

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.
iN2L - PILOT
REFERRAL AGREEMENT

This Referral Agreement is entered into between the Areawide Council on Aging of Broward County, Inc., hereinafter referred to as the “Council”, and City of Pembroke Pines, Florida/Southwest Focal Point Senior Center, hereinafter referred to as the “Provider”, who are collectively referred to as the “Parties.” Funding under this Agreement is provided by State of Florida Appropriations through, and administered by the Areawide Council on Aging of Broward County, Inc.

1. Statement of Need

During COVID-19, seniors (60 and older), to ensure their continued good health and safety, have been sheltering in place. Typical activities used to engage in, such as attendance at a senior center or adult day care, group classes, and outings with their peers, have not been viable options as the risk of catching COVID-19 has been too great.

Consequently, seniors in Broward who previously attended Provider programs have no longer been able to socialize with their peers since the inception of COVID-19.

Many of these seniors live at home alone and are not experiencing essential social interaction, critical to their health.

According to the Department of Elder Affairs, 2018 profile of Older Floridians in Broward County, 65% of the female population and 35% of the male population 60 and older live alone.

Unfortunately, although sheltering in place has been a lifesaver for seniors, the ramifications have been an increase in loneliness, depression, and isolation.

The impact of social isolation itself has been cited as having the effect of smoking over 15 cigarettes a day (study by Brigham Young). It leaves an already vulnerable population even more vulnerable and can negatively impact an senior's health.

The CDC's website states, "Public health actions, such as social distancing, can make people feel isolated and lonely and can increase stress and anxiety. However, these actions are necessary to reduce the spread of COVID-19."

Stress during an infectious disease outbreak can sometimes cause the following:

- Fear and worry about your own health and the health of your loved ones, your financial situation or job, or loss of support services you rely on.
- Changes in sleep or eating patterns.
- Difficulty sleeping or concentrating.
- Worsening of chronic health problems.
- Worsening of mental health conditions.
- Increased use of tobacco and/or alcohol and other substances.

Council's provider network has worked to connect with seniors differently since they have been unable to attend programs in person. Programs such as telephone reassurance, emergency home meal delivery, support groups, adopt a pen pal and offering caregiver support classes and health and wellness presentations over zoom have all been initiatives started in order to reach the senior population.

Each senior will receive an iN2L Tablet. The tablet is a state-of-the-art system that combines portable touch screen technology with intuitive, picture-based software and an extensive continually updated content library. The tablet offers a person-centered experience with an easy-to-use interface and expansive content that can be tailored to the senior's preferences. Individualized engagement can help engage seniors while offering the added flexibility of easily connecting them with others in a familiar technology format. With its easy-to-use video chat feature, iN2L tablets can bring families together whenever they want and wherever they are. With a simple tap on the tablet's touch screen, older adults can quickly connect with up to seven other loved ones or friends for video chats.

2. Under this Agreement, the Provider agrees to the following:

- a. Provide to the Council a list of up to 10 seniors, per group that will be participating in the iN2L Pilot Program that was previously participating in the Senior Center; Day Program; CCE program or other Council program regularly prior to COVID-19.
- b. Determine if the group will be participating in the Independent Seniors or Caregivers living with an older adult with Alzheimer's or Dementia.
- c. Assess the senior's need to determine the equipment necessary to participate in the iN2L Pilot Program.
 - i. Wi-Fi Only; or
 - ii. Cellular & Wi-Fi Capable
- d. Conduct assessments throughout the program. Assessments will measure the following areas: Anxiety, Loneliness, Feelings of Depression, Caregiver Burden, Tablet Usage and other areas.
- e. Clients will complete the following assessments:
 - i. Pre-Assessment
 - ii. Two Mid-Assessments
 - iii. Post-Assessments
- f. Report weekly utilization and changes in the size of the client's social network
- g. Assign staff to provide technical support and coaching to each senior enrolled in the iN2L Pilot Program.
- h. Ensure seniors are utilizing iN2L's expansive content library that promotes wellness, empowerment, and engagement among seniors and is the foundation for activities that facilitate social interaction, cognitive and physical exercise and therapy, education, reminiscing, areas of interest, and memory support engagement.

