PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date:	November 22, 2016	[X] []	Consent Ordinance]]]	Regular Public Hearing
Department Submitted By: Submitted For:	<u>Community Servic</u> Division of Senior		es	-	-	
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I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to:

A) approve:

- Amendment 003 to Standard Agreement No. IH015-9500 (R2015-1445) for Home Care for the Elderly (HCE) with Area Agency on Aging of Palm Beach/Treasure Coast, Inc. (AAA), for the period July 1, 2016, through June 30, 2017, to revise and replace portions of the standard agreement to assist older adults and their caregivers with the provision of care in a family-type living arrangement as an alternative to institutional care; and
- 2. Amendment 004 to Standard Agreement No. IH015-9500 (R2015-1445) for HCE with AAA for the period July 1, 2015, through June 30, 2016, to amend, revise and replace portions of the standard agreement and increase the overall total funding by \$7,423.62 to assist older adults and their caregivers with the provision of care in a family-type living arrangement as an alternative to institutional care; and
- 3. Amendment 003 to Standard Agreement No. IC015-9500 (R2015-1447) for Community Care for the Elderly (CCE) with AAA, for the period July 1, 2016, through June 30, 2017, to revise and replace portions of the standard agreement to assist seniors and caregivers by providing in-home services to help seniors live independently; and
- 4. Amendment 004 to Standard Agreement No. IC015-9500 (R2015-1447) for CCE with AAA, for the period July 1, 2015, through June 30, 2016, to amend, revise and replace portions of the standard agreement and increase the overall total funding by \$23,686.93 to assist seniors and caregivers by providing in-home services to help seniors live independently; and

Motion and Title: (Continued on page 3)

Summary: Grant adjustments are made during the contract year to align services with need. These amendments are necessary to incorporate changes made to the standard agreements and allows reallocation of expenditures to the grant, reducing ad valorem dollars needed. Sufficient funding is included in the current budget to meet County obligations. No additional County funds are required for these amendments. (Division of Senior Services) <u>Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd</u> (HH).

Background and Justification: Funds are used to provide various in-home and community based services to older adults in Palm Beach County, which preserves their independence and defers the need for more costly institution care.

Attachments: 1. Amendments (6) 2. Budget Amendm		
Recommended By	 /: <u>Jaun</u> /Department Director	
Approved By:	Assistant Gounty Administrator	Dáte Date/

II. FISCAL IMPACT ANALYSIS

Α. **Five Year Summary of Fiscal Impact:**

Fiscal Years	2016	2017	2018	2019	2020
Capital Expenditures		· · · · · · · · · · · · · · · · · · ·			
Operating Costs	22,400				
External Revenue	(19,768)				
Program Income		<u>, , , , , , , , , , , , , , , , , , , </u>			
In-Kind Match (County)					
NET FISCAL IMPACT	2,632				

# ADDITIONAL FTE			
POSITIONS (Cumulative)			

Is Item Included In Current Budget? Yes <u>X</u> No _____

Budget Account No.:

Fund <u>1006</u> Dept <u>144</u> Unit <u>Var.</u> Object <u>Var.</u> Program Code <u>Var.</u> Program Period <u>Var.</u>

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

Funding sources are the State of Florida and Palm Beach County. No additional funding needed for current fiscal year.

Total Funding	1443	1472	1481	Total
<u>Funds</u>	CCE	ADI	HCE	Funds
Grant	23,687	35,751	(39,670)	19,768
Match (10%)	<u>2,632</u>	<u>0</u>	0	2,632
Total	26,319	35,751	(39,670)	22,400

Departmental Fiscal Review:

Julie/Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

Α. **OFMB Fiscal and/or Contract Development and Control Comments:**

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Β. Legal Sufficiency:

C.

