

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: 02/15/2012

Division: Community Services

Bulk Item: Yes X No

Department: Social Services/Transportation

Staff Contact /Phone #: Sheryl Graham x4510

Graham

AGENDA ITEM WORDING: Approval of an amendment between the Monroe County Community Transportation Coordinator/Guidance Care Center, Inc. and the Monroe County Board of County Commissioners for contract period 01/01/2012 through 06/30/2012.

ITEM BACKGROUND: The agreement is funded by Medicaid, allocated by the State of Florida Commission for the Transportation Disadvantaged to the County's CTC, to pay Monroe County Transit for providing Medicaid Trips.

PREVIOUS RELEVANT BOCC ACTION: Amendment No.1 and Exhibit B, Amendment #1 approved 12/15/2010

CONTRACT/AGREEMENT CHANGES: NONE

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$0 **INDIRECT COST:** \$0 **BUDGETED:** Yes x No

DIFFERENTIAL OF LOCAL PREFERENCE: _____

COST TO COUNTY: \$0 **SOURCE OF FUNDS:** Medicaid

REVENUE PRODUCING: Yes x No **AMOUNT PER MONTH** Year \$35,000.00 Max _____

APPROVED BY: County Atty [Signature] OMB/Purchasing [Signature] Risk Management [Signature]

DOCUMENTATION: Included Not Required

DISPOSITION: _____

AGENDA ITEM # _____

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: CTC Contract # _____
 Effective Date: 01/01/12
 Expiration Date: 06/30/12

Contract Purpose/Description:
 The Amendment with the State of Florida Commission for the Transportation Disadvantaged/CTC will allow Monroe County Transit payment for the transit services rendered to Monroe County's Medicaid population for their medical trips.

Contract Manager: Sheryl Graham 4510 Social Services/Stop#1
 (Name) *Graham* (Ext.) (Department/Stop #)
 for BOCC meeting on 02/15/2012 Agenda Deadline: 01/31/2012

CONTRACT COSTS

Total Dollar Value of Contract: \$ 35,000.00 Current Year Portion: \$ 0
 max.
 Budgeted? Yes No Account Codes: _____
 Grant: \$ 0 _____
 County Match: \$ 0 _____

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ 0 /yr For: _____
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

| | Date In | Changes Needed | Reviewer | Date Out |
|-------------------|----------------|---|--------------------|----------------|
| Division Director | <u>1/10/12</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>[Signature]</i> | <u>1/10/12</u> |
| Risk Management | <u>1-12-12</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>[Signature]</i> | <u>1-12-12</u> |
| O.M.B./Purchasing | <u>1-12-12</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>[Signature]</i> | <u>1/12/12</u> |
| County Attorney | <u>1/11/12</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <i>[Signature]</i> | <u>1/11/12</u> |

Comments: _____

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEDICAID NON-EMERGENCY TRANSPORTATION (NET) PROGRAM
SUBCONTRACTED TRANSPORTATION PROVIDER AGREEMENT

AMENDMENT NO. 2

This amendment entered into on January 1, 2012, by and between the Guidance/Care Center, Inc., hereinafter called "Coordinator" and Monroe County Board of County Commissioners, hereinafter called "Subcontracted Transportation Provider".

WITNESSETH:

WHEREAS, the Coordinator and the Subcontracted Transportation Provider heretofore on January 1, 2010, entered into an Agreement, hereinafter called the Original Agreement;

WHEREAS, the Coordinator desires to participate in all eligible items of development for this project as outlined in the attached amended Exhibit B.

WHEREAS, this amendment is necessitated by the amendment of the contract between the Coordinator, and the Commission for Transportation Disadvantaged.

