

RESOLUTION NO. 2005- 360

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AMENDMENT TO THE AGREEMENT BETWEEN ST. JOHNS COUNTY, FLORIDA, AND ST. JOHNS COUNTY COUNCIL ON AGING AUTHORIZING THE CHAIR OF THE BOARD OF COUNTY COMMISSIONERS TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY

WHEREAS, the St. Johns County Government is providing grant funds to the St. Johns County Council on Aging, which are to be disbursed by St. Johns County, Florida, in an additional amount not to exceed thirty-six thousand dollars (\$36,000.00) to reduce the waiting list for the Older Americans Act/Title III meals (Meals on Wheels); and

WHEREAS, the County has reviewed the terms, provisions, conditions, and requirements of the Agreement; and

WHEREAS, the County has determined that accepting the terms of the Agreement, and entering into said Agreement will serve the interests of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Amendment to the Agreement between the St. Johns County Government, Florida, and St. Johns County Council on Aging and authorizing the Chair of the Board of County Commissioners to execute the Agreement on behalf of the County.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 15th day of November, 2005.

BOARD OF COUNTY COMMISSIONERS OF  
ST. JOHNS COUNTY, FLORIDA

By: James L. Bryant  
Chair

Attest: Cheryl Strickland, Clerk

By: Reber L. Platt  
Deputy Clerk

Rendition Date: 11/17/2005

AMENDMENT TO CONTRACT BETWEEN ST. JOHNS COUNTY COUNCIL ON  
AGING AND ST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS

THIS AMENDMENT is to the Contract between the St. Johns County Council on Aging (Provider) and the St. Johns County Board of County Commissioners (County), entered into and effective October 1, 2005 for the provision of services to residents of St. Johns County.

WHEREAS, the County believes it to be in the public interest to provide certain activities to the residents of St. Johns County through the Provider according to the terms of the Contract; and

WHEREAS, the County and the Provider have agreed to amend the existing contract to include additional funds so that the Provider may deliver additional units of service in an attempt to lessen the waiting list for services through the Older Americans Act/Title III, Meals on Wheels program Waiting List; and

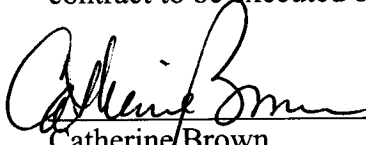
WHEREAS, except for an increase of funds provided by the County in the amount of \$36,000.00 and the Provider to increase their units of service for the Meals on Wheels Waiting List in the amount of 7,407 additional units as described above, the amendment of the contract shall be under the same terms, provisions, conditions, reporting, and requirements as are currently in place.

NOW THEREFORE, in consideration of the mutual promises set forth herein, the sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

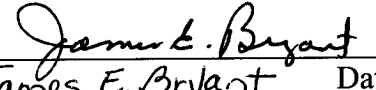
1. The existing contract between the St. Johns County Board of County Commissioners, and the St. Johns County Council on Aging is amended to include additional funding on the amount of \$36,000.00 for the Provider to deliver an additional 7,407 units of service through the Meals on Wheels Program to lessen the amount of residents on the waiting list for such service;
2. Contract Article III – A – Compensation and Reports of the Contract is amended to reflect the total amount of the units of service through the Older American Act/Title III Meals on Wheels Waiting List shall be 16,636 units, at a cost of \$4.86 each unit, for a total funding amount of \$80,853.00 for this program.
3. Exhibit 1 A Payment Request and Exhibit 3 – Older American Act/Title III Waiting List Performance Measures have been amended to reflect the change and are attached to this Amendment.

4. All other terms of the existing Contract remain in force and effect.

IN WITNESS THEREOF, the parties have caused this amendment to the existing contract to be executed by their undersigned officials as duly authorized.

