PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS AGENDA ITEM SUMMARY

Meeting Date: Oc	tober 19, 2021	[X] []	Consent Ordinance		Regular Public Hearing
Department Submitted By: Submitted For:	Community Services Division of Senior and				
	<u>l. E</u>)	XECUTIV	VE BRIEF		
Agreement No. IA0 on Aging of Palm December 31, 202	021-9500 (R2021-0229) fo Beach/Treasure Coast,	or the O Inc. (A nd revis	older American AAA), for the se portions of t	s Act perio the sta	dment No. 002 to Standard (OAA) with the Area Agency d January 1, 2021 through andard agreement, to provide e total grant amount of
to administer prograngraph 11.8 in agencies to submit public-private agreereceives 50% or many entity that memost recent IRS I teams within thirty County, as the Cougrants, but if this realso included in thand Veteran Service in The Mae Volen C	rams. Amendment No. 0 accordance with the Government, or an entity that throne of their budget from the ets one or both of the crewing of the crewing the test of the crewing the crewing the test of the crewing the test of the crewing the test of the crewing	one State of this accive may a conal	EDA No. 93.04 Executive Ord with which a standard or other or from a compared must submpensation for agreement. The ore than 50% or apply. The revoluty funding providing services of the providing serv	144) is er 20- ate agree abinati mit ar the is language of its for its for each for the is es in the is an estimated as a single and is an estimated as a single a	a Statutes, AAA is designated required by AAA and adds 44, which requires executive ency must form a sole-source, ement with the State, annually on of state and federal funds. In annual report, including the entity's executive leadership guage does not apply to the funding from state and federal 2021 OAA approved rates are uired. The Division of Senior forth of Hypoluxo Road. The d 7 south of Hypoluxo Road. the areas south of Hypoluxo south of Hypoluxo Rd. (HH)
_	he home-delivered meal ices.				older adults' independence. s, caregiver support, and in-
	DocuSigned by:	a Minist Haller States	=======================================		
Recommended By:	James Grean BF34EF22BFDF492				9/23/21
	Department Direct	tor			Date

Approved By:

II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures					
Operating Costs					
External Revenue					
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT					

	Operating Costs			
	External Revenue			
	Program Income			
	In-Kind Match (County)			
	NET FISCAL IMPACT			
	# ADDITIONAL FTE POSITIONS (Cumulative)			
	Item Included in Current Budget? Yes es this item include the use of federal funds? Yes	No <u>X</u> No <u>X</u>		
Does	res this item include the use of lederal funds?	NO V		
	dget Account No.: nd <u>1006</u> Dept. <u>144 Unit N/A</u> Object <u>Var.</u> Program Code <u>Var.</u> Progra	am Period <u>\</u>	√ar.	
B.	Recommended Sources of Funds/Summary of Fiscal Impo No additional County funding.	act:		
C.	Departmental Fiscal Review: Julie Dowe, Director, Financial	l & Support	Services	
<u>L</u> .	REVIEW COMMENTS	<u>S</u>		
A.	OFMB Fiscal and/or Contract Development and Control C	comments:		
	The Mark 9/24/21 UM Contract Development	Jayleo and Contro	ut 9/8	+7/2Y

Legal Sufficiency: B.

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 "Parties" amends Agreement IA021-9500.

This amendment (1) adds Paragraph 11.8 to the Standard Agreement; and (2) revises and replaces Attachment XIV 2021 OAA Approved Rates.

(1) Paragraph 11.8 is hereby added to the Standard Agreement.

- 11.8 In accordance with Executive Order 20-44, an entity that, through contract or other agreement with the State, annually receives 50% or more of their prior fiscal year budget from the State or from a combination of State and Federal funds must submit an annual report, including the most recent IRS Form 990, for the prior fiscal year of the entity, detailing the total compensation for the entity's executive leadership teams within thirty (30) days of execution of this Agreement.
 - 11.8.1 The report must include total compensation including salary, bonuses, cashed-in leave, cash equivalents, severance pay, retirement benefits, deferred compensation, real-property gifts, and any other payout.
 - 11.8.2 The Provider shall inform the Agency of any changes in total executive compensation between the annual reports as those changes occur.
 - 11.8.3 All compensation reports must indicate what percent of compensation comes directly from the State or Federal allocations to the contracted entity.

(2) ATTACHMENT XIV of the Standard Agreement, 2021 OAA Approved Rates, is hereby replaced with the following ATTACHMENT XIV.

