

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

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Meeting Date: February 6, 2018	<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:

A) Amendment 007 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), to increase the overall total funding for the period July 1, 2016, through June 30, 2017 by \$16,447.61 and to revise, amend, 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

B) Amendment 007 to Standard Agreement No. IZ015-9500 (R2015-1448) for Alzheimer's Disease Initiative (ADI) with AAA, to increase the overall total funding for the period July 1, 2016, through June 30, 2017 by \$40,605.80 and to revise, amend, and replace portions of the standard agreement to provide assistance to older adults and caregivers by ensuring that individuals affected with Alzheimer's disease and other forms of dementia are offered services to help them live independently in their own homes.

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. Palm Beach County Division of Senior Services is responsible for providing services north of Hypoluxo Rd. The areas of service include all districts, excluding portions of Districts 3, 4, 5 and 7 south of Hypoluxo Road. The Mae Volen Senior Center, Inc. is responsible for providing services in the areas south of Hypoluxo Rd. **No additional funds are required for these amendments.** (Division of Senior Services) Countywide except for portions of Districts 3, 4, 5, and 7 south of Hypoluxo Rd (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. HCE Amendment 007
 2. ADI Amendment 007

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Recommended By: Tanning 1/22/18
Department Director Date

Approved By: Nancy L Bolton 1/27/18
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2018	2019	2020	2021	2022
Capital Expenditures					
Operating Costs	0				
External Revenue	(0)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)	2018	2019	2020	2021	2022

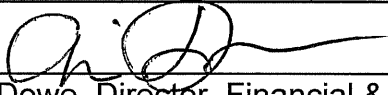
Is Item Included in Current Budget? Yes No
 Does this item include the use of federal funds? Yes No

Budget Account No.:
 Fund 1006 Dept 144 Unit 1472/1481 Object 3419 Program Code Var. Program Period Var.

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


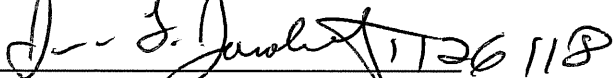
Funding source is State of Florida. Amendments are for FY 2017 funds. No additional funds are required for these amendments. No FY 2018 Fiscal Impact.

Total Funding	1472	1481	Total
Funds	ADI	HCE	Funds
Grant	40,606	15,753	56,359
Match (10%)	0	0	0
NSIP	0	0	0
Program Income	0	0	0
Addnl. County Funds	0	0	0
Total	40,606	15,753	56,359

C. Departmental Fiscal Review: 
 Julie Dowe, Director, Financial & Support Svcs.

III. REVIEW COMMENTS

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

 1/25/18
 OFMB 1/23/18 1/24/18 (PD) 1/25/18
 1/26/18
 Contract Development and Control 1/25/18

B. Legal Sufficiency:

 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, 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, 2016 through June 30, 2017 by \$16,447.61.

Additionally, this amendment (1) amends Paragraph 4, 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 4 of the Standard Agreement is hereby amended to read:

4. Agreement Amount

The Agency awards for services according to the statement of work, **ATTACHMENT I** of this Agreement in an amount not to exceed \$154,273.61 the Total Agreement Amount per funding year outlined below, subject to the availability of funds. The Agency will provide a spending authority of \$135,089.16 as outlined in **ATTACHMENT III** 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 through June 30, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2015	General Revenue	65.001	\$93,155.79
TOTAL AGREEMENT AMOUNT:				\$93,155.79

These funds are allocated for the period July 1, 2016 through June 30, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Home Care for the Elderly (HCE)	2016	General Revenue	65.001	\$112,240.48
TOTAL AGREEMENT AMOUNT:				\$112,240.48

These funds are allocated for the period July 1, 2017 through June 30, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CSEA	Amount
Home Care for the Elderly (HCE)	2017	General Revenue	65.001	\$107,095.00
TOTAL AGREEMENT AMOUNT:				\$107,095.00

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016, 2016-2017, and 2017-2018:	\$ \$312,491.27
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(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II.

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	YEAR	FUNDING SOURCE	CSFA	AMOUNT
Home Care for the Elderly	2015-2016	General Revenue	65.001	\$140,249.62
Home Care for the Elderly	2016-2017	General Revenue	65.001	\$154,273.61
Home Care for the Elderly	2017-2018	General Revenue	65.001	\$153,434.00
TOTAL STATE AWARD FOR FUNDING YEARS 2015-2016, 2016-2017, and 2017-2018				\$447,957.23

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

(3) Attachment III, Budget Summary, is replaced with the following Attachment III.