Assistant County

C. **Other Department Review:**

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

15116 Contract Development and Control

Motion and Title: (continued from page 1)

- 5. Amendment 002 to Standard Agreement No. IZ015-9500 (R2015-1448) for Alzheimer's Disease Initiative (ADI) with AAA, for the period July 1, 2016, through June 30, 2017, to revise and replace portions of the standard agreement to provide assistance to seniors and caregivers by ensuring that individuals afflicted with Alzheimer's disease and other forms of dementia are given essential services to help them live independently in their own homes; and
- 6. Amendment 003 to Standard Agreement No. IZ015-9500 (R2015-1448) for ADI with AAA, for the period July 1, 2015, through June 30, 2016, to amend, revise and replace portions of the standard agreement and increase overall total funding by \$35,750.82 to provide assistance to seniors and caregivers by ensuring that individuals afflicted with Alzheimer's disease and other forms of dementia are given essential services to help them live independently in their own homes; and

B) approve a budget amendment of \$19,768 in the FY 2016 Division of Senior Services Administration Fund to align the budget to the actual grant awards.

AMENDMENT 003

Attachment 1 Motion A-1 IH015-9500

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IH015-9500.

The purpose of this amendment is to revise and replace Attachment VI, UNIT RATE REPORT.

ATTACHMENT VI, UNIT RATE REPORT, is hereby revised and replaced with the following ATTACHMENT VI.

ATTACHMENT VI

2015 UNIT RATE REPORT

SERVICE	LOCATION	REIMBURSABLE UNIT RATE
ADULT DAYCARE VENDOR		\$8.00
BASIC SUBSIDY		\$106.00
OTHER - BACKGROUND SCREEN - VENDOR		\$85.25
OTHER - BACKGROUND SCREEN - RETENTION - VENDOR	a a post a second de la constante de la constant	\$6.00
OTHER SERVICES - VENDOR PAYMENT		\$85.25
CAREGIVER TRAIN/SUPPORT (INDIVIDUAL)		\$75.00
CASE AIDE VENDOR	2002 AP - 11 - 1 A 11 - 2 A 11 - 2 A 11 - 11 -	\$23.95
CASE MANAGEMENT - VENDOR PAYMENT		\$41.26
CHORE - VENDOR PAYMENT		\$15.06
CHORE (ENHANCED) - VENDOR PAYMENT	· · · · · · · · · · · · · · · · · · ·	\$18.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) VENDOR		\$300.00
COUNSELING (GERONTOLOGICAL) - VENDOR PAYMENT		\$75.00
HOME DELIVERED MEALS - VENDOR PAYMENT		\$3.68
HOMEMAKER - VENDOR PAYMENTS		\$15.06
PERSONAL CARE		\$15.06
RESPITE-VENDOR PAYMENT	214	\$13.27
RESPITE-VENDOR PAYMENT	215	\$14.17
RESPITE-VENDOR PAYMENT	75	\$14.95
RESPITE-VENDOR PAYMENT	83	\$12.50
RESPITE-VENDOR PAYMENT	84	\$13.00
RESPITE-VENDOR PAYMENT	НО	\$15.06
RESPITE IN-FACILITY - VENDOR PAYMENT		\$9.30
SPECIALIZED MEDICAL EQUIPMENT, SERVICES AND SUPPLIES-VENDOR	······································	COST REIMBURSEMENT

SERVICE	LOCATION	REIMBURSABLE UNIT RATE
ADULT DAYCARE VENDOR	60	\$10.23
BASIC SUBSIDY		\$106.00
CAREGIVER TRAIN/SUPPORT (INDIVIDUAL)		\$76.50
CASE AIDE VENDOR		\$24.43
CASE MANAGEMENT - VENDOR PAYMENT	CE	\$42.09
CASE MANAGEMENT - VENDOR PAYMENT		\$42.09
CHORE - VENDOR PAYMENT	······································	\$15.36
CHORE (ENHANCED) - VENDOR PAYMENT		\$18.36
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)- VENDOR		\$306.00
COUNSELING (GERONTOLOGICAL) - VENDOR PAYMENT		\$76.50
HOME DELIVERED MEALS - VENDOR PAYMENT		\$3.75
HOMEMAKER - VENDOR PAYMENTS		\$15.36
OTHER-BACKGROUND SCREEN-RETENTION- VENDOR		\$6.12
OTHER-BACKGROUND SCREEN-VENDOR		\$86.96
OTHER SERVICES - VENDOR PAYMENT		\$85.25
PERSONAL CARE-VENDOR PAYMENT		\$15.36
RESPITE-VENDOR PAYMENT	214	\$15.36
RESPITE-VENDOR PAYMENT	215	\$15.36
RESPITE-VENDOR PAYMENT	75	\$15.36
RESPITE-VENDOR PAYMENT	83	\$15.36
RESPITE-VENDOR PAYMENT	84	\$15.36
RESPITE-VENDOR PAYMENT	НО	\$15.36
RESPITE IN-FACILITY - VENDOR PAYMENT		\$9.49
SPECIALIZED MEDICAL EQUIPMENT, SERVICES AND SUPPLIES-VENDOR		COST REIMBURSEMENT
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES		COST REIMBURSEMENT

