

**BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

Meeting Date: April 16, 2008

Division: Community Services

Bulk Item: Yes  No

Department: Social Services Department

Staff Contact Person/Phone #: Deb Barsell/x4500

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**AGENDA ITEM WORDING:** Approval to advertise Request for Qualifications to determine the costs of subcontracting with community-based home healthcare agencies for the delivery of direct core services (e.g., respite, homemaker, personal care, chore, emergency repairs, etc.) in the homes of the elderly and/or disabled throughout Monroe County.

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**ITEM BACKGROUND:** Monroe County Social Services Department has directly provided in-home services for the elderly and/or disabled for the past 25+ years. The cost per unit of service is dependent on the cost of staff and associated benefits. Recently, the Alliance for Aging mandated that core services be established "by service provider arrangements through a market-based rate setting approach." In order to meet the requirements of the funding agency, Request for Qualifications must be advertised in order to determine whether additional units of services to this vulnerable population could be attained through subcontracting all or part of direct care services offered by the In-Home and Nutrition Services (IHNS) program countywide. Recently, the Alliance has taken control of several IHNS waitlists and instituted release by priority score regardless of geographic location or availability of county direct care staff. In order to be in compliance with waitlist requirements, the County must have subcontracts in place that can respond when needed to program service demand throughout the Keys.

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**PREVIOUS RELEVANT BOCC ACTION:** NA

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**CONTRACT/AGREEMENT CHANGES:** NA

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**STAFF RECOMMENDATIONS:** Approval

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**TOTAL COST:** Approx. \$800

**BUDGETED:** Yes  No

**COST TO COUNTY:** Approx. \$800

**SOURCE OF FUNDS:** Ad Valorem

**REVENUE PRODUCING:** Yes  No  **AMOUNT PER MONTH** \_\_\_\_\_ **Year** \_\_\_\_\_

**APPROVED BY:** County Atty \_\_\_\_\_ OMB/Purchasing \_\_\_\_\_ Risk Management \_\_\_\_\_

**DOCUMENTATION:** Included \_\_\_\_\_ Not Required

**DISPOSITION:** \_\_\_\_\_

**AGENDA ITEM #** \_\_\_\_\_