

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: October 21, 2014	<input checked="" type="checkbox"/>	Consent	<input type="checkbox"/>	Regular
	<input type="checkbox"/>	Ordinance	<input type="checkbox"/>	Public Hearing

Department
Submitted By: Community Services
Submitted For: Division of Senior Services

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I. EXECUTIVE BRIEF

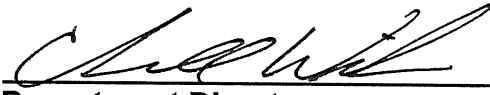
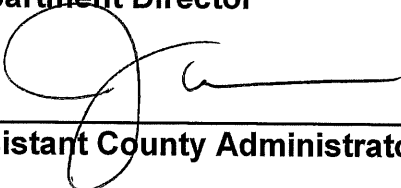
Motion and Title: Staff recommends motion to approve: Amendment to Service Agreement/Subcontract with American Eldercare, Inc. (AEC) (R2013-0861), for the Division of Senior Services (DOSS) to update Schedule B – Provider Fee Schedule Adult Day Care to comply with industry standard codes.

Summary: DOSS is a provider with AEC, a Florida Statewide Medicaid Managed Care Long Term Care Program. DOSS has the program and facility capacity to provide community-based services to AEC clients. DOSS provides health care services such as Case Management and Adult Day Care. The modification to Schedule B- Provider Fee Schedule Adult Day Care is necessary in order to comply with standard billing practices and enable AEC to provide a more efficient process in adjusting claims. Reimbursement rates remain the same. Except to the extent modified by this amendment, all of the terms and conditions of current provider participant agreement with AEC will apply. (DOSS) Countywide (TKF)

Background and Justification: American Eldercare, Inc. is contracted with the Department of Elder Affairs (DoEA) to provide healthcare and related services under their Long Term Care Diversion Program. The Long Term Care Diversion Program provides frail elders with safe, appropriate community based support. DOSS subcontracts with AEC to assist seniors in need, not served under DOSS grants. DOSS has the capacity to serve additional seniors independent from grant funds. As a service provider, DOSS affords eligible seniors with help to avoid long term placement in a nursing facility.

Attachments: AEC Long Term Care Plan Provider Amendment

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Recommended By:		<u>10/3/14</u>
	Department Director	Date
Approved By:		<u>10/17/14</u>
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2015	2016	2017	2018	2019
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0	0	0	0	0

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No _____
Budget Account No.: _____
Fund 1006 Dept 144 Unit 1445 Object Var. Program Code Var. Program Period _____

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

C. Departmental Fiscal Review: TM
Taruna Malhotra, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

[Signature]
OFMB 10/6/14 AK 10/6/14

[Signature] 10/15/14
Contract Development and Control
10-15-14 B Wheeler

B. Legal Sufficiency:

[Signature] 10/17/14
Chief Assistant County Attorney

C. Other Department Review:

Department Director

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

**American Eldercare, Inc.
Long Term Care Plan
Provider Amendment**

This Amendment to the SERVICE AGREEMENT/SUBCONTRACT is entered into by and between American Eldercare, Inc. ("AEC") and Palm Beach County Board of County Commissioners hereinafter called "PROVIDER"). The effective date of this amendment shall be the date on which the last party signed.

WHEREAS, AEC and PROVIDER are parties to that certain SERVICE AGREEMENT/SUBCONTRACT dated 9/1/2013 (the "Agreement"); and

WHEREAS, AEC and PROVIDER agree to amend the Agreement, in accordance with the terms and conditions set forth herein; and

WHEREAS, AEC and PROVIDER agree that in the event of conflicting terms or conditions, this Amendment shall supersede the Agreement. All other terms and conditions stipulated in the Agreement shall remain in force.

NOW THEREFORE, in consideration of the mutual commitments and covenants herein contained, the parties hereby agree to amend the Agreement as follows:

Schedule B shall be deleted in its entirety and replaced with the attached.

IN WITNESS WHEREOF, each of the undersigned has caused this Agreement to be duly executed in its name and on its behalf effective as dated below.

AMERICAN ELDERCARE, INC.

**Palm Beach County Board of County
Commissioners**

By: _____
(Signature)

By: _____
(Signature)

Print Name: Debbie Lynott

Print Name: Priscilla A. Taylor

Title: COO / Regional President

Print Title: Mayor

Date: _____

Date: _____

ATTEST:
SHARON R. BOCK
CLERK AND COMPTROLLER

APPROVED AS TO FORM
AND LEGAL SUFFICIENCY

By: _____
Chief Assistant County Attorney

APPROVED AS TO TERMS
AND CONDITIONS
BY: 
DEPARTMENT HEAD

By: _____
Deputy Clerk

LONG TERM CARE PLAN
SCHEDULE B

PROVIDER FEE SCHEDULE
ADULT DAY CARE

PROVIDER agrees to accept as payment in full from AEC for Covered Services rendered to Members, the fees described below or PROVIDER’S usual and customary charges, whichever is less, less any Copayments due from Member. Provider acknowledges and agrees that a Copayment may not be required from AEC’s Members.

CODE	SERVICE	REIMBURSEMENT BILLING UNIT	RATE
S5100	Adult Day Care (*)	15 Minute – increments	\$2.00
T1019	Administered Personal Care Services – bath visit	15 Minute – increments	N/A

(*) Per diem divided by 32 equals 15 minute rate

Provider Initials_____ Date_____ AEC Initials_____ Date_____