

Date \_\_\_\_\_

## II. FISCAL IMPACT ANALYSIS

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

Fiscal Years	2022	2023	2024	2025	2026
Capital Expenditures					
Operating Costs	(8,040)				
External Revenue	8,040)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	-0-				

# ADDITIONAL FTE POSITIONS (Cumulative)					
---	--	--	--	--	--

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

Budget Account No.:

Fund 1006 Dept. 144 Unit 1457/1458/1459/ Object Var. Program Code Var. Program Period Var.

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

Funding sources are Federal.

Total Funding	1457	1458	1459	Total
<b>Funds</b>	<b>3B</b>	<b>C1</b>	<b>C2</b>	<b>Funds</b>
Grant	(70,000)	71,960	(10,000)	(8,040)
Match (10%)	0	0	0	0
NSIP	0	0	0	0
Program Income	0	0	0	0
Addnl. County Funds	0	0	0	0
Total	(70,000)	71,960	(10,000)	(8,040)

DocuSigned by:

Julie Dowe

06AC0C70CEB0444...

Departmental Fiscal Review:

Julie Dowe, Director, Financial & Support Services

## III. REVIEW COMMENTS

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

*Lucy Mader* 2/1/22  
OFMB *CHL 1/18/22* LM 2/1  
*AD 1/31/22*

*Ar. J. Jacobson* 2/1/22  
Contract Development and Control  
*2-1-22 TC*

### B. Legal Sufficiency:

*Anne Delikat* 2.2.22  
Senior Assistant County Attorney  
for *Delene Hingd*

### C. Other Department Review:

Department Director

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

(Continued from page 1)

**Background and Justification:** CCE assists seniors and caregivers by providing in-home services to help seniors live independently and assists seniors and their caregivers with care in a family-type living arrangement as an alternative to institutional care. HCE assists older adults and caregivers with the provision of care in a family-type living arrangement as an alternative to institutional care. ADI allows DSVS to assist seniors afflicted with Alzheimer's disease and other forms of dementia and caregivers with services to help them live independently in their own homes. OAA provides services to maintain older adults' independence, which includes home-delivered and congregate meals, caregiver support, and in-home support services. ICV provides nutrition services to seniors and their caregivers and provides information about COVID-19 vaccines and arranging transportation to vaccination sites and providing respite for caregivers to get their vaccination.

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA

Page 1 of 1

## BUDGET AMENDMENT

BGEX - 144 - 120821\*504

BGRV - 144 - 120821\*113

## FUND (1006) - DOSS - Administration

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

ACCT.NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED AS OF 12/29/2021	REMAINING BALANCE
<b>REVENUE</b>								
<b>DOSS-3B</b>								
144 1457	3168 Fed Grant Indirect - Human Services	1,204,574	2,228,761		70,000	2,158,761		
<b>DOSS-C1</b>								
144 1458	3168 Fed Grant Indirect - Human Services	581,051	856,157	10,000		866,157		
144 1458	3169 Fed Grnt Other Human Services	0	539,751	61,960		601,711		
<b>DOSS-C2</b>								
144 1459	3168 Fed Grant Indirect - Human Services	562,604	1,091,769		10,000	1,081,769		
<b>Total Revenue</b>		<b>11,118,815</b>	<b>14,722,740</b>	<b>71,960</b>	<b>80,000</b>	<b>14,714,700</b>		
<b>EXPENDITURE</b>								
<b>DOSS-3B</b>								
144 1457	3401 Other Contractual Services	1,311,786	1,945,783		70,000	1,875,783	216,464	1,659,319
<b>DOSS-C1</b>								
144 1458	3419 Contracted Food	655,052	1,281,838	71,960		1,353,798	141,217	1,212,581
<b>DOSS-C2</b>								
144 1459	3419 Contracted Food	550,695	927,592		10,000	917,592	210,538	707,054
<b>Total Expenditures</b>		<b>11,118,815</b>	<b>14,722,740</b>	<b>71,960</b>	<b>80,000</b>	<b>14,714,700</b>	<b>568,219</b>	<b>14,146,481</b>

Signatures

Date

By Board of County Commissioners

At Meeting on February 8, 2022

COMMUNITY SERVICES

INITIATING DEPARTMENT/DIVISION James Green

Administration/Budget Department Approval

OFMB Department - Posted

DocuSigned by:

Tanina Mallotra

1/13/2022

1459E4101E1048C

Deputy Clerk to the

Board of County Commissioners



Attachment 1

AMENDMENT 001

IC021-9500

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 IC021-9500.

This amendment (1) adds Paragraph 11.8 to the Standard Agreement; (2) amends Paragraph 19 of the Standard Agreement; (3) amends Paragraph II.D.1.a of Attachment I of the Standard Agreement; (4) amends Paragraph II.E.6 of Attachment I of the Standard Agreement; (5) amends Paragraph IV.F.1.a of Attachment I of the Standard Agreement; (6) amends Paragraph IV.F.1.c of Attachment I of the Standard Agreement; (7) amends Paragraph IV.F.1.e of Attachment I of the Standard Agreement; (8) revises and replaces Attachment XIII, Service Rate Report, of the Standard Agreement; and (9) adds Attachment XIV, Annual Co-Pay Collection Report, to the Standard Agreement.