  
Catherine Brown  
Executive Director  
St. Johns County Council on Aging

10/31/05  
Date

  
James E. Bryant  
Chair  
St. Johns County Board of County Commissioners


11/17/2005  
Date

Attest: Cheryl Strickland, Clerk

Approved as to form:  
County Attorney's Office

  
Deputy Clerk

11/17/2005  
Date

  
Michael D. Hunt, Esquire  
Deputy County Attorney

10/31/05  
Date

**AMENDED EXHIBIT 1 A  
PAYMENT REQUEST  
UNIT COST CONTRACT**

Mail to: Alth: Gloria Benischek, Contracts Manager  
Health & Human Services Department  
1955 US 1 South, Suite D9  
St. Augustine, FL 32086

Agency: St. Johns Council on Aging, Inc.  
190 Main Street  
St. Augustine, FL 32084

PFR  
2005-2006

Please call Social Services with any questions:  
Tel: (904) 823-4810 Fax: (904) 823-2646  
E-Mail: gbenischek@ccs-stjohns.fl.us

Phone: 804-823-4810  
E-MAIL: gbenischek@ccs-stjohns.fl.us  
FAX: 904-823-4831

Check appropriate line:  
Regular Payment  
(due 20th of month following)

NAME OF EACH PROGRAM RECEIVING FROM ST. JOHNS COUNTY	TOTAL SERVICE UNITS FOR PROGRAM	ANNUAL BUDGET TO ST. JOHNS COUNTY	UNIT COST FUNDED BY ST. JOHNS COUNTY	TOTAL FROM BUDGET AMOUNT	CURRENT MONTH		YEAR-TO-DATE			
					UNITS PROVIDED CURRENT MONTH	AMOUNT BILLED CURRENT MONTH (CALC D.Y.O.G.)	TOTAL UNITS PROVIDED YEAR TO DATE	AMOUNT BILLED YEAR TO DATE	UNITS REMAINING	AMOUNT REMAINING (CALC E-COL)
Sunshine Center	20725.00	\$412,000	\$ 8.00	\$43,296.00		\$0.00	9412.00	\$43,296.00		
CAA/Title III										
Home Care List	16936.00	16936.00	4.86	\$80,853.00		\$0.00	16936.00	\$80,853.00		
Hours of Choice	100.00	97.00	3.01	\$292.00			97.00	\$292.00		
Hours of Counseling	125.00	122.00	2.44	\$298.00			122.00	\$298.00		
Extended Education	456.00	444.00	4.59	\$2,036.00			444.00	\$2,036.00		
Health Support Hours	273.00	266.00	1.95	\$518.00			266.00	\$518.00		
Nursing Hours	2694.00	2613.00	1.86	\$4,134.00			2613.00	\$4,134.00		
Informational Expenses	14271.00	13951.00	0.20	\$2,620.00			13951.00	\$2,620.00		
Meals	194.00	189.00	2.37	\$448.00			189.00	\$448.00		
Outreach Expenses	216.00	210.00	3.89	\$774.00			210.00	\$774.00		
Recreation Hours	19280.00	18977.00	0.12	\$2,214.00			18977.00	\$2,214.00		
Referral Expenses	10.00	10.00	2.30	\$23.00			10.00	\$23.00		
Assessment Hours	418.00	407.00	2.74	\$1,115.00			407.00	\$1,115.00		
Respite Expenses	1794.00	1717.00	0.13	\$215.00			1717.00	\$215.00		
One Way Trip	3227.00	3141.00	0.60	\$1,895.00			3141.00	\$1,895.00		
Commuting Meals	17050.00	16598.00	0.61	\$10,074.00			16598.00	\$10,074.00		
Screening Hours	111.00	109.00	1.88	\$203.00			109.00	\$203.00		
Home Delivered Meals	27954.00	27113.00	0.49	\$13,177.00			27113.00	\$13,177.00		
Trunking Support Vts.	136.00	132.00	7.22	\$953.00			132.00	\$953.00		
Flexible Respite Hours	192.00	187.00	0.90	\$150.00			187.00	\$150.00		
Intensive Respite Vts.	2120.00	2064.00	1.68	\$3,471.00			2064.00	\$3,471.00		
GCE Program										
Hours of Care Mgt.	1794.00	1283.00	3.83	\$4,915.00			1283.00	\$4,915.00		
Hours of Case Mgt.	294.00	210.00	2.46	\$517.00			210.00	\$517.00		
Days of EMS	445.00	318.00	0.08	\$26.00			318.00	\$26.00		
Hours of Homebased	3796.00	2706.00	1.56	\$4,275.00			2706.00	\$4,275.00		
Personal Care Hours	3500.00	2594.00	1.56	\$3,956.00			2594.00	\$3,956.00		
Respite Hours	3873.00	2770.00	1.58	\$4,377.00			2770.00	\$4,377.00		
Meals delivered	10095.00	7221.00	0.47	\$3,394.00			7221.00	\$3,394.00		
Hours Adult Day Care	7098.00	5077.00	0.80	\$4,067.00			5077.00	\$4,067.00		
One Way Trip	83.00	59.00	1.36	\$80.00			59.00	\$80.00		
Choice Hours	100.00	72.00	1.96	\$141.00			72.00	\$141.00		
Respite	408.00	290.00	19.61	\$3,078.00			290.00	\$3,078.00		
<b>TOTAL</b>	<b>156716.00</b>	<b>152,634.00</b>		<b>\$197,872.00</b>		<b>0.00</b>	<b>0.00</b>	<b>\$0.00</b>	<b>0.00</b>	<b>\$197,872.00</b>

