



COUNTY OF SAN MATEO
Inter-Departmental Correspondence
Health System



DATE: May 2, 2011
BOARD MEETING DATE: June 7, 2011
SPECIAL NOTICE/HEARING: None
VOTE REQUIRED: Majority

TO: Honorable Board of Supervisors

FROM: Jean S. Fraser, Chief, Health System
Lisa Mancini, Director, Aging and Adult Services

SUBJECT: First Amendment to the Agreements with five providers for Home Health and Attendant Care Services

RECOMMENDATION:

Adopt a Resolution authorizing the President of the Board to execute the First Amendment to each of the Agreements with Addus HealthCare, Inc.; Arcadia Health Services, Inc., doing business as Arcadia Health Care; Good Shepherd Holdings Corp., doing business as BrightStar Care of San Mateo; Medical Care Professionals; and NP Plus, LLC, doing business as Professional Healthcare at Home, increasing the collective amount by \$970,000 for FY 2011-12 for a total of \$1,940,000 with no change to the term of July 1, 2010 through June 30, 2013.

BACKGROUND:

Aging and Adult Services (AAS) provides protective and supportive services, case management, and conservatorship services to functionally-impaired adults and seniors. Funding for these services is a combination of federal and State funds, as well as fees for services. Protective and supportive services provided by AAS include attendant care to individuals living independently. Attendants provide a variety of personal and health-related services that enable clients to remain living independently, safely, and comfortably in their own homes. AAS programs that provide attendant care include: Centralized Intake/Adult Protective Services (APS), High Utilizers' Group (HUG), Multipurpose Senior Services Program (MSSP), and the Public Guardian program.

On June 8, 2010, your Board adopted Resolution 70813 approving Agreements with Addus HealthCare, Inc.; Arcadia Health Services, Inc., doing business as Arcadia Health Care; Good Shepherd Holdings Corp., doing business as BrightStar Care of San Mateo; Maxim Healthcare Services; Medical Care Professionals; and NP Plus, LLC, doing business as Professional Healthcare at Home, in the collective amount of \$970,000 for the term of July 1, 2010 through June 30, 2013 for the provision of home health and attendant care services. This Resolution also authorized the Chief of the Health System

or designee to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.

DISCUSSION:

The home health and attendant care providers were selected through a Request for Proposals process conducted in 2009 by AAS for a contract term of July 1, 2010 through June 30, 2013. This First Amendment to the Agreements increases the funding based on annual California Department Aging (CDA) funding for the continuation of these services for FY 2011-12. Exhibits A and B have been modified to clarify Contractor's requirements. The Agreement with Maxim Health Care Services is not being renewed at this time.

County Counsel has reviewed and approved the Resolution and Agreements as to form and content.

Agreements with these providers contribute to the Shared Vision 2025 outcome of a Healthy Community by allowing AAS to provide services to at-risk individuals that help them remain in the most independent setting possible. It is anticipated that 95% of at-risk individuals will be maintained in a least restrictive setting through case management.

Performance Measure:

Measure	FY 2009-10 Actual	FY 2010-11 Projected
Percent of at-risk individuals maintained in a least restrictive setting through case management	99%*	95%

* The FY 2009-10 performance exceeded the division's expectations in this measure.

FISCAL IMPACT:

The term of the Agreements remains the same, July 1, 2010 through June 30, 2013. The maximum the County shall be obligated to pay collectively for these amended Agreements for FY 2011-12 under a single resolution is \$970,000. The new collective amount of the Agreements is \$1,940,000 for the full contract term. These Agreements are a combination of State, federal and client (conservatee) funds, and will be included in the AAS FY 2011-12 Recommended Budget. There is no Net County Cost associated with this action.