**STANDARD AGREEMENT:**

**(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) Paragraph 19 of the Standard Agreement is hereby amended to read:**

**19. Health Insurance Portability and Accountability Act:**

Where applicable, the Provider shall comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

If the Provider will receive client’s protected health information as a result of this Agreement, then the Agency recognizes that the Agency and the Provider are “Business Associates” of each other under the terms of the Health Insurance Portability Act (HIPAA) of 1996.

**(3) Paragraph II.D.1.a of Attachment I of the Standard Agreement is hereby amended to read:**

**a. Core Services for Programmatic Operation**

The Provider shall ensure that core services include a variety of home-delivered services, day care services, and other basic services that are most needed to prevent unnecessary institutionalization. Core services, to be provided at the unit rate identified in the Provider’s Service Provider Application, as updated, include the following:

AMENDMENT 001

IC021-9500

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| (1) <u>Adult Day Care</u> ;       | (8) Housing Improvement;          |
| (2) <u>Chore Services</u> ;       | (9) <u>Legal Assistance</u>       |
| (3) Companionship;                | (10) <u>Pest Control Services</u> |
| (4) Escort;                       | (11) <u>Respite Services</u>      |
| (5) Financial Risk Reduction;     | (12) Shopping Assistance          |
| (6) <u>Home Delivered Meals</u> ; | (13) Telephone Reassurance; and   |
| (7) <u>Homemaker</u> ;            | (14) Transportation               |

(4) Paragraph II.E.6 of Attachment I of the Standard Agreement is hereby amended to read:

6. **Co-Pay Collections Report**  
The Provider shall submit a consolidated annual co-payment collections report to the Agency Fiscal Manager by August 5th, of each year, using Attachment XIV.

(5) Paragraph IV.F.1.a of Attachment I of the Standard Agreement is hereby amended to read:

- a. An intentional or negligent act of the Provider has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of services covered pursuant to this contract.

(6) Paragraph IV.F.1.c of Attachment I of the Standard Agreement is hereby amended to read:

- c. The Provider has committed multiple or repeated violations of legal and regulatory requirements, regardless of whether such laws or regulations are enforced by the Agency or Department, or the Provider has committed multiple or repeated violations of Agency or Department standards.

(7) Paragraph IV.F.1.e of Attachment I of the Standard Agreement is hereby amended to read:

- e. The Provider has failed to adhere to the terms of this Agreement.

AMENDMENT 001

IC021-9500

(8) ATTACHMENT XIII of the Standard Agreement, Service Rate Report, is hereby replaced with the following ATTACHMENT XIII.

ATTACHMENT XIII  
SERVICE RATE REPORT

DIVISION OF SENIOR AND VETERAN SERVICES 2021-2022 APPROVED RATES			
Program	Service	Service Code	Reimbursement Rate
CCE	ADULT DAY CARE	ADC	\$10.27
	ADULT DAY CARE - DAYS	ADCO	\$82.16
	CASE AIDE	CA	\$27.21
	CHORE	CHO	\$17.12
	CASE MANAGEMENT	CM	\$46.89
	COMPANIONSHIP	COMP	\$16.63
	CAREGIVER TRAIN/SUPPORT (INDV)	CTSI	\$81.18
	EMERGENCY ALERT RESPONSE	EAR	\$0.97
	CHORE (ENHANCED)	ECHO	*
	EMERGENCY HOME DELIVERED MEALS	EHDM	\$4.46
	PEST CONTROL INITIATION	EPECI	*
	COUNSELING (GERONTOLOGICAL) - INDIVIDUAL	GECI	\$81.18
	HOME DELIVERED MEALS	HDM	\$4.46
	HOMEMAKER	HMK	\$16.63
	LEGAL ASSISTANCE	LEG	\$110.40
	MATERIAL AID	MATE	*
	COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - INDIVIDUAL	MHSI	\$318.36
	MEDICATION MANAGEMENT	MMI	\$110.40
	NUTRITION COUNSELING - INDIVIDUAL	NUCOI	\$75.77
	PERSONAL CARE	PECA	\$16.63
	PEST CONTROL MAINTENANCE	PECM	\$55.20
	RESPIRE IN-FACILITY	RESF	\$10.27
	RESPIRE IN-HOME	RESP	\$16.63
	PEST CONTROL (RODENT CONTROL)	ROCI	*
	SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES	SCSM	*

\*Reimbursement will be based on actual costs.

Updated: 10/26/2021

AMENDMENT 001

IC021-9500

(9) Attachment XIV, Annual Co-Pay Collection Report, is hereby added to the Standard Agreement.