- i. Ensure staff will participate in any conference calls with Council and/or iN2L as requested.
- j. Seniors may choose to discontinue their participation in the iN2L Pilot Program at any time with written notice to the Provider. The Provider will follow up with the senior within three (3) days of receipt of said notice to confirm the senior's intent. Written notification will be sent to the Council upon termination of services within five (5) days. Once services have been terminated, the senior will no longer be eligible for the iN2L Pilot Program. Provider will be responsible to secure tablet to be returned to the Council within ten (10) day.
- k. The Provider will notify the Council of any disputes regarding services, or other agreement issues within five (5) business days of being noted.
- l. The Provider is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and thus must comply with all HIPAA privacy and security regulations.

3. Under this Agreement, the Council will:

- a. Process monthly invoices and reimburse the Provider in a timely manner, and
- b. Provide technical assistance and oversight on matters bearing on the provision of services or on the administration of these funds.

4. Terms

Services performed under this Agreement will begin on October 30, 2020 and terminate on November 30, 2021.

5. Agreement Amount

The Council agrees to pay for services according to the deliverables of this agreement in the amount not to exceed \$18,691.48, subject to the availability of funds.

6. Services to be provided/reimbursed:

- a. Under this Agreement, the Provider will provide coaching and technical support on a weekly basis. It is the prime focus of the iN2L Pilot Program that the senior is engaged to prevent isolation and encourage social interaction while maintaining the client in a safe environment.
- b. Assessments as indicated in Attachment I
- c. The Provider will be reimbursed as in ATTACHMENT II (Budget Summary)
- d. Payments, made under this Agreement, constitute the total cost of care. No additional charges will be billed to other Council funded contracts.

7. Notice, Contact, and Payee Information:

- a. The name, address, and telephone number of the representative for the Council for this Agreement is:
Charlotte Mather-Taylor, Executive Director
Areawide Council on Aging of Broward County, Inc.
5300 Hiatus Road
Sunrise, FL 33351

(954) 745-9567 Fax: (954) 745-9584

- b. The name, address, and telephone number of the representative of the Provider responsible for administration of the Program under this Agreement is:

Jay Shechter, Project Director
City of Pembroke Pines, Florida
Southwest Focal Point Senior Center
301 NW 103rd Avenue
Pembroke Pines, FL 33026
954-450-6888

8. Termination

In the event this Agreement is terminated, under any one of the following conditions, the Provider agrees to submit, at that time, a notice of intent and a plan which identifies procedures to attempt to ensure services to seniors will not be interrupted or suspended by the termination.

- a. Termination at Will:

This Agreement may be terminated by any party upon no less than fourteen (14) calendar days notice, without cause, unless a lesser time is mutually agreed upon by both Parties, in writing. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

- b. Termination Because of Lack of Funds:

In the event funds to finance this Agreement become unavailable, the Council may terminate this Agreement upon no less than thirty (30) calendar days notice in writing to the other party. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery. The Council shall be the final authority as to the availability of funds.

- c. Termination for Breach:

Unless a breach is waived by the Council in writing, or the Provider fails to cure the breach within the time specified by the Council, the Council may, by written notice to the Provider, terminate this Agreement upon no less than thirty (30) calendar days notice. Said notice shall be delivered by certified mail, return receipt requested, or in person with proof of delivery.

- d. In the event this Agreement is terminated, under any one of the conditions in this section, the Provider shall be paid for any services performed under this Agreement through the termination date specified in the written notice of termination.

- e. Upon termination of this Agreement, the Provider will either transfer, at no cost to the Council, all public records in possession of the Provider, or will keep and maintain public records required by the Council. If the Provider transfers all public records to the Council upon termination of this Contract, Provider shall destroy any duplicate public records that are exempt, or confidential and exempt, from public records disclosure requirements. If the Provider keeps and maintains public records upon termination of this Contract, the Provider shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the Council in a format that is compatible with the information technology systems of the Council.

9. Consequences for non-compliance

The Provider shall ensure 100% of the minimum performance standards identified in Attachment I are met pursuant to this Agreement's requirements. Failure to meet the minimum performance standards identified in this Agreement shall result in the following consequences for non-compliance.

a. Performance Improvement Plan (PIP):

If at any time the Provider is notified by the Council that it has failed to meet the minimum performance standards identified in this Agreement, the Provider will have 10 business days to submit a PIP to the Council that addresses the deficiencies and states how the deficiencies will be remedied within a time period approved by the Council. The Council will assess a financial consequence for non-compliance for each deficiency identified in the PIP which is not corrected pursuant to the PIP. The Council will also assess a financial consequence for failure to timely submit a PIP.