FOR ST. JOHNS COUNTY USE ONLY  
CERTIFIED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_  
AUTHORIZED BY: \_\_\_\_\_  
DATE: \_\_\_\_\_

TOTAL REQUEST \$0.00

I certify that all services on this request have been provided in accordance with applicable statutes and regulations, and in accordance with the approved County contract.

Signature of authorized representative \_\_\_\_\_  
DATE: \_\_\_\_\_

**EXHIBIT 3**

**PERFORMANCE OUTCOME REPORT**

Page 1 of 2

Provider Name: St. Johns County Council on Aging, Inc.

Reporting Period: 10/01/05-03/31/06  
04/01/06-09/30/06

Program: OAA/Home Delivered Meals Wait List Reduction

**Outcome # 1:** Clients served will Age with Security – St. Johns County elders in need will receive a home delivered meal without an extended waiting period.

**Service Description:** Home delivered meals will be provided to elders after telephone interview assuring criteria is met: 1. over 60 years of age 2. functionally impaired 3. living alone or with a disabled caregiver

**Required Documentation:** Monthly statistics

(Column 1)	(Column 2)	(Column 3)	(Column 4)
Projected # Served Annually	Actual # Served Year to Date	Total # Achieving Outcome Year to Date	% Clients Achieving Outcome (Column 2/Column 3)
317			

**Outcome # 2:** Clients served will Age with Dignity – Improve the nutritional status of community elders

**Service Description:** Provide certified nutritious home delivered meals and nutrition education information

**Required Documentation:** Monthly statistics, satisfaction survey

(Column 1)	(Column 2)	(Column 3)	(Column 4)
Projected # Served Annually	Actual # Served Year to Date	Total # Achieving Outcome Year to Date	% Clients Achieving Outcome (Column 2/Column 3)
317			

**Instructions:** *Outcome:* What is the desired result of the program? *Service Description:* How is the result being accomplished? *Required Documentation:* What written documentation is being collected to support the results?  
**Column 1** – Total annual number of clients projected to be served in this program per proposal. **Column 2** – Actual number of clients served in program year to date. **Column 3** – Total number of clients served that met outcome. **Column 4** – Percent of clients served that met outcome (column 2 divided by column 3)

**Outcome # 3:** Clients will Age with Security – Elders on Wait List Reduction program will be assessed to determine need for additional services.

**Service Description:** Complete Dept of Elder Affairs Prioritization Assessment for clients on Wait List Reduction program, placing on waiting lists for other needed programs and services. Refer for community resources as needed.

**Required Documentation:** DOEA Prioritization Ranking Report

(Column 1)	(Column 2)	(Column 3)	(Column 4)
Projected # Served Annually	Actual # Served Year to Date	Total # Achieving Outcome Year to Date	% Clients Achieving Outcome (Column 2/Column 3)
317			

**Outcome # 4:** Clients served will Age with Wellness and Longevity avoiding or delaying nursing home placement.

**Service Description:** Provide home delivered meals to functionally impaired elders, allowing them to remain independent in their own homes as long as possible.

**Required Documentation:** Monthly statistics

(Column 1)	(Column 2)	(Column 3)	(Column 4)
Projected # Served Annually	Actual # Served Year to Date	Total # Achieving Outcome Year to Date	% Clients Achieving Outcome (Column 2/Column 3)
317			

**Instructions:** *Outcome:* What is the desired result of the program? *Service Description:* How is the result being accomplished? *Required Documentation:* What written documentation is being collected to support the results?

**Column 1** – Total annual number of clients projected to be served in this program per proposal. **Column 2** – Actual number of clients served in program year to date. **Column 3** – Total number of clients served that met outcome. **Column 4** – Percent of clients served that met outcome (column 2 divided by column 3)

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