ANNUAL CO-PAY COLLECTION REPORT  
COMMUNITY CARE FOR THE ELDERLY

PSA: 9

Provider Name:

Contract #:

Reporting Period:

1. Number of persons assessed co-payments.
2. Number of persons terminated for non-payment of assessed co-payments.
3. Number of persons waived from termination for non-payment of co-payments.
4. Number of persons waived from assessment of co-payments,
5. Number of persons exempt from paying co-payments.
6. Total amount of co-payments assessed.
7. Total amount of co-payments, contributions or full payments collected
8. Total amount of co-payments expended:

Total

I certify that the above report is a true reflection of the period’s activities.

Name:

Title:

Signature:

AMENDMENT 001

IC021-9500

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.



AMENDMENT 001  
IN WITNESS WHEREOF, the parties hereto have caused this 7 page Amendment to be executed by their officials there unto duly authorized.

IC021-9500

**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: \_\_\_\_\_  
Robert S. Weinroth, Mayor

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller NAME: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

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

Approved as to form and legal sufficiency

DocuSigned by:  
*Helene C. Hvizd*

BF3DF26B2223413...  
Assistant County Attorney

Approved as to terms and conditions

DocuSigned by:  
*Taruna Mallotra*  
1459E4101F1049C...

Department Director

AMENDMENT 001

IC021-9500

Attestation Statement

Agreement/Contract Number IC021-9500

Amendment Number 001

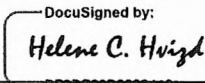
I, Robert S. Weinroth, Mayor, attest that no changes or revisions have  
(Provider Representative)  
been made to the content of the above referenced agreement/contract or amendment between the Area Agency on Aging and Palm Beach County, a political subdivision of the State of Florida, by and through 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

Attest: Joseph Abruzzo  
Clerk and Comptroller

By:   
Assistant County Attorney

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 “Parties” amends Agreement IH021-9500.

This amendment revises and replaces Attachment XIII, Service Rate Report.

ATTACHMENT XIII of the Standard Agreement, Service Rate Report, is hereby replaced with the following ATTACHMENT XIII.

ATTACHMENT XIII  
SERVICE RATE REPORT

DIVISION OF SENIOR AND VETERAN SERVICES 2021-2022 APPROVED RATES			
Program	Service	Service Code	Reimbursement Rate
HCE	ADULT DAY CARE VENDOR	ADCV	\$10.27
	ADULT DAY CARE - DAYS	ADCVO	\$82.16
	BASIC SUBSIDY	BASI	\$160.00
	BASIC SUBSIDY - LEGACY	BASIL	*
	CASE AIDE VENDOR	CAV	\$27.21
	CHORE - VENDOR PAYMENT	CHOV	\$17.12
	CASE MANAGEMENT-VENDOR PAYMENT	CMV	\$46.89
	CAREGIVER TRAIN/SUPPORT (INDV)	CTSV	\$81.18
	CHORE (ENHANCED) - VENDOR PAYMENT	ECHV	*
	EMERGENCY HOME DELIVERED MEALS	EHDM	\$4.46
	COUNSELING (GERONTOLOGICAL) - VENDOR PAYMENT	GECV	\$81.18
	HOME DELIVERED MEALS-VENDOR PAYMENT	HDMV	\$4.46
	HOMEMAKER-VENDOR PAYMENT	HMKV	\$16.63
	COUNSELING (MENTAL HEALTH COUNSELING/SCREENING) - VENDOR	MHSV	\$318.36
	OTHER - BACKGROUND SCREEN - RETENTION - VENDOR	OTBKRV	*
	OTHER - BACKGROUND SCREEN - VENDOR	OTHBKV	*
	PERSONAL CARE-VENDOR PAYMENT	PECV	\$16.63
	RESPIRE IN-FACILITY - VENDOR PAYMENT	RESFV	\$10.27
	RESPIRE-VENDOR PAYMENT	RESV	\$16.63
	SPECIALIZED MEDICAL EQUIPMENT, SERVICES, AND SUPPLIES - VENDOR PAYMENT	SCSV	*

\*Reimbursement will be based on actual costs.

Updated: 10/26/2021

AMENDMENT 002

IH021-9500

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 3 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: \_\_\_\_\_  
Robert S. Weinroth, Mayor

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller NAME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Approved as to form and legal sufficiency

DocuSigned by:  
Helene C. Hvizd  
Senior Assistant County Attorney

Approved as to terms and conditions DocuSigned by:  
Taruna Mallotra  
Department Director

AMENDMENT 002

IH021-9500

Attestation Statement

Agreement/Contract Number IH021-9500

Amendment Number 002

I, Robert S. Weinroth, 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 of Palm Beach/Treasure Coast, Inc. 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. Hvizd  
Senior Assistant County Attorney

Attest: Joseph Abruzzo  
Clerk of the Circuit Court & Comptroller  
By: \_\_\_\_\_  
Deputy Clerk



Attachment 3

AMENDMENT 001

IZ021-9500

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 IZ021-9500.