2016 UNIT RATE REPORT

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AMENDMENT 003

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 5 page amendment to be executed by their officials there unto duly authorized.

PALM BEACH COUNTY, FLORIDA, Provider: a political subdivision of the State of Florida, by and through its Board of County Commissioners	AREA AGENCY ON AGING OF PALM BEACH /TREASURE COAST, INC.
SIGNED BY: Mayor	SIGNED BY:
SHARON R. BOCK, Clerk and Comptroller	NAME:
ВҮ:	TITLE:
BY: Deputy Clerk DATE:	DATE:
Federal Tax ID: <u>59-6000785</u> Fiscal Year Ending Date:	
Approved as to form and legal sufficiency	

4

Assistant County Attorney

Approved as to terms and conditions

Department Director

Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 003

I,_____, Mayor____, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its 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 agreement/contract content.

Signature of Provider Representative , Mayor

Approved As To Form And Legal Sufficiency Date

Attest: Sharon R. Bock Clerk and Comptroller

Deputy Clerk

By:

Assistant County Attorney

5

By:

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IH015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$7,423.62.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) revises and replaces ATTACHMENT II, Funding Summary; and (3) revises and replaces ATTACHMENT III, Home Care for the Elderly Budget Summary.

STANDARD AGREEMENT:

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

D. <u>Agreement Amount</u>

The Agency awards for services according to the statement of work, ATTACHMENT I of this Agreement in an amount not to exceed \$140,249.62 subject to the availability of funds. The Agency will provide a spending authority in the amount of \$122,280.88 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 VI, for contracted services the Agency agrees to pay for.

These funds are allocated for the period July 1, 2015 - June 30, 2016

Funding Allocation					
Program Title	Year	Funding Sources	CSFA	Amount	
Home Care for the H (HCE)	Elderly 2015	General Revenue	65.010	\$93,155.79	
TOTAL AGREEMENT AMOUNT: \$93,155.7					

(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS: N/A

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

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec 215 97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	General Revenue	65.010	\$93,155.79
			<u></u>
TOTAL AWARD			\$93,155.7

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

STATE FINANCIAL ASSISTANCE Section 215.97, Fla. Stat. Chapter 69I-5, Fla. Admin. Code

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Attachment III, Home Care for the Elderly Budget Summary, is replaced with the following Attachment III. (3)

ATTACHMENT III

HOME CARE FOR THE ELDERLY PROGRAM

BUDGET SUMMARY (2015 – 2016)

1.	Spending Authority for HCE Subsidies	\$122,280.88
2.	HCE Case Management	\$17,968.74
3.	Total	\$140,249.62

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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 5 page amendment to be executed by their

Provider:	PALM BEACH COUNTY, FLORIDA, a political subdivision of the State of Florida, by and through its Board of County Commissioners	AREA AGENCY ON AGING OF PALM BEACH /TREASURE COAST, INC.
SIGNED B	Y: Mayor	SIGNED BY:
SHARON	R. BOCK, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:	Deputy Clerk	DATE:
	ax ID: <u>59-6000785</u> ar Ending Date:	
Approved	d as to form and legal sufficiency	
Assistant	County Attorney	
Approved	d as to terms and conditions	
6 Jan	ing	
Departm	ent Director	
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Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 004

I, _____, M_{440V} , attest that no changes or revisions have (*Provider Representative*)

Mayor

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its 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 agreement/contract content.