b. Financial Consequences

- i. The Council will withhold payment or impose a 2% reduction of payment per business day if the Provider fails to meet the minimum performance standards identified in this Agreement to the satisfaction of the Council. The reduction of payment will begin on the first business day following the Council's notification to the Provider that it has failed to meet the minimum performance standards identified in this Agreement.
- ii. The Council will withhold payment or impose a 2% reduction of payment per business day if the Provider fails to remedy or satisfactorily address the identified deficiencies in accordance with the Council approved PIP, referenced in Section 8.a. The reduction of payment will begin on the first business day following the Council's notification to the Provider that it has failed to meet the minimum performance standards identified in this Agreement.
- iii. Failure to timely submit a PIP within 10 business days after notification of a deficiency by the Council will result in a 2% reduction of payment per business day the PIP is not received. The reduction of payment will begin on the 11th business day following the Council's notification to the Provider that it has failed to meet the minimum performance standards identified in this Agreement.

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

IN WITNESS THEREOF, the Parties hereto have caused this 9-page Agreement to be executed by their undersigned officials as duly authorized.

**PROVIDER: City of Pembroke Pines, Florida
/ Southwest Focal Point Senior Center**

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

BOARD PRESIDENT OR AUTHORIZED
DESIGNEE

SIGNED BY:

SIGNED BY:

NAME:

NAME:

TITLE:

TITLE:

DATE:

DATE:

FEDERAL ID NUMBER: 59-0908106
FISCAL YEAR-END DATE: September 30

PERFORMANCE STANDARDS

Indicator / Outcomes	Standard	Acceptable Quality Level	Oversight Method
Provide list of Clients and group designation	November 2020	100%	Direct observation of client list
Staff Training	Completion of Training by December 31, 2020	100%	Report to Council
Pre-Assessment	Complete all pre-assessment prior to December 31, 2020	100%	Report to Council
Distribution of Tablets to Clients	November – December 2020	100%	Report to Council
Training Clients on tablets	December 2020 – January 2021	100%	Report to Council
First Mid-Assessment	March 2021	100%	Report to Council
Second Mid-Assessment	July 2021	100%	Report to Council
Post Assessment	November 2021	100%	Report to Council

ATTACHMENT II

BUDGET SUMMARY

DELIVERABLE	UNITS	UNIT RATE	MAXIMUM REIMBURSEMENT
Conference Call		\$18.58	
Trainings		\$18.58	
Tech Support		\$18.58	
Client Direct Contact		\$18.58	
Client Surveys		\$18.58	
	Total		\$18,691.48

INVOICE FORM

OCTOBER 2020 - NOVEMBER 2021

JB8311F-XX-2021

REQUEST FOR FIXED - PRICE / DELIVERABLE REIMBURSEMENT

RECIPIENT NAME, ADDRESS, PHONE# and FEID# PROVIDER NAME PROVIDER ADDRESS CITY, STATE, ZIP		JB8311F-XX-2021 TOTAL AMOUNT \$ _____ - CONTRACT PERIOD: FROM 10-30-2020 TO 11-30-2021		COVERED PERIOD: REPORT # INVOICE # PSA # 10
DELIVERABLE/ REPORT #	DELIVERABLE/ FIXED PRICE AMOUNT	AMOUNT REQUESTED	AMOUNT PAID YEAR TO DATE	CONTRACT BALANCE
Conference Call	0	\$0.00	\$0.00	
Trainings	0	\$0.00	\$0.00	
Tech Support	0	\$0.00	\$0.00	
Client Direct Contact (ie: Coaching, Training Clients) (Must be entered into CIRTS)	0	\$0.00	\$0.00	
Client Surveys (Must be entered into CIRTS)	0	\$0.00	\$0.00	
	0	\$0.00	\$0.00	
TOTAL		\$0.00	\$0.00	\$0.00
TOTAL FUNDS REQUESTED THIS PERIOD:		\$0.00		
NUMBER OF UNITS / CLIENTS SERVED: See reports attached. LIST ACTIVITIES / SERVICES PROVIDED (attach additional sheet if necessary): <u>See activities report attached.</u>				
MATCH: (If Applicable) Local Match: _____ In-Kind : _____				
I certify that this report is a true and correct reflection of this period's activities, as stipulated by this agreement.				
PREPARED BY _____		TITLE _____		DATE _____
APPROVED BY _____		TITLE _____		DATE _____

DOEA FORM 109FPD
revised 7/2018

20.20.10.JB8311F.XXXX.300.7300

\$0.00