This amendment (1) adds Paragraph 11.8 to the Standard Agreement; (2) amends Paragraph 19 of the Standard Agreement; (3) amends Paragraph I.C.2 of Attachment I of the Standard Agreement; (4) amends Paragraph II.D.1.a of Attachment I of the Standard Agreement; (5) amends Paragraph IV.F.1.a of Attachment I of the Standard Agreement; (6) amends Paragraph IV.F.1.c of Attachment I of the Standard Agreement; (7) amends Paragraph IV.F.1.e of Attachment I of the Standard Agreement; and (8) revises and replaces Attachment XIII, Annual Co-Pay Collection Report of the Standard Agreement.

**STANDARD AGREEMENT:**

**(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) Paragraph 19 of the Standard Agreement is hereby amended to read:**

**19. Health Insurance Portability and Accountability Act:**

Where applicable, the Provider shall comply with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, as well as all regulations promulgated thereunder (45 CFR Parts 160, 162, and 164).

If the Provider will receive client's protected health information as a result of this Agreement, then the Agency recognizes that the Agency and the Provider are "Business Associates" of each other under the terms of the Health Insurance Portability Act (HIPAA) of 1996.

**(3) Paragraph I.C.2 of Attachment I of the Standard Agreement is hereby amended to read:**

**2. Client Eligibility**

Clients eligible to receive services under this Agreement must:

- a. Be 18 years of age or older and have a diagnosis of AD or a related disorder, or be suspected of having AD or a related disorder; or
- b. If enrolled in Specialized Alzheimer's Services Adult Day Care, be a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced registered nurse

AMENDMENT 001

IZ021-9500

practitioner: and

- c. Not be enrolled in any Medicaid capitated long-term care program.

**(4) Paragraph II.D.1.a of Attachment I of the Standard Agreement is hereby amended to read:**

**a. Respite and Other Services**

- (1) Caregiver Training/Support.
- (2) Case Aide.
- (3) Case Management.
- (4) Counseling (Gerontological).
- (5) Counseling (Mental Health/Screening).
- (6) Education/Training.
- (7) Emergency Home Delivered Shelf Meals
- (8) Home Delivered Meals
- (9) Homemaker
- (10) Housing Improvement
- (11) Intake.
- (12) Material Aid
- (13) Model Day Care.
- (14) Personal Care
- (15) Respite (Facility-Based).
- (16) Respite (In-Home).
- (17) Respite (In-Facility, Specialized Alzheimer’s services)
- (18) Specialized Medical Equipment, Services, and Supplies; and
- (19) Transportation.
- (20) Shopping Assistance – COVID – 19
- (21) Telephone Reassurance – COVID – 19

Services that are underlined must be a part of the Provider’s Service Provider Application and included in the rate pages.

**(5) Paragraph IV.F.1.a of Attachment I of the Standard Agreement is hereby amended to read:**

- a. An intentional or negligent act of the Provider has materially affected the health, welfare, or safety of clients, or substantially and negatively affected the operation of services covered pursuant to this contract.

**(6) Paragraph IV.F.1.c of Attachment I of the Standard Agreement is hereby amended to read:**

- c. The Provider has committed multiple or repeated violations of legal and regulatory requirements, regardless of whether such laws or regulations are enforced by the Agency or Department, or the Provider has committed multiple or repeated violations of Agency or Department standards.

**(7) Paragraph IV.F.1.e of Attachment I of the Standard Agreement is hereby amended to read:**

- e. The Provider has failed to adhere to the terms of this Agreement.

AMENDMENT 001

IZ021-9500

(8) Attachment XIII, Annual Co-Pay Collection Report is hereby revised and replaced with the following Attachment XIII.

ATTACHMENT XIII

ANNUAL CO-PAY COLLECTION REPORT  
ALZHEIMER’S DISEASE INITIATIVE

PSA: 9  
Provider Name:

Contract #:  
Reporting Period:

- 1. Number of persons assessed co-payments.
- 2. Number of persons terminated for non-payment of assessed co-payments.
- 3. Number of persons waived from termination for non-payment of co-payments.
- 4. Number of persons waived from assessment of co-payments,
- 5. Number of persons exempt from paying co-payments.
- 6. Total amount of co-payments assessed.
- 7. Total amount of co-payments, contributions or full payments collected
- 8. Total amount of co-payments expended:

Total

I certify that the above report is a true reflection of the period’s activities.

Name:  
Title:

Signature:

AMENDMENT 001

IZ021-9500

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.

AMENDMENT 001

IZ021-9500

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: \_\_\_\_\_  
Robert S. Weinroth, Mayor

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller NAME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Approved as to form and legal sufficiency

\_\_\_\_\_  
Assistant County Attorney

DocuSigned by:

Helene C. Hvizd

BF3DF20B2223413...

Approved as to terms and conditions  
\_\_\_\_\_  
Department Director

DocuSigned by:

Parvina Mallotra

1459E4101F1049C...