NOW, THEREFORE, THIS INDENTURE WITNESSETH; that for and in consideration of the mutual benefits to flow from each to the other, the parties hereto agree that the above described Agreement is to be amended as follows:

1. Purpose of Agreement: The purpose of the agreement is not changed.
2. Accomplishment of the Agreement: The accomplishment of the agreement is not changed.
3. Expiration of Agreement: Paragraph 2, TERM of said agreement is amended to be June 30, 2012.
4. Amount: The reimbursement amount for this amendment has not changed. The Provider shall be paid up to a maximum amount of \$35,000. The Provider shall submit monthly trip data in a format acceptable to the Coordinator. The Provider will be paid, after the Coordinator has received payment from the Commission in the amount of \$3.00 per mile with a 5 mile minimum, \$2.00 per mile for preauthorized out-of-County trips and \$3.00 flat rate per client per multiload for Medicaid eligible trips.
5. Exhibit B of said Agreement is replaced by Amended Exhibit B and is attached hereto and made a part hereof.

EXCEPT as hereby modified, amended, or changed, all other terms of the Agreement dated January 1, 2010, shall remain in full force and effect. This amendment cannot be executed unless all previous amendments to this Agreement have been fully executed.

AGREEMENT AMENDMENT DATE: January 1, 2012

**EXHIBIT B
AMENDMENT # 2
METHOD OF COMPENSATION**

For the satisfactory performance of the services and the submittal of Encounter Data as outlined in Exhibit A, Scope of Services, the Subcontracted Transportation Provider payments shall be paid up to a maximum amount of \$35,000. The Provider shall submit monthly trip data in a format acceptable to the Coordinator. The Provider will be paid, after the Coordinator has received payment from the Commission in the amount of \$3.00 per mile with a 5 mile minimum, \$2.00 per mile for preauthorized out-of-County trips and \$3.00 flat rate per client per multiload for Medicaid eligible trips. The Subcontracted Transportation Provider shall submit invoices in a format acceptable to the Coordinator. The Subcontracted Transportation Provider will be paid after the Coordinator has received payment from the Commission.

1. Project Cost:

The Subcontracted Transportation Provider shall request payment through submission of a properly completed invoice to the Coordinator. Once the Coordinator has signed the invoice for approval, the Coordinator shall submit the approved invoice to the Commission for Transportation Disadvantaged.

County: Monroe

2. Disbursement Schedule of Funds

January 1, 2012 – June 30, 2012: not to exceed \$35,000.00

In witness whereof, the parties hereto have caused these presents to be executed, the day and year first above written.

Guidance/Care Center, Inc.

Board of County Commissioners, Monroe County

Maureen Grynewicz
SIGNATURE

SIGNATURE

Director of Transportation 12/30/12
TITLE DATE

TITLE DATE

Maureen Grynewicz
PRINTED NAME

PRINTED NAME

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM
Pedro J. Mercado
PEDRO J. MERCADO
ASSISTANT COUNTY ATTORNEY
Date 1/11/12

Francis-Lourdes

From: Graham-Sheryl
Sent: Friday, December 30, 2011 2:19 PM
To: Mercado-Pedro
Cc: Francis-Lourdes
Subject: FW: Transportation Contracts

Pedro,

The below email (explaining the reason for a 6 month contract) needs to be printed and attached to the agenda item that Luli sent over this morning for MCT. Thank you !!

Sheryl Graham, Director
Monroe County Social Services
1100 Simonton Street 2-257
Key West, FL 33040
305.292.4510 (Office)
305.295.4359 (Fax)
graham-sheryl@monroecounty-fl.gov

HELP US HELP YOU!

Please take a moment to complete our Customer Satisfaction Survey:
http://monroecofl.virtualltownhall.net/Pages/MonroeCoFL_WebDocs/css Your feedback is important to us!

Please note: Florida has a very broad public records law. Most written communications to or from the County regarding County business are public record, available to the public and media upon request. Your e-mail communication may be subject to public disclosure.

From: Maureen Grynewicz [mailto:maureen.grynewicz@westcare.com]
Sent: Friday, December 30, 2011 9:53 AM
To: Graham-Sheryl
Subject: Transportation Contracts

Sheryl,

I forwarded 5 signed copies of the updated/renewal Coordination Contract between GCC and Monroe County. Please be sure that Attachment 1 be completed when sending back signed copy to me. This contract period is from 01/01/12 - 06/30/12 in order to realign with the CTC's contract with the CTD. I will be forwarding an amendment for our Medicaid transportation contract next week. This amendment also has dates reflecting 6 instead of 12 months to align with GCC's contract with the State.