RESOLUTION NO. _____

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

* * * * *

RESOLUTION AUTHORIZING THE PRESIDENT OF THE BOARD TO EXECUTE THE FIRST AMENDMENT TO EACH OF THE AGREEMENTS WITH ADDUS HEALTHCARE, INC.; ARCADIA HEALTH SERVICES, INC., DOING BUSINESS AS ARCADIA HEALTH CARE; GOOD SHEPHERD HOLDINGS CORP., DOING BUSINESS AS BRIGHTSTAR CARE OF SAN MATEO; MEDICAL CARE PROFESSIONALS; AND NP PLUS, LLC, DOING BUSINESS AS PROFESSIONAL HEALTHCARE AT HOME, INCREASING THE COLLECTIVE AMOUNT BY \$970,000 FOR FY 2011-12 FOR A TOTAL OF \$1,940,000 WITH NO CHANGE TO THE TERM OF JULY 1, 2010 THROUGH JUNE 30, 2013

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, on June 8, 2010, your Board adopted Resolution 70813 approving Agreements with Addus HealthCare, Inc.; Arcadia Health Services, Inc., doing business as Arcadia Health Care; Good Shepherd Holdings Corp., doing business as BrightStar Care of San Mateo; Maxim Healthcare Services; Medical Care Professionals; and NP Plus, LLC, doing business as Professional Healthcare at Home, in the collective amount of \$970,000 for the term of July 1, 2010 through June 30, 2013; and

WHEREAS, the Agreement with Maxim Health Care Services is not being renewed at this time; and

WHEREAS, the parties now wish to amend the Agreements by increasing the collective amount by \$970,000 for FY 2011-12 changing the total obligation to \$1,940,000 and for the purpose of continuing home health and attendant care services for the term July 1, 2010 through June 30, 2013; and

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance, the First Amendment to the Agreements between the County of San Mateo and Addus HealthCare, Inc.; Arcadia Health Services, Inc., doing business as Arcadia Health Care; Good Shepherd Holdings Corp., doing business as BrightStar Care of San Mateo; Medical Care Professionals; and NP Plus, LLC, doing business as Professional Healthcare at Home, reference to which is hereby made for further particulars, and the Board of Supervisors has examined and approved the same as to form and content and desires to enter into the same.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors be and is hereby authorized and directed to execute said First Amendment to the Agreements for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

* * * * *

**AMENDMENT ONE TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
ADDUS HEALTHCARE, INC.**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and ADDUS HEALTHCARE, INC., hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on June 8, 2010, by Resolution 70813 in the amount of \$970,000 for a term of July 1, 2010 through June 30, 2013;

WHEREAS, the parties wish to amend the Original Agreement for the continuation of these services by increasing the collective amount by \$970,000 for Fiscal Year 2011-12 for a total amount of \$1,940,000;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3 of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit A (revised July 1, 2011), County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B (revised July 1, 2011). The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Contract exceed NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000) collectively for the period of July 1, 2011 through June 30, 2012 for all contracts approved under the same resolution. The total obligation for the term of these Agreements is ONE MILLION NINE HUNDRED FORTY THOUSAND DOLLARS (\$1,940,000) collectively.

2. Original Exhibit A of the Agreement is replaced with Exhibit A (revised July 1, 2011) as attached.

3. Original Exhibit B of the Agreement is replaced with Exhibit B (revised July 1, 2011) as attached.
4. Exhibits C and D are attached hereto and incorporated by reference herein.
5. **All other terms and conditions of the Agreement dated June 8, 2009, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo
County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

ADDUS HEALTHCARE, INC.

Contractor's Signature

Date: _____

Exhibit "A" (revised July 1, 2011)

In consideration of the payments set forth in Exhibit "B" (revised July 1, 2011), Contractor shall provide the following services:

I. CONTRACTOR SHALL

- A.** Provide services specifically indicated on the written authorization form for the specified Aging and Adult Services (AAS) program completed by the County (Exhibit C),
- B.** Cease services upon receipt of written cancellation notification form for the specified AAS program completed by County (Exhibit D),
- C.** Abide by the MSSP Site Manual, training manuals, and other guidance issued by the California Department of Aging Multipurpose Senior Services Program Branch. Contractor shall comply with any and all changes to State and federal law. (MSSP only)
- D.** Shall develop a site-level grievance process that provides a structure to accept, acknowledge, respond to, and track client complaints. Clients may express these issues either orally or in writing. On-going services will not be interrupted or discontinued during the grievance process.
- E.** Shall comply with Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements, Attachment H.
- F.** Shall comply with all program and fiscal retention, reporting, monitoring and auditing requirements set forth by appropriate federal, State and local agencies, and as required by the County. County shall give reasonable notification to Contractor prior to an on-site visit. County shall conduct at least one annual on-site visit to examine records and documents necessary to determine compliance with relevant federal, State and local statutes, rules and regulations, and this Agreement, and evaluate the quality, appropriateness and timeliness of services performed.
- G.** Maintain an Emergency Contingency Plan including training and testing.