By:

Signature of Provider Representative

Date

Approved As To Form And Legal Sufficiency Attest: Sharon R. Bock Clerk and Comptroller

Deputy Clerk

By:

Assistant County Attorney

AMENDMENT 003

Attachment 1 Motion A-3

IC015-9500

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, a political subdivision of the State of Florida by and through its Board of County Commissioners hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IC015-9500.

The purpose of this amendment is to revise and replace Attachment VI, UNIT RATE REPORT.

ATTACHMENT VI, UNIT RATE REPORT, is hereby revised and replaced with the following ATTACHMENT VI.

ATTACHMENT VI

2015 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
ADULT DAY CARE	\$9.30
ADULT DAY HEALTH CARE	\$0.00
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$75.00
CASE AIDE	\$23.95
CASE MANAGEMENT	\$41.26
CHORE	\$15.06
CHORE (ENHANCED)	\$18.00
CHORE (ENHANCED) - VENDOR PAYMENT	\$0.00
COMPANIONSHIP	\$15.06
CONSUMABLE MEDICAL SUPPLIES	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$75.00
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	\$300.00
EMERGENCY ALERT RESPONSE - INSTALLATION	\$0.00
EMERGENCY ALERT RESPONSE	\$0.87
ESCORT	\$0.00
HEALTH SUPPORT	\$0.00
HOME DELIVERED MEALS	\$3.68
HOME HEALTH AIDE SERVICE	\$0.00
NURSING SERVICES	\$0.00

HOMEMAKER	\$15.06
HOUSING IMPROVEMENT	\$0.00
LEGAL ASSISTANCE	\$100.00
MATERIAL AID	\$0.00
MEDICATION MANAGEMENT	\$100.00
NUTRITION COUNSELING - INDIVIDUAL	\$75.00
NUTRITION EDUCATION	\$0.00
OCCUPATIONAL THERAPY	\$0.00
OTHER SERVICES	\$0.00
PERSONAL CARE	\$15.06
PEST CONTROL INITIATION	\$130.00
PEST CONTROL (ENHANCED INITIATION)	\$225.00
PEST CONTROL (RODENT CONTROL)	\$130.00
PEST CONTROL MAINTENANCE	\$50.00
PHYSICAL THERAPY	\$0.00
RESPITE IN-HOME	\$15.06
RESPITE IN-FACILITY	\$9.30
FINANCIAL RISK REDUCTION (ASSESSMENT)	\$0.00
FINANCIAL RISK REDUCTION (MAINTENANCE)	\$0.00
RISK REDUCTION NUTRITIONAL	\$0.00
RODENT CONTROL MAINTENANCE	\$0.00
SHOPPING ASSISTANCE	\$0.00
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	COST REIMBURSEMENT
SPEECH THERAPY	\$0.00
TRANSPORTATION	\$0.00

2016 UNIT RATE REPORT

SERVICE	REIMBURSABLE UNIT RATE
ADULT DAY CARE	\$9.49
ADULT DAY HEALTH CARE	\$0.00
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$76.50
CASE AIDE	\$24.43
CASE MANAGEMENT	\$42.09
CHORE	\$15.36
CHORE (ENHANCED)	\$18.36
COMPANIONSHIP	\$15.36
CONSUMABLE MEDICAL SUPPLIES	\$0.00

