the parties have caused this five (5) page AMENDMENT to be executed by their undersigned officials as 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: _____
Steven L. Abrams, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

TITLE: _____

DATE: _____

DATE: _____

Federal Tax ID: 59-6000785

Fiscal Year Ending Date:

Approved as to form and legal sufficiency

Chief Assistant County Attorney

Approved as to terms and conditions



A. Department Director

AMENDMENT # 001

HOME AND COMMUNITY BASED SERVICES MEDICAID WAIVERS
CASE MANAGEMENT REFERRAL AGREEMENT

Attestation Statement

**REFERRAL AGREEMENT: Home and Community Based Services Medicaid
Waivers Case Management Referral Agreement between the Area Agency on Aging
of Palm Beach/Treasure Coast, Inc. and Palm Beach County Board of County
Commissioners.**

AMENDMENT NUMBER: 001

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(Case Management Agency representative-print name)
have been made to the content of the above-referenced Referral Agreement Amendment
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County Board of County Commissioners . The only exception to this statement would be
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media, which has no effect on the Referral Agreement Amendment content.

Signature of Case Management Agency
Representative

Date