II. DEFINITIONS OF SERVICES

- A. **CAREGIVER VISIT (non-MSSP Programs only)** provides a home visit of short duration that might require the activities described under CHORE, PERSONAL CARE and TRANSPORTATION. Some examples include: assistance with morning or evening preparation and clean-up, and unescorted transportation to a drop-off appointment with no waiting.
- B. **CHORE (3.1)** is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Chore activities include household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance, as long as the client does not live in a Residential Care Facility for the Elderly (RCFE). Client instruction in performing household tasks and meal preparation may also be provided.
- C. **PERSONAL CARE (3.2)** provides assistance to maintain bodily hygiene, personal safety, and activities of daily living (ADL). These tasks are limited to nonmedical personal services: feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place (e.g. transferring). Client instruction in self-care and with meal preparation may also be provided. This service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are essential to the health and welfare of the recipient.
- D. **CAREGIVER SERVICE (3.1, 3.2)** provides household and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- E. **HEALTH CARE (3.3)** addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided by authorized individuals when such care is prescribed or approved by a physician. Persons providing such health care may include: pharmacists, registered nurses, licensed vocational nurses, nutritionists, and occupational, physical, speech therapists, and other health professionals specific to the identified need of the client.

- F. **PROTECTIVE SUPERVISION (3.7)** ensures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency, to prevent immediate placement in an acute care hospital, skilled nursing facility, or other 24-hour care facility. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency. This service may include making a visit to the client's home to assess a medical situation during an emergency. (e.g., natural disaster)
- G. **PROFESSIONAL CARE ASSISTANCE (PCA) (3.9)** is provided to those clients who are also receiving services under the Personal Care Services Program (PCSP) (Fund Code 6). PCA is a comprehensive skilled service delivered by a home health aide (HHA). The specific tasks provided are the same as listed under Personal Care (3.2) above. The HHA works under the supervision of a registered nurse employed by a home health agency.
- H. **PURCHASED CARE MANAGEMENT (4.3)** for the vast majority of MSSP clients, care management services are provided solely by site care management staff. However, clients may request that this service be delivered by another qualified provider under contract or provider agreement with the MSSP site.
- I. **RESPIRE CARE (5.1, 5.2)** is to relieve the client's informal caretaker and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a client while the family or other individuals who normally provide primary care take short-term relief or respite which allows them to continue as caretakers. Respite may also be needed in order to cover emergencies and extended absences of the caretaker.
- J. **IN-HOME CARE/SLEEP OVER (non-MSSP Programs only)** ensures provision of 12-hours night supervision and may include the house hold and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- K. **LIVE-IN LEVEL I (BASIC CARE) (non-MSSP Programs only)** Client is ambulatory, continent, requiring companion care for their safety.
- L. **LIVE-IN LEVEL II (MEDIUM CARE) (non-MSSP Programs only)** Client is incontinent, uses a walker or other equipment to ambulate; requires stand-by assistance when ambulating; requires assistance with personal care, bathing and dressing, meal prep, etc.

- M. LIVE-IN LEVEL III (HEAVY CARE) (non-MSSP Programs only)** Client is requires total care: bed bound; wheelchair bound; incontinent of bowel and bladder; requires assistance with feeding and other ADL/IADLs, etc.