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COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$76.50
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	\$306.00
EMERGENCY ALERT RESPONSE - INSTALLATION	\$0.00
EMERGENCY ALERT RESPONSE	\$0.89
HEALTH SUPPORT	\$0.00
HOME DELIVERED MEALS	\$4.00
HOME HEALTH AIDE SERVICE	\$0.00
NURSING SERVICES	\$0.00
HOMEMAKER	\$15.36
HOUSING IMPROVEMENT	\$0.00
LEGAL ASSISTANCE	\$102.00
MATERIAL AID	\$0.00
MEDICATION MANAGEMENT	\$102.00
NUTRITION COUNSELING - INDIVIDUAL	\$76.50
NUTRITION EDUCATION	\$0.00
OCCUPATIONAL THERAPY	\$0.00
OTHER SERVICES	\$0.00
PERSONAL CARE	\$15.36
PEST CONTROL INITIATION	\$132.60
PEST CONTROL (ENHANCED INITIATION)	\$229.50
PEST CONTROL (RODENT CONTROL)	\$132.60
PEST CONTROL MAINTENANCE	\$51.00
PHYSICAL THERAPY	\$0.00
RESPITE IN-HOME	\$15.36
RESPITE IN-FACILITY	\$9.49
FINANCIAL RISK REDUCTION (ASSESSMENT)	\$0.00
FINANCIAL RISK REDUCTION (MAINTENANCE)	\$0.00
RISK REDUCTION NUTRITIONAL	\$0.00
SHOPPING ASSISTANCE	\$15.36
SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	COST REIMBURSEMENT
SPEECH THERAPY	\$0.00
TRANSPORTATION	\$0.00

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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 5 page amendment to be executed by their officials there unto duly authorized.

PALM BEACH COUNTY, FLORIDA, AREA AGENCY ON AGING OF PALM Provider: a political subdivision of the State of BEACH /TREASURE COAST, INC. Florida, by and through its Board of County Commissioners SIGNED BY: SIGNED BY: _____ Mayor SHARON R. BOCK, Clerk and Comptroller NAME: _____ BY: ____ TITLE: _____ Deputy Clerk DATE: DATE:

4

Federal Tax ID: <u>59-6000785</u> Fiscal Year Ending Date: _

Approved as to form and legal sufficiency

Assistant County Attorney

Approved as to terms and conditions

Department Director

Attestation Statement

Agreement/Contract Number IC015-9500

Amendment Number 003

I, , Mayor, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its 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 agreement/contract content.

Signature of Provider Representative

Mayor

Date

Approved As To Form And Legal Sufficiency Attest: Sharon R. Bock Clerk and Comptroller

Deputy Clerk

By:

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By:

Assistant County Attorney

Attachment 1 Motion A-4

IC015-9500

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, a political subdivision of the State of Florida by and through its Board of County Commissioners, hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IC015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$23,686.93.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement; (2) revises and replaces ATTACHMENT II, Funding Source; and (3) revises and replaces ATTACHMENT III, Community Care for the Elderly Budget Summary.

STANDARD AGREEMENT:

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

D. <u>Agreement Amount</u>

The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. 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.

These funds are allocated for the period July 1, 2015 – June 30, 2016

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Community Care for the Elderly	2015	General Revenue	65.010	\$1,475,927.93
(CCE)				
TOTAL AGREEMENT AMOUNT: \$1,475,927.93				

(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II

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

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
			· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·			
TAL FEDERAL AWARD			

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS CONTRACT ARE AS FOLLOWS: N/A

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

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD	1	I	

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec 215 97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
Community Care for the Elderly	General Revenue	65.010	\$1,475,927.93
TOTAL AWARD			\$1,475,927.93

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

STATE FINANCIAL ASSISTANCE Section 215.97, Fla. Stat. Chapter 69I-5, Fla. Admin. Code

ATTACHMENT III

COMMUNITY CARE FOR THE ELDERLY PROGRAM BUDGET SUMMARY (For the Period July 1, 2015-June 30, 2016)

1.	CCE Client Services	\$1,186,479.93
2.	CCE Case Management	\$260,503.00
3.	CCE Case Aide	\$28,945.00
4.	Total	\$1,475,927.93

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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 5 page Amendment to be executed by their officials there unto duly authorized.