If you have any questions, please feel free to contact me.

Thank you!

Ma

Maureen Grynewicz
Site Director, Upper Keys//
Transportation Director, Middle Keys
Guidance/Care Center
Phone: (305) 434-9000/ (305) 451-8018
Fax: (305) 434-9040/ (305) 451-8019

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**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: 12/15/2010

Division: Community Services

Bulk Item: Yes No

Department: Social Services

Staff Contact /Phone #: Sheryl Graham x4510

AGENDA ITEM WORDING: Approval of an agreement between the Monroe County Community Transportation Coordinator/Guidance Clinic of the Middle Keys and Monroe County Board of County Commissioners for contract period of 01/01/2011 through 12/31/2011.

ITEM BACKGROUND: This agreement is funded by Medicaid allocated by the State of Florida Commission for the Transportation Disadvantaged to the County's CTC to pay Monroe County Transit for providing Medicaid trips.

PREVIOUS RELEVANT BOCC ACTION: Original agreement approved 9/19/2007; Amendment #1 approved 01/28/2009; Amendment #2 approved 12/16/2009 by BOCC.

CONTRACT/AGREEMENT CHANGES: N/A

STAFF RECOMMENDATIONS: Approval

TOTAL COST: \$0 **INDIRECT COST:** _____ **BUDGETED:** Yes No

DIFFERENTIAL OF LOCAL PREFERENCE: _____

COST TO COUNTY: \$0 **SOURCE OF FUNDS:** Medicaid

REVENUE PRODUCING: Yes No **AMOUNT PER MONTH** \$5k-\$7k **Year** \$70,000.00 Max

APPROVED BY: County Atty [Signature] OMB/Purchasing _____ Risk Management [Signature]

DOCUMENTATION: Included Not Required

DISPOSITION: _____

AGENDA ITEM # _____

MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

CONTRACT SUMMARY

Contract with: CTC Contract # _____
 Effective Date: 01/01/2011
 Expiration Date: 12/31/2011

Contract Purpose/Description:

The Agreement with the State of Florida Commission for the Transportation Disadvantaged/CTC will allow Monroe County Transit payment for the transit services rendered to Monroe County's Medicaid population for their medical trips.

Contract Manager: Sheryl Graham 4510 Social Services/Stop #1
 (Name) (Ext.) (Department/Stop #)

for BOCC meeting on 12/15/2010 Agenda Deadline: 11/30/2010

CONTRACT COSTS

Total Dollar Value of Contract: \$ 0 Current Year Portion: \$ 0
 Budgeted? Yes No Account Codes: N/A
 Grant: \$ 0
 County Match: \$ 0

ADDITIONAL COSTS

Estimated Ongoing Costs: \$ 0 /yr For: _____
 (Not included in dollar value above) (eg. maintenance, utilities, janitorial, salaries, etc.)

CONTRACT REVIEW

| | Date In | Changes Needed | Reviewer | Date Out |
|-------------------|-----------------|---|--------------------|-----------------|
| Division Director | <u>11/20/10</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <u>[Signature]</u> | <u>11/20/10</u> |
| Risk Management | <u>11-27-10</u> | Yes <input type="checkbox"/> No <input type="checkbox"/> | <u>[Signature]</u> | <u>11-27-10</u> |
| O.M.B./Purchasing | <u>11-27-10</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <u>[Signature]</u> | <u>11/27/10</u> |
| County Attorney | <u>11/24/10</u> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <u>[Signature]</u> | <u>11/24/10</u> |

Comments: _____

STATE OF FLORIDA
COMMISSION FOR THE TRANSPORTATION DISADVANTAGED
MEDICAID NON-EMERGENCY TRANSPORTATION (NET) PROGRAM
SUBCONTRACTED TRANSPORTATION PROVIDER AGREEMENT

AMENDMENT NO. 1

This amendment entered into on January 1, 2011, by and between the Guidance/Care Center, Inc., hereinafter called "Coordinator" and Monroe County Board of County Commissioners, hereinafter called "Subcontracted Transportation Provider".