- N. TRANSPORTATION (6.3 AND 6.4)** provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

Exhibit "B" (revised July 1, 2011)

In consideration of the services provided by Contractor in Exhibit "A" (revised July 1, 2011), County shall pay Contractor based on the following fee schedule:

I. GENERAL PROVISIONS:

- A.** No services shall be reimbursed other than those indicated on the written authorization form completed by the County (Exhibit C).
- B.** No services shall be reimbursed after receipt of written notification of cancellation form completed by County (Exhibit D).
- C.** In the event Contractor claims or receives payment from County for a service, reimbursement which is later disallowed by the County, State or federal government, Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

II. RATES

A. ADULT PROTECTIVE SERVICES/ CENTRALIZED INTAKE, HIGH UTILIZERS' GROUP (HUG) PROJECT, LONG-TERM SUPPORTIVE SERVICES PROGRAM, AND MULTIPURPOSE SENIOR SERVICES PROGRAM

Code (MSSP)	Service	Unit	Rate	Holiday	Mileage
	Caregiver Visit (Maximum 1.5 hours)	Hour	\$42.00	\$57.00	
3.1	Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.2	Personal care (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.1, 3.2	Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
	Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
3.3	Health care – RN	Visit	\$85.00		
	Health care – LVN	Visit	\$70.00		
	Health care – OT	Visit	\$90.00		
	Health care PT	Visit	\$90.00		
	Health care ST	Visit	\$96.00		
3.7	Protective Supervision	Hour	\$19.00	\$27.00	
3.9	Professional Care Assistance	Hour	\$19.00	\$27.00	
4.3	Care Management-Registered Nurse (MSSP only)	Visit	\$85.00		
5.1	Respite in-home care (3 hours or more)	Hour	\$19.00	\$27.00	
	In-home care, sleep over 12 hours (night)	Day	\$180.00	\$250.00	
	24-Hour live-in Caregiver Level I (Basic Care)	Day	\$210.00	\$300.00	
	24-Hour live-in Caregiver Level II (Medium Care)	Day	\$230.00	\$330.00	

	24-Hour live-in Caregiver Level III (Heavy Care)	Day	\$250.00	\$350.00	
6.3	Transportation-escort	Hour	\$19.00	\$27.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

B. PUBLIC GUARDIAN

The Public Guardian will arrange for contracted home health care service for conservatees after an initial assessment of need is conducted by the assigned Deputy Public Guardian (DPG) and Public Health Nurse (PHN). When an adjustment in service hours is considered the DPG and PHN will conduct a reassessment of need.

Service	Unit	Rate	Holiday Rate	Mileage
Caregiver Visit (Maximum 1.5 hours)	Visit	\$42.00	\$57.00	
Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
Initial Nurse Assessment	Visit	\$85.00		
Sleepover Caregiver 12 hours (night)	Day	\$180.00	\$250.00	
24-hour live-in Caregiver base rate	Day	\$210.00	\$300.00	
24-hour live-in Caregiver/medium care	Day	\$230.00	\$330.00	
24-hour live-in Caregiver/heavy care	Day	\$250.00	\$350.00	
Transportation (2 hours or less)	Visit	\$40.00	\$55.00	.51*
Transportation (More than 2 hours)	Hour	\$20.00	\$28.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

*Reimbursement for travel expenses under this Agreement shall be at the rates currently in effect, as established by the Internal Revenue Service (IRS). If the IRS rate changes during the term of the Agreement, the new rate shall apply upon its effective date and no amendment to this Agreement shall be necessary.

III. PAYMENTS

All invoices for services rendered shall be submitted by the Contractor within 30 days after service and/or product is provided. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than forty-five (45) days from the date of service.

Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

- A.** The title of the program: Adult Protective Services/Centralized Intake, HUG, MSSP, or Public Guardian;
- B.** Names and titles of all personnel for which reimbursement is being requested;
- C.** Names of clients, dates of service, and hours of services provided,
- D.** The signature of approval of the subcontractor's project director or an individual acting on his/her behalf; and
- E.** Original receipts with dates, vendor names, and descriptions of services or purchases.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County
Attention: Maria Ochoa, Community Program Coordinator
225 37th Avenue
San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this Agreement (or persons acting on their behalf) for any services reimbursed in whole or in part under this Agreement. Supplementation of existing rates from other funding sources is not allowable under current regulations.