AMENDMENT 001

IZ021-9500

Attestation Statement

Agreement/Contract Number IZ021-9500

Amendment Number 001

I, Robert S. Weinroth, 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

Attest: Joseph Abruzzo  
Clerk and Comptroller

By: \_\_\_\_\_  
Assistant County Attorney

DocuSigned by:  
*Helene C. Hvizd*  
BF3DF20B2223413...

By: \_\_\_\_\_  
Deputy Clerk

Attachment 4

AMENDMENT 003

IA021-9500

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 "Parties" amends Agreement IA021-9500.

The purpose of this amendment is to decrease the overall total funding for the period January 1, 2021 through December 31, 2021 by \$70,000.00. Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) revises and replaces Attachment II, Exhibit 2, Funding Summary; (3) revises and replaces Attachment IX, Budget Summary; and (4) revises and replaces Attachment XIV, 2021 OAA Approved Rates.

(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 \$3,929,071.41 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.

AMENDMENT 003

IA021-9500

(2) ATTACHMENT II – Exhibit 2, Funding Summary, of the Standard Agreement is hereby replaced with the following ATTACHMENT II, Exhibit 2.

ATTACHMENT II  
EXHIBIT 2 FUNDING SUMMARY

**Note:** Title 2 CFR, as revised, and Section 215.97, F.S. require that the information about Federal Programs and State Projects included in Attachment II, Exhibit 1 be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

1. FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT  
CONSIST OF THE FOLLOWING:

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Older Americans Act Title III B - Support Services	U.S. Health and Human Services	93.044	\$1,134,574.00
Older Americans Act Title III B -2020 Carry Forward	U.S. Health and Human Services Carry Forward	93.044	\$443,537.72
Older Americans Act Title III C1 -Congregate Meals	U.S. Health and Human Services	93.045	\$591,051.00
Older Americans Act Title III C1 -2020 Carry Forward	U.S. Health and Human Services Cany Forward	93.045	\$392,229.31
Older Americans Act Title III C2 -Home Delivered Meals	U.S. Health and Human Services	93.045	\$552,604.00
Older Americans Act Title III C2 -2020 Carry Forward	U.S. Health and Human Services Carry Forward	93.045	\$411,226.38
Older Americans Act Title III E -Caregiver Support Services	U.S. Health and Human Services	93.052	\$155,169.00
Older Americans Act Title III E - 2020 Carry Forward	U.S. Health and Human Services Carry Forward	93.052	\$39,890.00
Older Americans Act Nutrition Services Incentive Program (NSIP)	U.S. Health and Human Services	93.053	\$208,790.00
TOTAL FEDERAL AWARD			\$3,929,071.41

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT  
TO THIS AGREEMENT ARE AS FOLLOWS:

FEDERAL FUNDS:

2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS  
AGREEMENT CONSIST OF THE FOLLOWING:

MATCHING RESOURCES FOR FEDERAL PROGRAMS

PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
TOTAL STATE AWARD			

AMENDMENT 003

IA021-9500

STATE FINANCIAL ASSISTANCE SUBJECT TO Sec. 215.97, F.S.

PROGRAM TITLE	FUNDING SOURCE	CSFA	AMOUNT
TOTAL AWARD			

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

- STATE FINANCIAL ASSISTANCE
- Sections 215.97 & 215.971, F.S., Chapter 69I-5, F.A.C, State Projects Compliance Supplement
- Reference Guide for State Expenditures
- Other fiscal requirements set forth in program laws, rules, and regulations.

AMENDMENT 003

IA021-9500

(3) ATTACHMENT IX of the Standard Agreement, Budget Summary, is hereby replaced with the following ATTACHMENT IX.

ATTACHMENT IX

ATTACHMENT IX  
BUDGET SUMMARY

1	IIIB Support Services	\$1,298,111.72
2	IIIB Transportation	\$280,000.00
3	IIIC1 Congregate Meals	\$973,280.31
4	IIIC2 Home Delivered Meals	\$973,830.38
5	IIIE Caregiver Support Services	\$169,059.00
6	IIIES Caregiver Supplemental Services	\$26,000.00
7	IIIEG Grandparent or Non-Parent Relative Support Service	\$0.00
8	Nutrition Services Incentive Program	\$208,790.00
9	TOTAL	\$3,929,071.41



