

October 1, 2013 - September 30, 2014

Vendor Agreement Number CB00006-15-2014

**AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.
VENDOR AGREEMENT**

This six-page agreement is made between the Areawide Council on Aging of Broward County, Inc. (hereinafter, "Council") and Broward County (hereinafter, "Vendor").

Funding under this vendor agreement is provided with unrestricted local match and administered by the Areawide Council on Aging of Broward County, Inc.

Whereas the Council desires to make certain services available to eligible Broward County seniors, and

Whereas the Vendor desires to provide such services as stipulated,

It is therefore agreed by both parties that such services will be rendered by the Vendor and reimbursed by the Council in accordance with the following provisions:

The Vendor will:

1. Provide consumers, as released by the Council, Adult Day Care (ADC) services;
2. Case Manage consumers receiving ADC services;
 - a. Include assessment of consumers annually using the DOEA Form 701B initial and/or annual format;
 - b. Complete a care plan for each consumer;
 - c. Complete an authorization for each client receiving service;
 - d. Document in a narrative format all interactions with or on behalf of the consumer;
 - e. Maintain a complete file with all of the above documents; and
 - f. Authorize Case Management for each consumer for a maximum of 24 hours annually. Any additional hours must be pre-authorized by the Council prior to the provision of service.
3. Secure prior authorization from the Council for any and all other services listed in this agreement.
4. Case Manage consumers authorized to receive any service other than Adult Day Care in the same manner as described in Paragraph 2.
5. Provide services to consumers as identified by the Council;
 - a. Consumers eligible for this funding must be released by the Council;
 - b. Services provided under this agreement must be in compliance with the service descriptions, delivery standards/special conditions, provider qualifications, and record keeping and reporting requirements in the most current Department of Elder Affairs' Home and Community Based Services Handbook.
6. Submit a monthly invoice to the Council not later than the 5th of the month following the month of service using DOEA forms 105 and 106 (ATTACHMENT II);
7. Record units of service, provided by the Vendor and its subcontractor(s), in the Department of Elder Affairs' Client Information Registration and Tracking System (CIRTS); and
8. Permit persons, duly authorized by the Council, to inspect and copy any records, papers, documents, facilities, goods and services of the Vendor which are relevant to this agreement, as well as to interview any clients, employees of the Vendor and employees of a subcontractor of the Vendor to assure the Council of the satisfactory performance of the terms and conditions of this agreement. Following such review, the Council will deliver to the Vendor a written report of its findings and request for development, by the Vendor, of a corrective action plan whenever appropriate. The Vendor hereby agrees to correct all deficiencies identified in the corrective action plan in a timely manner as determined by the Council.

The Council will:

1. Upon request, release consumers when funding is available for the provision of services under this agreement;
2. Provide technical assistance and oversight on matters bearing on the provision of services or on the administration of these funds;
3. Review and evaluate the performance of the Vendor under the terms of this agreement. Conduct monitoring through direct contact with the Vendor through telephone, in writing, or an on-site visit. The Council's determination of acceptable performance will be conclusive. The Vendor agrees to cooperate with the Council in monitoring the progress of completion of the service tasks and deliverables;
4. Provide an electronic copy of the Department of Elder Affairs Programs & Services Handbook, which also is available at the Department's Intranet site under, "Publications"; and
5. Process monthly invoices and reimburse the Vendor in a timely manner;

This vendor agreement shall begin on October 1, 2013 and shall end at midnight, local time in Fort Lauderdale, Florida, on September 30, 2014.

The Council agrees to pay for contracted services according to the terms and conditions of this agreement in an amount not to exceed \$360,676.00 or the rate schedule, subject to the availability of funds. Any costs or services paid for under any other agreement or from any other source are not eligible for payment under this vendor agreement.

This agreement is contingent upon final execution of the FY 2014 Agreement 14-EVSD-8210-01 in the amount of \$684,920.00 between Broward County and Areawide Council On Aging of Broward County, Inc. for Local Match Funding of Senior Services.