WITNESSETH:

WHEREAS, the Coordinator and the Subcontracted Transportation Provider heretofore on January 1, 2010, entered into an Agreement, hereinafter called the Original Agreement;

WHEREAS, the Coordinator desires to participate in all eligible items of development for this project as outlined in the attached amended Exhibit B.

WHEREAS, this amendment is necessitated by the amendment of the contract between the Coordinator, and the Commission for Transportation Disadvantaged.

NOW, THEREFORE, THIS INDENTURE WITNESSETH; that for and in consideration of the mutual benefits to flow from each to the other, the parties hereto agree that the above described Agreement is to be amended as follows:

1. Purpose of Agreement: The purpose of the agreement is not changed.
2. Accomplishment of the Agreement: The accomplishment of the agreement is not changed.
3. Expiration of Agreement: Paragraph 2, TERM of said agreement is amended to be December 31, 2011.
4. Amount: The reimbursement amount for this amendment has not changed. The Provider shall be paid up to a maximum amount of \$70,000. The Provider shall submit monthly trip data in a format acceptable to the Coordinator. The Provider will be paid, after the Coordinator has received payment from the Commission in the amount of \$3.00 per mile with a 5 mile minimum, \$2.00 per mile for preauthorized out-of-County trips and \$3.00 flat rate per client per multiload for Medicaid eligible trips.
5. Exhibit B of said Agreement is replaced by Amended Exhibit B and is attached hereto and made a part hereof.

EXCEPT as hereby modified, amended, or changed, all other terms of the Agreement dated January 1, 2010, shall remain in full force and effect. This amendment cannot be executed unless all previous amendments to this Agreement have been fully executed.

AGREEMENT AMENDMENT DATE: January 1, 2011

**EXHIBIT B
AMENDMENT # 1
METHOD OF COMPENSATION**

For the satisfactory performance of the services and the submittal of Encounter Data as outlined in Exhibit A, Scope of Services, the Subcontracted Transportation Provider payments shall be paid up to a maximum amount of \$70,000. The Provider shall submit monthly trip data in a format acceptable to the Coordinator. The Provider will be paid, after the Coordinator has received payment from the Commission in the amount of \$3.00 per mile with a 5 mile minimum, \$2.00 per mile for preauthorized out-of-County trips and \$3.00 flat rate per client per multiloader for Medicaid eligible trips. The Subcontracted Transportation Provider shall submit invoices in a format acceptable to the Coordinator. The Subcontracted Transportation Provider will be paid after the Coordinator has received payment from the Commission.

1. Project Cost:

The Subcontracted Transportation Provider shall request payment through submission of a properly completed invoice to the Coordinator. Once the Coordinator has signed the invoice for approval, the Coordinator shall submit the approved invoice to the Commission for Transportation Disadvantaged.

County: Monroe

2. Disbursement Schedule of Funds

January 1, 2011 – December 31, 2011: not to exceed \$70,000.00

In witness whereof, the parties hereto have caused these presents to be executed, the day and year first above written.

Guidance/Care Center, Inc.

Board of County Commissioners, Monroe County

Maureen Gryniewicz
SIGNATURE

Heather Carruthers
SIGNATURE

Transportation Director
TITLE 11/23/10
DATE

Mayor
TITLE 12/15/2010
DATE

Maureen Gryniewicz
PRINTED NAME

Heather Carruthers
PRINTED NAME


SEAL
TEST: DANNY L. KOLMAGE CLERK
Danny L. Kolmage
DEPUTY CLERK

MONROE COUNTY ATTORNEY
APPROVED AS TO FORM
Pedro J. Mercado
PEDRO J. MERCADO
ASSISTANT COUNTY ATTORNEY
Date 11/24/10