AMENDMENT 003

IA021-9500

(4) 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 AND VETERAN SERVICES OAA 2021 APPROVED RATES			
Program	Service	Service Code	Reimbursement Rate
OA3B	ADULT DAY CARE	ADC	\$10.58
	ADULT DAY CARE - DAYS	ADCO	\$84.64
	COMPANIONSHIP	COMP	\$17.12
	CHORE	CHO	\$17.63
	CHORE (ENHANCED)	ECHO	\$21.07
	HOMEMAKER	HMK	\$17.12
	PERSONAL CARE	PECA	\$17.12
	RESPIRE IN-HOME	RESP	\$17.12
	SCREENING & ASSESSMENT	SCAS	\$47.17
	TELEPHONE REASSURANCE	TERACV	\$37.00
	TRANSPORTATION	TRS	\$26.24
	TRANSPORTATION	TRSM	\$26.24
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		\$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
	OUTREACH	OTR	\$6.42
	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	NUCOI	\$75.77
	NUTRITION EDUCATION	NTED	\$0.25
	OUTREACH	OTR	\$6.38
	SCREENING & ASSESSMENT	SCAS	\$47.17
	TELEPHONE REASSURANCE	TERACV	\$37.00
OA3E	ADULT DAY CARE	ADC	\$10.58
	ADULT DAY CARE - DAYS	ADCO	\$84.64
	CAREGIVER TRAIN/SUPPORT (GRP)	CTSG	\$83.44
	CAREGIVER TRAIN/SUPPORT (INDV)	CTSI	\$83.44
	POWERFUL TOOLS FOR CAREGIVERS	PTCG	\$1,750.00
	RESPIRE IN-HOME	RESP	\$17.12
	SCREENING & ASSESSMENT	SCAS	\$47.17
	TELEPHONE REASSURANCE	TERACV	\$37.00
OA3ES	CHORE	CHO	\$17.63
	CHORE (ENHANCED)	ECHO	\$21.07
	SUPPLIES/SERVICES	SCSM	*

Updated: 11/29/2021  
\*Reimbursement will be based on actual costs.

AMENDMENT 003

IA021-9500

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.

AMENDMENT 003

IA021-9500

IN WITNESS WHEREOF, the Parties hereto have caused this 8 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: \_\_\_\_\_  
Robert S. Weinroth, Mayor

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller NAME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Approved as to form and legal sufficiency

DocuSigned by:  
*Helene C. Hvig*

Senior Assistant County Attorney

Approved as to terms and conditions DocuSigned by:  
*Taruna Mallotra*  
1459E4101F1049C...

Department Director

FEDERAL ID NUMBER: \_\_\_\_\_

Fiscal Year End Date: 12/31

AMENDMENT 003

IA021-9500

Attestation Statement

Agreement/Contract Number IA021-9500

Amendment Number 003

I, Robert S. Weinroth, 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 of Palm Beach/Treasure Coast, Inc. 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: \_\_\_\_\_  
Senior Assistant County Attorney

DocuSigned by:  
*Helene C. Hvizd*  
BF3DF20B2223413...

Attest: Joseph Abruzzo  
Clerk of the Circuit Court & 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 “Parties” amends Agreement ICV21-9500.

The purpose of this amendment is to increase services and the overall total funding for the period of February 1, 2021 through September 30, 2022 by increasing funds by \$61,960.00. Additionally, this amendment (1) amends Paragraph 4, of the Standard Agreement; (2) amends Paragraph I.B.1 of Attachment I of the Standard Agreement; (3) amends Paragraph I.B.2 of Attachment I of the Standard Agreement; (4) amends Paragraph I.B.4 of Attachment I of the Standard Agreement; (5) amends Paragraph I.C.2.c of Attachment I of the Standard Agreement; (6) amends Paragraph II.D.1 of Attachment I of the Standard Agreement; (7) revises and replaces Attachment II – Exhibit 2, Funding Summary; (8) revises and replaces Attachment IX, Budget Summary; (9) revises and replaces Attachment XII; (10) adds Attachment XIII, Exhibit I, Cost Reimbursement Summary; and (11) revises and replaces Attachment XIV, Service Rate Report.

(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 outlined below or the rate schedule, with expenditures to be based upon an approved annual budget, subject to adjustment in accordance with Attachment IX 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 February 1, 2021 – September 30, 2022.

Funding Allocation				
Program Title	Year	Funding Sources	CFDA	Amount
Coronavirus Consolidated Appropriations Act for Nutrition Services under Title III-C of the Older Americans Act	2021-2022	U.S. Health and Human Services	93.045	\$539,751.00
Expanding Access to COVID-19 Vaccines via the Aging Network	2021-2022	U.S. Health and Human Services	93.044	\$61,960.00
TOTAL FUNDS CONTAINED IN THIS AGREEMENT:				\$601,711.00

(2) Paragraph I.B.1 of Attachment I of the Standard Agreement is hereby amended to read:

1. General Statement

The primary purpose of the Coronavirus Consolidated Appropriations Act Program is to prevent, prepare for, and respond to coronavirus by providing nutrition services to older individuals and their caregivers. Additional funds have been awarded to provide credible information about COVID-19 vaccines, identify people who may need help getting a COVID-19 vaccination, help with scheduling appointments and arranging accessible transportation to COVID-19 vaccination sites, reminding the person of their second vaccination appointment, and providing respite for caregivers to get their COVID-19 vaccination.