1. Notice, Contact, and Payee Information:

1. The name, address, and telephone number of the contract manager for the Council for this agreement is:

Edith Lederberg, Executive Director
Areawide Council on Aging of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351
(954) 745-9567 Fax: (954) 745-9584

2. The name, address, and telephone number of the representative of the Recipient responsible for administration of the program under this agreement is:

Andrea Busada, Director
Broward County Elderly and Veterans Services Division
2995 N. Dixie Highway
Ft. Lauderdale, FL 33334
954-357-6622

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IN WITNESS THEREOF, the parties hereto have caused this 6 page agreement to be executed by their undersigned officials as duly authorized.

CONTRACTOR: Broward County

**Areawide Council on Aging of Broward
County, Inc.,**

BOARD PRESIDENT OR AUTHORIZED
DESIGNEE

SIGNED BY:

SIGNED BY:

NAME:

MARY TODD
NAME:

TITLE:

PRESIDENT
TITLE:

DATE:

DATE:

FEDERAL ID NUMBER: 59-6000531

FISCAL YEAR-END DATE: September 30

Reviewed and approved as to form:

Joni Armstrong Coffey, County Attorney

By K. Gordon 4/8/14
Karen S. Gordon, Assistant County Attorney

By Angela J. Wallace 4/8/14
Angela J. Wallace, Deputy County Attorney

LOCAL MATCH FUNDING

BUDGET SUMMARY

	<u>UNIT RATE</u>	<u>MAXIMUM REIMBURSEMENT</u>
<u>NDP FLEXIBLE CLIENT SERVICES</u>		
CASE MANAGEMENT*	\$60.54	N/A
ADULT DAY CARE	\$ 9.50	N/A
<u>NDP FLEXIBLE CLIENT SERVICES – REQUIRES PRIOR AUTHORIZATION **</u>		
CASE AIDE	\$31.42	N/A
CHORE	\$21.92	N/A
EARS	\$.80	N/A
HOMEMAKER	\$17.99	N/A
PERSONAL CARE	\$17.54	N/A
RESPIRE CARE	\$17.01	N/A
TOTAL NDP CLIENT SERVICES		\$360,676.00

* Case Management, for each consumer, is authorized for a maximum of 24 hours annually. Any additional hours must be pre-authorized by the Council prior to the provision of service. Unauthorized units above the maximum will not be reimbursed under this or any other agreement.

** Units, not authorized prior to the provision of service, will not be reimbursed under this or any other agreement.

NDP-CCE

CB000006-15-2014

RECEIPTS AND UNIT COST REPORT

PROVIDER NAME, ADDRESS, PHONE # and FEID# BROWARD COUNTY ELDERLY & VETERANS SERVICES DIVISION 2995 N DIXIE HIGHWAY FORT LAUDERDALE, FL 33334 TEL: 954-537-2805 FAX: 954-537-2927 FEID #: 59-6000531	FUNDING SOURCE: LOCAL FUNDING	THIS REPORT PERIOD 09/01/2013 to 09/30/2013 CONTRACT PERIOD: 10/1/2013 - 09/30/2014 CONTRACT #: CB000006-15-2014 REPORT #: 1 PSA #: 10
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CERTIFICATION: I certify to the best of my knowledge and belief that the report is complete and correct and all outlays herein are for purposes set forth in the contract. Further, I certify that the attached monthly and YTD service units /undup clients' report (YTDCLNT.SQL) is correct.

Prepared By:

Date:

Approved By:

Date:

PART a: INCOME / RECEIPTS		A. Approved Budget	B. Actual Receipts for this	C. Total Receipts Year to Date	D. % Of Approved Budget
1. Federal Funds					
2. State Funds					
3. Program Income					
4. Local Cash Match		\$360,676.00	\$0.00	\$0.00	0.00%
5. SUBTOTAL: CASH RECEIPTS		\$360,676.00	\$0.00	\$0.00	0.00%
6. Local In-Kind match					
7. TOTAL RECEIPTS		\$360,676.00	\$0.00	\$0.00	0.00%