ATTACHMENT XIV

2021 OAA APPROVED RATES

	DIVISION OF SENIOR S		The second secon
	OAA 2021 APPROVED) RATES	
Program	Service	Service Code	Reimburement Rate
OA3B	ADULT DAY CARE	ADC	\$10.58
	COMPANIONSHIP	COMP	\$17.12
	CHORE	СНО	\$17.63
· · · · · · · · · · · · · · · · · · ·	CHORE (ENHANCED)	ECHO	\$21.07
	HOMEMAKER	НМК	\$17.12
	PERSONAL CARE	PECA	\$17.12
	RESPITE IN-HOME	RESP	\$17.12
	SCREENING & ASSESSMENT	SCAS	\$47.17
	TELEPHONE REASSURANCE	TERACV	\$37.00
	TRANSPORTATION	TRS	\$20.59
	TRANSPORTATION	TRSM	\$20.59
	TRANSI GRIATION	TROW!	720.33
O3C1	CONGREGATE MEALS	CNML	\$4.67
	CONGREGATE HOLIDAY/EMERGENCY		\$4.67
	CONGREGATE MEALS (SCREENING)	NTSC	\$26.85
	CONGREGATE MEALS BREAKFAST	CNMLB	\$4.67
	CONGREGATE MEALS MANAGED CARE	CNMLM	\$4.67
	CONGREGATE MEALS GUEST	CHIVEIN	\$4.67
	CONGREGATE MEALS VOLUNTEERS		\$4.67
	EMERGENCY HOME DELIVERED MEALS	EHDM	\$4.67
	NUTRITION COUNSELING - INDIVIDUAL	NUCOI	\$75.77
	NUTRITION EDUCATION	NTED	\$0.25
			\$6.42
	OUTREACH TELEPHONE REASSURANCE	OTR TERACV	\$37.00
	TELEPHONE REASSURANCE	TERACV	\$37.00
O3C2	HOME DELIVERED MEALS	HDM	\$4.59
	HOME DELIVERED MEAL GUEST		\$4.59
	HOME DELIVERED MEALS - FROZEN		\$4.59
	HOME DELIVERED MEALS - HOT		\$4.59
	EMERGENCY HOME DELIVERED MEALS	EHDM	\$4.67
	NUTRITION COUNSELING - INDIVIDUAL	NÚCOI	\$75.77
	NUTRITION EDUCATION	NTED	\$0.25
	OUTREACH	OTR	\$6.38
	SCREENING & ASSESSMENT	SCAS	\$47.17
· · · · · · · · · · · · · · · · · · ·	TELEPHONE REASSURANCE	TERACV	\$37.00
·	The state of the s	1,2,3,10,1	727.00
OA3E	ADULT DAY CARE	ADC	\$10.58
<u> </u>	CAREGIVER TRAIN/SUPPORT (GRP)	CTSG	\$83.44
····	CAREGIVER TRAIN/SUPPORT (INDV)	CTSI	\$83.44
····	POWERFUL TOOLS FOR CAREGIVERS	PTCG	\$1,750.00
	RESPITE IN-HOME	RESP	\$17.12
	SCREENING & ASSESSMENT	SCAS	\$47.17
	TELEPHONE REASSURANCE	TERACV	\$37.00
	TELLI HORE REASSONAINCE	TEIMEV	\$37.00
OA3ES	CHORE	сно	\$17.63
	CHORE (ENHANCED)	ECHO	\$21.07
***************************************	SUPPLIES/SERVICES	SCSM	*

Updated: 8/12/2021

^{*}Reimbursement will be based on actual costs.

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	
SIGNED		SIGNED DV.
Ы	Dave Kerner, Mayor	SIGNED BY:
DATE:		
ATTEST: Jo	OSEPH ABRUZZO, Clerk and Comptroller	NAME:
RV·		TITLE:
		DATE:
Federal Tax	ID: 59-6000785	
	Ending Date:	
Approved as to	o form and legal sufficiency	
Senior Assista	nt County Attorney	
* *	o terms and conditions fames Grean	
Department D	irector BF34EF22BFDF492	
FEDERAL ID	NUMBER:	
Fiscal Year End	Date: 12/31	

Attestation Statement

Amendment Number <u>002</u>	
I, Dave Kerner, Mayor	, attest that no changes or revisions have
(Provider Representative)	
been made to the content of the above referenced agree	ement/contract or amendment between the Area Agency on
Aging of Palm Beach/Treasure Coast, Inc. and Palm B	each County, a political subdivision of the State of Florida,
by and through its Board of County Commissioners. T	he only exception to this statement would be for changes in
page formatting, due to the differences in electronic da	ta processing media, which has no effect on the
agreement/contract content.	
Signature of Provider Representative	Date
•	Dute
	Date
	Attest:
pprove As To Form	Attest: Joseph Abruzzo
oprove As To Form nd Legal Sufficiency y:	Attest:
oprove As To Form nd Legal Sufficiency /:	Attest: Joseph Abruzzo Clerk of the Circuit Court & Comptrolle
pprove As To Form Ind Legal Sufficiency y: enior Assistant County Attorney	Attest: Joseph Abruzzo Clerk of the Circuit Court & Comptro Palm Beach County