**(3) Paragraph I.B.2 of Attachment I of the Standard Agreement is hereby amended to read:****2. Authority**

All applicable federal laws, regulations, action transmittals, program instructions, review guides and similar documentation related to the following:

- a. Catalog of Federal Domestic Assistance Nos. 93.044 and 93.045;
- b. Older Americans Act of 1965, as amended 2020;
- c. Consolidated Appropriations Act, 2021, P.L. 116-260;
- d. Expanding Access to COVID-19 Vaccines via the Aging Network, P.L. 116-260 and P.L. 116-131 and 42 U.S. Code Sec. 241;
- e. 42 U.S.C. 247d;
- f. 42 U.S.C. § 303 and § 604;
- g. Rule 58A-1, Florida Administrative Code (F.A.C.);
- h. Section 430.101, Florida Statutes (F.S.); and
- i. DOEA Programs and Services Handbook, which is hereby incorporated by reference, to include any subsequent revisions thereof.

**(4) Paragraph I.B.4 of Attachment I of the Standard Agreement is hereby amended to read:****2. Major Program Goals**

The major goals of the Coronavirus Consolidated Appropriations Act Program are to prevent, prepare for, and respond to coronavirus by providing nutrition services to older individuals and their caregivers. Additional funds have been added to provide information about the COVID-19 vaccinations, identify people needing a vaccination, scheduling appointments for their vaccinations, and arranging transportation and respite as needed.

**(5) Paragraph I.C.2.c is hereby added to Attachment I of the Standard Agreement:****c. Expanding COVID-19 Vaccinations via the Aging Network**

These funds are for the Provider to serve older adults and their caregivers within their Community Care Service Area.

**(6) Paragraph II.D.1 of Attachment I of the Standard Agreement is hereby amended to read:****1. Delivery of Services to Eligible Clients**

The Contractor shall ensure the provision of a continuum of services that meets the diverse needs of elders and their caregivers. Documentation of service delivery must include a report consisting of the following: number of clients served, number of service units provided by service, and rate per service unit with calculations that equal the total invoice amount. The Contractor shall ensure the performance and reporting of the following types of services, in accordance with the Contractor's current Department-approved Area Plan, the current DOEA Programs and Services Handbook, and Section II.A.

**a. Coronavirus Consolidated Appropriations Act Nutrition Services under Title III-C of the Older Americans Act**

Nutrition services are designed to reduce hunger and food insecurity and to promote socialization and the

health and well-being of older individuals through access to nutrition and other disease prevention and health promotion services. Services include the following:

- i. Congregate meals;
- ii. Congregate meals screening;
- iii. Home delivered meals;
- iv. Nutrition education and nutrition counseling;
- v. Outreach;
- vi. Screening and Assessment;
- vii. Shopping Assistance; and
- viii. Telephone Reassurance

**b. Expanding Access to COVID-19 Vaccines via the Aging Network**

- i. Education (Individual and Group);
- ii. Information;
- iii. Outreach;
- iv. Respite (In-home and Facility-based);
- v. Telephone Reassurance – COVID-19; and
- vi. Transportation



ATTACHMENT II

EXHIBIT 2 FUNDING SUMMARY

**Note:** Title 2 CFR, as revised, and Section 215.97, F.S. require that the information about Federal Programs and State Projects included in Attachment II, Exhibit 1 be provided to the recipient. Information contained herein is a prediction of funding sources and related amounts based on the contract budget.

1. FEDERAL RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS AGREEMENT  
CONSIST OF THE FOLLOWING:

GRANT AWARD			FEDERAL AWARD DATE:
DUNS NUMBER:			
PROGRAM TITLE	FUNDING SOURCE	CFDA	AMOUNT
Coronavirus Consolidated Appropriations Act for Nutrition Services under Title III-C of the Older Americans Act	U.S. Health and Human Services	93.045	\$539,751.00
Expanding Access to COVID-19 Vaccines via the Aging Network	U.S. Health and Human Services	93.044	\$61,960.00
TOTAL FEDERAL AWARD			\$601,711.00

COMPLIANCE REQUIREMENTS APPLICABLE TO THE FEDERAL RESOURCES AWARDED PURSUANT TO THIS AGREEMENT ARE AS FOLLOWS:

FEDERAL FUNDS:  
2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

2. STATE RESOURCES AWARDED TO THE PROVIDER PURSUANT TO THIS  
AGREEMENT 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
TOTAL AWARD			

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

**STATE FINANCIAL ASSISTANCE**  
Sections 215.97 & 215.971, F.S., Chapter 69I-5, F.A.C., State Projects Compliance Supplement  
Reference Guide for State Expenditures  
Other fiscal requirements set forth in program laws, rules, and regulations.

(8) ATTACHMENT IX of the Standard Agreement, Budget Summary, is hereby replaced with the following ATTACHMENT IX.

ATTACHMENT IX

BUDGET SUMMARY

1.	Coronavirus Consolidated Appropriations Act Nutrition Services	\$	539,751.00
2.	Expanding Access to COVID-19 Vaccines via the Aging Network	\$	61,960.00
TOTAL			\$601,711.00

(9) ATTACHMENT XII of the Standard Agreement is hereby replaced with the following ATTACHMENT XII.