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

**HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY (2016-2017)**

1. Spending Authority for HCE Subsidies	\$135,089.16
2. HCE Case Management	\$19,184.45
4. Total	\$154,273.61

**HOME CARE FOR THE ELDERLY PROGRAM
BUDGET SUMMARY (2017-2018)**

1. Spending Authority for HCE Subsidies	\$137,371.00
2. HCE Case Management	\$16,063.00
4. Total	\$153,434.00

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 6 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: _____
Melissa McKinlay, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____

Deputy clerk

TITLE: _____

DATE: _____

DATE: _____

Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Deleene C. Stuyd

Assistant County Attorney

Approved as to terms and conditions

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Department Director

Attestation Statement

Agreement/Contract Number IH015-9500

Amendment Number 007

I, Melissa McKinlay, 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

Date

Approved as to form and legal sufficiency

By: Helene C. Hoyle
Assistant County Attorney

Attest:

Sharon R. Bock
Clerk and Comptroller

By: _____

Deputy Clerk

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, 2016 through June 30, 2017 by \$40,605.80.

Additionally, this amendment (1) revises Paragraph 4 of the Standard Agreement; (2) revises and replaces ATTACHMENT II, FUNDING SOURCE; and (3) revises and replaces ATTACHMENT IV, ALZHEIMER'S DISEASE INITIATIVE BUDGET SUMMARY.

STANDARD AGREEMENT:

(1) Paragraph 4 of the Standard Agreement is hereby amended to read:

4. 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 IV 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 through June 30, 2016.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2015	General Revenue	65.004	\$748,319.00
TOTAL AGREEMENT AMOUNT:				\$748,319.00

These funds are allocated for the period July 1, 2016 through June 30, 2017.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2016	General Revenue	65.004	\$884,695.80
TOTAL AGREEMENT AMOUNT:				\$884,695.80

These funds are allocated for the period July 1, 2017 through June 30, 2018.

Funding Allocation				
Program Title	Year	Funding Sources	CSFA	Amount
Alzheimer's Disease Initiative (ADI)	2017	General Revenue	65.004	\$1,026,247.00
TOTAL AGREEMENT AMOUNT:				\$1,026,247.00

TOTAL AGREEMENT AMOUNT FOR FUNDING YEARS 2015-2016 , 2016-2017, and 2017-2018:				\$2,659,261.80
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(2) Attachment II, Funding Source, is replaced with the following Attachment II.

ATTACHMENT II.

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	YEAR	FUNDING SOURCE	CSFA	AMOUNT
Alzheimer's Disease	2015-2016	General Revenue	65.004	\$748,319.00
Alzheimer's Disease	2016-2017	General Revenue	65.004	\$884,695.80
Alzheimer's Disease	2017-2018	General Revenue	65.004	\$1,026,247.00
TOTAL STATE AWARD FOR FUNDING YEARS 2015-2016, 2016-2017, AND 2017-				\$2,659,261.80

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

(3) Attachment IV, Budget Summary, is replaced with the following Attachment IV.

ATTACHMENT IV

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2015-2016)**

1. ADI Client Services	\$695,937.00
2. ADI Case Management	\$52,382.00
3. Total	\$748,319.00

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2016-2017)**

1. ADI Client Services	\$825,610.70
2. ADI Case Management	\$59,086.00
3. Total	\$884,696.70

**ALZHEIMER'S DISEASE INITIATIVE
BUDGET SUMMARY (2017-2018)**

1. ADI Client Services	\$954,410.00
2. ADI Case Management	\$71,837.00
3. Total	\$1,026,247.00

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: _____
Melissa McKinlay, Mayor

SIGNED BY: _____

DATE: _____

SHARON R. BOCK, Clerk and Comptroller

NAME: _____

BY: _____
Deputy Clerk

TITLE: _____

DATE: _____

DATE: _____

Federal Tax ID: 59-6000785

Fiscal Year Ending Date: _____

Approved as to form and legal sufficiency

Debra C. Boyd

Assistant County Attorney

Approved as to terms and conditions

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Department Director

Attestation Statement

Agreement/Contract Number IZ015-9500

Amendment Number 007

I, Melissa McKinlay, 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

Date

Approved as to form and legal sufficiency

By: *Delene C. Boyd*
Assistant County Attorney

Attest:

Sharon R. Bock
Clerk and Comptroller

By: _____

Deputy Clerk