SAN MATEO COUNTY AGING AND ADULT SERVICES
 225 37th Avenue San Mateo, California 94403 (650) 573-3900

ADULT PROTECTIVE SERVICES

This Order Requires: Emergency Response Nurse Assessment

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
Attendant Care Confirmation of Telephone Order		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> RN/LVN Visit
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATE(S) OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/SPECIAL INSTRUCTIONS:	

CONTRACTED RATE		
<input type="checkbox"/> Caregiver Rate \$19.00 or \$25.00/Hour for a couple (personal care; household chores; protective supervision; escort)		
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$210.00/Day (basic care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> RN Visit \$85.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$230.00/Day (medium care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> LVN Visit \$70.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$250.00/Day (heavy care)	<input type="checkbox"/> Transportation – Escort \$19.00/Hr.	<input type="checkbox"/> ST Visit \$96.00
<input type="checkbox"/> In-Home Care, 12-Hour Care \$180.00/Night Shift	<input type="checkbox"/> Caregiver Visit \$42.00/Hour (max 1.5 hrs)	<input type="checkbox"/> OT/PT Visit \$90.00

Please contact Case Manager with questions.

Case Manager's Signature Date

Supervisor's Signature Date

Manager's Signature Date

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

SAN MATEO COUNTY AGING AND ADULT SERVICES

225 37th Avenue San Mateo, California 94403 (650) 573-3900

DEPUTY PUBLIC GUARDIAN

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
RE: Attendant Care Confirmation of Telephone Order		
Is this an order for on-going services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state estimated duration of services. <input type="checkbox"/> week(s) <input type="checkbox"/> month(s)		

Per our telephone conversation on _____, I am confirming my order for:	
Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> Nurse Assessment
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick-up Medicines
Weekly Budget: \$ _____	
DATES OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/ SPECIAL INSTRUCTIONS:	
CONTRACTED RATES	
<input type="checkbox"/> Caregiver Rate \$19 or \$25/Hr. for a couple (min. 4 hrs) (personal care, household chores; protective supervision; escort)	
<input type="checkbox"/> Caregiver Visit \$42/Hour (max 1.5 hrs)	<input type="checkbox"/> In-Home, 12-Hour Care \$180/Night Shift (sleepover)
<input type="checkbox"/> 24-Hour Live-In Care \$210/base rate	<input type="checkbox"/> Initial Nurse Assessment \$85.00
<input type="checkbox"/> 24-Hour Live-In Care \$230/medium care	<input type="checkbox"/> Transportation Visit \$40/Hour (2 hrs or less)
<input type="checkbox"/> 24-Hour Live-In Care \$250/heavy care	<input type="checkbox"/> Transportation \$20/Hour (more than 2 hrs)

Please contact Case Manager with questions

CASE MANAGER SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

MANAGER SIGNATURE DATE

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

225 37th Avenue San Mateo, California 94403
(650) 573-3900 Fax: (650) 573-2310

San Mateo County
Aging and Adult Services

Fax

To: _____ FAX: _____

From: _____ Date: _____ Pages: _____

Re: MSSP ~ Confirmation of Telephone Order

Provider: _____

Per our telephone conversation of _____, I am confirming my order for:

Client name: _____

Address: _____

Phone #: _____ Contact Person: _____

<i>Services to be Delivered</i>	<i>Hours per day ~ Frequency</i>	<i>Comments</i>
<input type="checkbox"/> Household Chore:	_____	_____
<input type="checkbox"/> Personal Care:	_____	_____
<input type="checkbox"/> Transportation:	_____	_____
<input type="checkbox"/> Respite:	_____	_____
<input type="checkbox"/> RN / LVN visit:	_____	_____
<input type="checkbox"/> Social Day:	_____	_____

Time: _____

Date(s) Scheduled: _____

Total Units: _____
Hours, visits, days

Total Cost: \$ _____

Special Instructions: _____

Thank You

Case Manager: _____

Phone: _____



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

ADULT PROTECTIVE SERVICES

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Case Manager's signature

Date

Copy to Maria E. Ochoa

rev. 12/28/10



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

DEPUTY PUBLIC GUARDIAN

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Deputy Public Guardian's signature

Date

Copy to Maria E. Ochoa

rev. 12/28/10

**AMENDMENT ONE TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND ARCADIA HEALTH SERVICES,
INC., DOING BUSINESS AS ARCADIA HEALTH CARE**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and ARCADIA HEALTH SERVICES, INC., DOING BUSINESS AS ARCADIA HEALTH CARE, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on June 8, 2010, by Resolution 70813 in the amount of \$970,000 for a term of July 1, 2010 through June 30, 2013;

WHEREAS, the parties wish to amend the Original Agreement for the continuation of these services by increasing the collective amount by \$970,000 for Fiscal Year 2011-12 for a total amount of \$1,940,000;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3 of the Agreement is amended to read as follows:

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2. Original Exhibit A of the Agreement is replaced with Exhibit A (revised July 1, 2011) as attached.