ATTACHMENT XII

Provider Name:  
Prepared by:  
Date:

Program Code	Service Code	Rate	Total Month's Request Units	This Month's Request	YTD Units	Contract Amount	Contract Balance	YTD
COC2	CONGREGATE MEALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	CONGREGATE MEALS (SCREENING)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	CONGREGATE MEALS - BREAKFAST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	HOME DELIVERED MEALS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	NUTRITION COUNSELING - INDIVIDUAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	NUTRITION EDUCATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	OUTREACH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	SCREENING & ASSESSMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	SHOPPING ASSISTANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COC2	TELEPHONE REASSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
			Total	0.00		0.00	0.00	0.00

Explanations:

I certify to the best of my knowledge and belief that the report is correct and data accuracy for billing submitted supports the request for the purposes set forth in the contract.

Prepared by:  
Approved by:

Date:  
Date:

Provider Name:  
Prepared by:  
Date:

Program Code	Service Code	Service	Rate	Total Month's Request Units	This Month's Request	YTD Units	Contract Amount	Contract Balance	YTD
COVA	EDUCG	EDUCATION - GROUP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	EDUCI	EDUCATION - INDIVIDUAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	OTR	OUTREACH	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	RESF	RESPIRE IN-FACILITY	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	RESP	RESPIRE IN-HOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	TERACV	TELEPHONE REASSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
COVA	TRS	TRANSPORTATION	0.00	0.00	0.00	0.00	0.00	0.00	0.00
				Total	0.00		0.00	0.00	0.00

Explanations:

I certify to the best of my knowledge and belief that the report is correct and data accuracy for billing submitted supports the request for the purposes set forth in the contract.

Prepared by:  
Approved by:

Date:  
Date:

(10) ATTACHMENT XIII, EXHIBIT I, Cost Reimbursement Summary, is hereby added to the Standard Agreement

ATTACHMENT XIII  
EXHIBIT I  
COST REIMBURSEMENT SUMMARY

Expanding Access to COVID-19 Vaccines Fund

Cost Reimbursement Summary

Contract # \_\_\_\_\_

Report (invoice) Number: \_\_\_\_\_

Budget Category	Description	Number of units	Service Date	Amount
Expenses				
	TOTAL EXPENSES			

(11) ATTACHMENT XIV, Service Rate Report, is hereby replaced with the following ATTACHMENT XIV.

ATTACHMENT XIV  
SERVICE RATE REPORT

DIVISION OF SENIOR AND VETERAN SERVICES CCAA 2021 APPROVED RATES			
Program	Service	Service Code	Reimbursement Rate
COC2	CONGREGATE MEALS	CNML	\$4.67
	CONGREGATE MEALS BREAKFAST	CNMLB	\$4.67
	HOME DELIVERED MEALS	HDM	\$4.59
	CONGREGATE MEALS (SCREENING)	NTSC	\$26.85
	NUTRITION COUNSELING - INDIVIDUAL	NUCOI	\$75.77
	OUTREACH	OTR	\$6.42
	SCREENING & ASSESSMENT	SCAS	\$47.17
	SHOPPING ASSISTANCE	SACV	\$24.72
	TELEPHONE REASSURANCE	TERACV	\$37.00
COVA	EDUCATION - GROUP	EDUCG	*
	EDUCATION - INDIVIDUAL	EDUCI	\$125.00
	OUTREACH	OTR	\$6.42
	RESPIRE IN-FACILITY	RESF	\$10.27
	RESPIRE IN-HOME	RESP	\$16.63
	TELEPHONE REASSURANCE	TERACV	\$37.00
	TRANSPORTATION	TRS	\$20.59

\* Cost Reimbursement  
Updated: 11/10/2021

AMENDMENT 001

ICV21-9500

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 11 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: \_\_\_\_\_  
Robert S. Weinroth, Mayor

SIGNED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

ATTEST: JOSEPH ABRUZZO, Clerk and Comptroller NAME: \_\_\_\_\_

BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Approved as to form and legal sufficiency

DocuSigned by:  
*Helene C. Huizd*  
BF3DF20B2223413...

Senior Assistant County Attorney

Approved as to terms and conditions DocuSigned by:  
*Taruna Mallotra*  
1459E4101F1049C...

Department Director



AMENDMENT 001

ICV21-9500

Attestation Statement

Agreement/Contract Number ICV21-9500

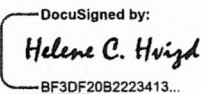
Amendment Number 001

I, Robert S. Weinroth, 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 of Palm Beach/Treasure Coast, Inc. 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:   
Senior Assistant County Attorney

Attest: Joseph Abruzzo  
Clerk of the Circuit Court & Comptroller  
By: \_\_\_\_\_  
Deputy Clerk