PALM BEACH COUNTY, FLORIDA, Provider: a political subdivision of the State of Florida, by and through its Board of County Commissioners	AREA AGENCY ON AGING OF PALM BEACH /TREASURE COAST, INC.
signed by:, Mayor	SIGNED BY:
SHARON R. BOCK, Clerk and Comptroller	NAME:
BY:	TITLE:
Deputy Clerk DATE:	DATE:
Federal Tax ID: <u>59-6000785</u> Fiscal Year Ending Date:	
Approved as to form and legal sufficiency	
Assistant County Attorney	
Approved as to terms and conditions	
Department Director	
	4

Attestation Statement

Agreement/Contract Number IC015-9500

Amendment Number 004

I._____, <u>Mayor</u>, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida by and through its 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 agreement/contract content.

Signature of Provider Representative

, Mayor

Date

Approved As To Form And Legal Sufficiency Attest: Sharon R. Bock Clerk and Comptroller

By:_

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Deputy Clerk

By:

Assistant County Attorney

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, a political subdivision of the State of Florida, by and through its Board of County Commissioners hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IZ015-9500.

1

The purpose of this amendment is to revise and replace Attachment VI, ADI UNIT RATE REPORT.

Attachment 1 Motion A-5

IZ015-9500

ATTACHMENT VI, ADI UNIT RATE REPORT, is hereby revised and replaced with the following Attachment VI.

ATTACHMENT VI

SERVICE	REIMBURSABLE UNIT RATE		
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00		
CAREGIVER TRAIN/SUPPORT (INDV)	\$75.00		
CASE AIDE	\$23.75		
CASE MANAGEMENT	\$41.26		
COUNSELING	\$0.00		
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$75.00		
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)- INDIVIDUAL	\$300.00		
MODEL DAY CARE	\$0.00		
OTHER SERVICES	\$0.00		
RESPITE	\$15.06		
RESPITE IN-FACILITY	\$9.30		

ADI 2015 UNIT RATE REPORT

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COST

\$0.00

REIMBURSEMENT

	• · · · · · · · · · · · · · · · · · · ·
SERVICE	REIMBURSABLE UNIT RATE
CAREGIVER TRAIN/SUPPORT (GRP)	\$0.00
CAREGIVER TRAIN/SUPPORT (INDV)	\$76.50
CASE AIDE	\$24.23
CASE MANAGEMENT	\$42.09
COUNSELING	\$0.00
COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	\$76.50
COUNSELING (MENTAL HEALTH COUNSELING/SCREENING)- INDIVIDUAL	\$306.00
MODEL DAY CARE	\$0.00
OTHER SERVICES	\$0.00
RESPITE IN-HOME	\$15.36
RESPITE IN-FACILITY	\$9.49

3

SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES

TRANSPORTATION

ADI 2016 UNIT RATE REPORT

AMENDMENT 002

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 5 page amendment to be executed by their officials there unto duly authorized.

Provider:	Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners	AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.
SIGNED BY:	, Mayor	SIGNED BY:
SHARON R.	BOCK, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:		DATE:
Federal Tax I Fiscal Year E	D: <u>59-6000785</u> nding Date:	

4

Approved As To Form and Legal Sufficiency

Assistant County Attorney

Approved as to terms and conditions

Cepartment Director

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 002

I, 1. , Mayor, attest that no changes or revisions have

(Provider Representative)

been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida, by and through its 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 agreement/contract content.

Signature of Provider Representative

Mayor

Date

Attest: Sharon R. Bock Clerk and Comptroller

By:_____ Assistant County Attorney

Approved As To Form

And Legal Sufficiency

Deputy Clerk

By:

AMENDMENT 003

Attachment 1 Motion IZ015-9500

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, a political subdivision of the State of Florida by and through its Board of County Commissioners hereinafter referred to as the "Provider" and collectively referred to as the "Parties", amends Agreement IZ015-9500.

The purpose of this amendment is to increase the overall total funding for the period July 1, 2015 through June 30, 2016 by \$35,750.82.

Additionally, this amendment (1) amends Paragraph D, of the Standard Agreement and (2) revises and replaces ATTACHMENT II, Budget Summary.

STANDARD AGREEMENT:

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

D. Agreement Amount

The Agency agrees to pay for contracted services according to the terms and conditions of this Agreement in an amount not to exceed the Total Agreement Amount per funding year outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment II and subject to the availability of funds. 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.