3. Original Exhibit B of the Agreement is replaced with Exhibit B (revised July 1, 2011) as attached.
4. Exhibits C and D are attached hereto and incorporated by reference herein.
5. **All other terms and conditions of the Agreement dated June 8, 2009, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo
County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

ARCADIA HEALTH SERVICES, INC., DOING BUSINESS AS ARCADIA HEALTH
CARE

Contractor's Signature

Date: _____

Exhibit "A" (revised July 1, 2011)

In consideration of the payments set forth in Exhibit "B" (revised July 1, 2011), Contractor shall provide the following services:

I. CONTRACTOR SHALL

- A.** Provide services specifically indicated on the written authorization form for the specified Aging and Adult Services (AAS) program completed by the County (Exhibit C),
- B.** Cease services upon receipt of written cancellation notification form for the specified AAS program completed by County (Exhibit D),
- C.** Abide by the MSSP Site Manual, training manuals, and other guidance issued by the California Department of Aging Multipurpose Senior Services Program Branch. Contractor shall comply with any and all changes to State and federal law. (MSSP only)
- D.** Shall develop a site-level grievance process that provides a structure to accept, acknowledge, respond to, and track client complaints. Clients may express these issues either orally or in writing. On-going services will not be interrupted or discontinued during the grievance process.
- E.** Shall comply with Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements, Attachment H.
- F.** Shall comply with all program and fiscal retention, reporting, monitoring and auditing requirements set forth by appropriate federal, State and local agencies, and as required by the County. County shall give reasonable notification to Contractor prior to an on-site visit. County shall conduct at least one annual on-site visit to examine records and documents necessary to determine compliance with relevant federal, State and local statutes, rules and regulations, and this Agreement, and evaluate the quality, appropriateness and timeliness of services performed.
- G.** Maintain an Emergency Contingency Plan including training and testing.

II. DEFINITIONS OF SERVICES

- A. **CAREGIVER VISIT (non-MSSP Programs only)** provides a home visit of short duration that might require the activities described under CHORE, PERSONAL CARE and TRANSPORTATION. Some examples include: assistance with morning or evening preparation and clean-up, and unescorted transportation to a drop-off appointment with no waiting.
- B. **CHORE (3.1)** is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Chore activities include household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance, as long as the client does not live in a Residential Care Facility for the Elderly (RCFE). Client instruction in performing household tasks and meal preparation may also be provided.
- C. **PERSONAL CARE (3.2)** provides assistance to maintain bodily hygiene, personal safety, and activities of daily living (ADL). These tasks are limited to nonmedical personal services: feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place (e.g. transferring). Client instruction in self-care and with meal preparation may also be provided. This service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are essential to the health and welfare of the recipient.
- D. **CAREGIVER SERVICE (3.1, 3.2)** provides household and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- E. **HEALTH CARE (3.3)** addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided by authorized individuals when such care is prescribed or approved by a physician. Persons providing such health care may include: pharmacists, registered nurses, licensed vocational nurses, nutritionists, and occupational, physical, speech therapists, and other health professionals specific to the identified need of the client.