PART b: UNIT COST REPORT								YTD Units
(A) SERVICE	(B) CONTRACT AMOUNT	(C) UNITS	(D) UNIT RATE	(E) AMOUNT EARNED THIS PERIOD	(F) AMOUNT PREV. EARNED	(G) AMOUNT EARNED YTD		
OTHER CLIENT SERVICES	\$360,676.00						NA	
ADULT DAYCARE			\$9.50	\$0.00		\$0.00	0.00	
CASE MANAGEMENT			\$60.54	\$0.00		\$0.00	0.00	
CASE AIDE			\$31.42	\$0.00		\$0.00	0.00	
CHORE			\$21.92	\$0.00		\$0.00	0.00	
EARS			\$0.80	\$0.00		\$0.00	0.00	
HOMEMAKER			\$17.99	\$0.00		\$0.00	0.00	
PERSONAL CARE			\$17.54	\$0.00		\$0.00	0.00	
RESPIRE CARE			\$17.01	\$0.00		\$0.00	0.00	
	\$360,676.00			\$0.00	\$0.00	\$0.00		

PART c: OTHER REVENUE / PROGRAM INCOME		A. Total - Current Month	B. Total - Year To Date
1. CONTRIBUTIONS: (EXCLUDES CLIENT CO-PAY COLLECTIONS)		\$0.00	\$0.00
2. CLIENT CO-PAY ASSESSED		\$0.00	\$0.00
3. CLIENT CO-PAY COLLECTIONS		\$0.00	\$0.00
4. INTEREST (NET AMOUNT NOT RETURNED)		\$0.00	\$0.00
5. MATCH VALUATION (INCLUDES CASH & IN-KIND)		\$0.00	\$0.00

CB000006-15-2014

CONTRACT PAYMENT REQUEST FORM

LOCAL FUNDING

PROVIDER NAME, ADDRESS, PHONE & FEID # BROWARD COUNTY ELDERLY & VETERANS SERVICES DIVISION 2995 N DIXIE HIGHWAY FORT LAUDERDALE, FL 33334 TEL: 954-537-2805 FAX: 954-537-2927 FEID #: 59-6000531	TYPE OF REPORT: A. PAYMENT REQUEST: Regular <input checked="" type="checkbox"/> X B. METHOD OF PAYMENT: Advance <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> X	THIS REQUEST PERIOD: 09/01/2013 to 09/30/2013 CONTRACT PERIOD: 10/1/2013 - 09/30/2014 CONTRACT #: CB000006-15-2014 PSA #: 10 REPORT #: 1	NDP-CEE
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CERTIFICATION: I hereby certify that this request or refund conforms with the terms of the above contract.

Prepared By: _____	Date: _____	Approved By: _____	Date: _____
PART A: CONTRACT FUNDS SUMMARY 1. Approved Contract Amount 2. Previous Funds Requested for Contract Period 3. Contract Funds Available	7005 (1) ADULT DAY CARE OTHER CLIENT SERVICES \$360,676.00 \$0.00 \$360,676.00	7015 (2) CASE MANAGEMENT 7016 (3) CASE AIDE 7020 (4) CHORE 7040 (5) EARS 7090 (6) HOME MAKER 7106 (7) INTAKE 7100 (8) PERSONAL CARE 7110 (9) RESPITE CARE	TOTAL \$360,676.00 \$0.00 \$360,676.00

PART B: CONTRACT FUNDS REQUESTED: 1. Cash Advances (1st-2nd Months) 2. Amount Earned This Period (= to PSA #10 Form 105Z Part B, Column E) 3. Extraordinary Cash Needs (Attach Doc.) 4. Total	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
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PART C: NET FUNDS REQUESTED: 1. Less Overadvance 2. Contract Funds Are Hereby Requested (Part B Line 4 minus Part C line 1) Not to exceed Part A Line 3 ADVANCE EARNED Advance Remaining	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00
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PSA #10 FORM 106C, Dated July 97

AAA Office Use Only

BATCH #:

ACCOUNT #: 10.10.80.CB000006.0150.126

CHECK # _____ CHECK DATE: _____

INPUT: _____ APPROVAL: _____