These funds are allocated for the period July 1, 2015 – June 30, 2016

Funding Allocation					
Program 7	ſitle	Year	Funding Sources	CSFA	Amount
Alzheimer's	Disease	2015-	General Revenue	65.004	\$784,069.82
Initiative (ADI)		2016			
TOTAL AGREEMENT AMOUNT:				\$784,069.82	

(2) Attachment II, Budget Summary, is replaced with the following Attachment II.

ATTACHMENT II

BUDGET SUMMARY (For the Period July 1, 2015-June 30, 2016)

1.	ADI Client Services	\$731,687.82
2.	ADI Case Management	\$52,382.00
3.	Total	\$784,069.82

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AMENDMENT 003

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 4 page amendment to be executed by their officials there unto duly authorized.

Provider:	Palm Beach County, a political subdivision of the State of Florida, by and through its Board of County Commissioners	AREA AGENCY ON AGING OF PALM BEACH/TREASURE COAST, INC.
SIGNED BY	r:, Mayor	SIGNED BY:
	,	
SHARON R	. BOCK, Clerk and Comptroller	NAME:
BY:		TITLE:
DATE:		DATE:
Federal Tax	ID: <u>59-6000785</u>	
	Ending Date:	
Approved as	to form and legal sufficiency	
Senior Assis	tant County Attorney	
Approved as	to terms and conditions	
w Tanu	UY	
Depa	artment Director	

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 003

Mayor, attest that no changes or revisions have

(Provider Representative)

I,

been made to the 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 effect on the agreement/contract content.

Mayor

Signature of Provider Representative

Date

Approved As To Form And Legal Sufficiency

By:

Assistant County Attorney

Attest: Sharon R. Bock Clerk and Comptroller

By:____

4

Deputy Clerk

BOARD OF COUNTY COMMISSIONERS PALM BEACH COUNTY, FLORIDA **BUDGET AMENDMENT** FUND 1006 DOSS - Administration

Page 1 of 1 pages

BGRV - 144- 101916*13 BGEX - 144- 101916*120

Use this form to provide budget for items not anticipated in the budget.

Administration/Bu	ıdget Department Approval					<u> </u>		
INITIATING DEF	PARTMENT/DIVISION T	aruna Malhotra 🏼 🏠	Mar					
COMMUNITY SE	ERVICES						At Meeting of Nov	ember 22, 2016
			Signatures		Date		By Board of Count	y Commissioner
	Total Appropriations & Expenditures	8,870,388	11,453,198	61,107	0	11,514,305	.,	,
144-1472-3401	Other Contractual Services	703,158	1,413,652	35,751		1,449,403	724,441	724,962
144-1481-3401 Alzheimer'S Disease	Other Contractual Services	123,686	180,717	1,669		182,386	72,156	
Home Care For The		100 606	100 717	1.770		100 297	70 150	
144-1443-3401	Other Contractual Services	1,514,883	26,688,685	23,687		26,712,372	1,404,351	25,308,021
EXPENDITURES DOSS-CCE								
	Total Receipts and Balances	8,870,388	11,453,198	61,107	0	11,514,305		
144-1472-3469	State Grant Other Human Services	697,704	1,380,865	35,751		1,416,616		
Alzheimer'S Disease	Initiative				·			
144-1481-3469	State Grant Other Human Services	137,826	226,549	1,669		228,218		
144-1443-3469 Home Care For The		1,414,054	2,919,014	23,687		2,942,701		
REVENUES DOSS-CCE	State Grant Other Human Services			22 (22		2 2 4 2 7 3 1		
		DUDGMI	Bebüllt	monthol			10 OT 10,17110	
ACCT NUMBER	ACCOUNT NAME	BUDGET	BUDGET	INCREASE	DECREASE	BUDGET	AS OF 10/19/16	BALANCE
		ORIGINAL	CURRENT			ADJUSTED	ENCUMBERED	DEMAININC

16-

Board of County Commissioners