- F. **PROTECTIVE SUPERVISION (3.7)** ensures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency, to prevent immediate placement in an acute care hospital, skilled nursing facility, or other 24-hour care facility. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency. This service may include making a visit to the client's home to assess a medical situation during an emergency. (e.g., natural disaster)
- G. **PROFESSIONAL CARE ASSISTANCE (PCA) (3.9)** is provided to those clients who are also receiving services under the Personal Care Services Program (PCSP) (Fund Code 6). PCA is a comprehensive skilled service delivered by a home health aide (HHA). The specific tasks provided are the same as listed under Personal Care (3.2) above. The HHA works under the supervision of a registered nurse employed by a home health agency.
- H. **PURCHASED CARE MANAGEMENT (4.3)** for the vast majority of MSSP clients, care management services are provided solely by site care management staff. However, clients may request that this service be delivered by another qualified provider under contract or provider agreement with the MSSP site.
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- K. **LIVE-IN LEVEL I (BASIC CARE) (non-MSSP Programs only)** Client is ambulatory, continent, requiring companion care for their safety.
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- M. LIVE-IN LEVEL III (HEAVY CARE) (non-MSSP Programs only)** Client is requires total care: bed bound; wheelchair bound; incontinent of bowel and bladder; requires assistance with feeding and other ADL/IADLs, etc.

- N. TRANSPORTATION (6.3 AND 6.4)** provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

Exhibit "B" (revised July 1, 2011)

In consideration of the services provided by Contractor in Exhibit "A" (revised July 1, 2011), County shall pay Contractor based on the following fee schedule:

I. GENERAL PROVISIONS:

- A.** No services shall be reimbursed other than those indicated on the written authorization form completed by the County (Exhibit C).
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- C.** In the event Contractor claims or receives payment from County for a service, reimbursement which is later disallowed by the County, State or federal government, Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

II. RATES

A. ADULT PROTECTIVE SERVICES/ CENTRALIZED INTAKE, HIGH UTILIZERS' GROUP (HUG) PROJECT, LONG-TERM SUPPORTIVE SERVICES PROGRAM, AND MULTIPURPOSE SENIOR SERVICES PROGRAM

Code (MSSP)	Service	Unit	Rate	Holiday	Mileage
	Caregiver Visit (Maximum 1.5 hours)	Hour	\$42.00	\$57.00	
3.1	Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.2	Personal care (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.1, 3.2	Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
	Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
3.3	Health care – RN	Visit	\$85.00		
	Health care – LVN	Visit	\$70.00		
	Health care – OT	Visit	\$90.00		
	Health care PT	Visit	\$90.00		
	Health care ST	Visit	\$96.00		
3.7	Protective Supervision	Hour	\$19.00	\$27.00	
3.9	Professional Care Assistance	Hour	\$19.00	\$27.00	
4.3	Care Management-Registered Nurse (MSSP only)	Visit	\$85.00		
5.1	Respite in-home care (3 hours or more)	Hour	\$19.00	\$27.00	
	In-home care, sleep over 12 hours (night)	Day	\$180.00	\$250.00	
	24-Hour live-in Caregiver Level I (Basic Care)	Day	\$210.00	\$300.00	
	24-Hour live-in Caregiver Level II (Medium Care)	Day	\$230.00	\$330.00	

	24-Hour live-in Caregiver Level III (Heavy Care)	Day	\$250.00	\$350.00	
6.3	Transportation-escort	Hour	\$19.00	\$27.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

B. PUBLIC GUARDIAN

The Public Guardian will arrange for contracted home health care service for conservatees after an initial assessment of need is conducted by the assigned Deputy Public Guardian (DPG) and Public Health Nurse (PHN). When an adjustment in service hours is considered the DPG and PHN will conduct a reassessment of need.

Service	Unit	Rate	Holiday Rate	Mileage
Caregiver Visit (Maximum 1.5 hours)	Visit	\$42.00	\$57.00	
Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
Initial Nurse Assessment	Visit	\$85.00		
Sleepover Caregiver 12 hours (night)	Day	\$180.00	\$250.00	
24-hour live-in Caregiver base rate	Day	\$210.00	\$300.00	
24-hour live-in Caregiver/medium care	Day	\$230.00	\$330.00	
24-hour live-in Caregiver/heavy care	Day	\$250.00	\$350.00	
Transportation (2 hours or less)	Visit	\$40.00	\$55.00	.51*
Transportation (More than 2 hours)	Hour	\$20.00	\$28.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

*Reimbursement for travel expenses under this Agreement shall be at the rates currently in effect, as established by the Internal Revenue Service (IRS). If the IRS rate changes during the term of the Agreement, the new rate shall apply upon its effective date and no amendment to this Agreement shall be necessary.

III. PAYMENTS

All invoices for services rendered shall be submitted by the Contractor within 30 days after service and/or product is provided. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than forty-five (45) days from the date of service.

Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

- A.** The title of the program: Adult Protective Services/Centralized Intake, HUG, MSSP, or Public Guardian;
- B.** Names and titles of all personnel for which reimbursement is being requested;
- C.** Names of clients, dates of service, and hours of services provided,
- D.** The signature of approval of the subcontractor's project director or an individual acting on his/her behalf; and
- E.** Original receipts with dates, vendor names, and descriptions of services or purchases.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County
Attention: Maria Ochoa, Community Program Coordinator
225 37th Avenue
San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this Agreement (or persons acting on their behalf) for any services reimbursed in whole or in part under this Agreement. Supplementation of existing rates from other funding sources is not allowable under current regulations.

SAN MATEO COUNTY AGING AND ADULT SERVICES
 225 37th Avenue San Mateo, California 94403 (650) 573-3900

ADULT PROTECTIVE SERVICES

This Order Requires: Emergency Response Nurse Assessment

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
Attendant Care Confirmation of Telephone Order		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> RN/LVN Visit
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATE(S) OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/SPECIAL INSTRUCTIONS:	

CONTRACTED RATE		
<input type="checkbox"/> Caregiver Rate \$19.00 or \$25.00/Hour for a couple (personal care; household chores; protective supervision; escort)		
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$210.00/Day (basic care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> RN Visit \$85.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$230.00/Day (medium care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> LVN Visit \$70.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$250.00/Day (heavy care)	<input type="checkbox"/> Transportation – Escort \$19.00/Hr.	<input type="checkbox"/> ST Visit \$96.00
<input type="checkbox"/> In-Home Care, 12-Hour Care \$180.00/Night Shift	<input type="checkbox"/> Caregiver Visit \$42.00/Hour (max 1.5 hrs)	<input type="checkbox"/> OT/PT Visit \$90.00

Please contact Case Manager with questions.

Case Manager's Signature Date

Supervisor's Signature Date

Manager's Signature Date

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

SAN MATEO COUNTY AGING AND ADULT SERVICES

225 37th Avenue San Mateo, California 94403 (650) 573-3900

DEPUTY PUBLIC GUARDIAN

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
RE: Attendant Care Confirmation of Telephone Order		
Is this an order for on-going services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state estimated duration of services. <input type="checkbox"/> week(s) <input type="checkbox"/> month(s)		

Per our telephone conversation on _____, I am confirming my order for:	
Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> Nurse Assessment
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATES OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/ SPECIAL INSTRUCTIONS:	
CONTRACTED RATES	
<input type="checkbox"/> Caregiver Rate \$19 or \$25/Hr. for a couple (min. 4 hrs) (personal care, household chores; protective supervision; escort)	
<input type="checkbox"/> Caregiver Visit \$42/Hour (max 1.5 hrs)	<input type="checkbox"/> In-Home, 12-Hour Care \$180/Night Shift (sleepover)
<input type="checkbox"/> 24-Hour Live-In Care \$210/base rate	<input type="checkbox"/> Initial Nurse Assessment \$85.00
<input type="checkbox"/> 24-Hour Live-In Care \$230/medium care	<input type="checkbox"/> Transportation Visit \$40/Hour (2 hrs or less)
<input type="checkbox"/> 24-Hour Live-In Care \$250/heavy care	<input type="checkbox"/> Transportation \$20/Hour (more than 2 hrs)

Please contact Case Manager with questions

CASE MANAGER SIGNATURE DATE

SUPERVISOR SIGNATURE DATE

MANAGER SIGNATURE DATE

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

225 37th Avenue San Mateo, California 94403
(650) 573-3900 Fax: (650) 573-2310

San Mateo County
Aging and Adult Services

Fax

To: _____ FAX: _____

From: _____ Date: _____ Pages: _____

Re: MSSP ~ Confirmation of Telephone Order

Provider: _____

Per our telephone conversation of _____, I am confirming my order for:

Client name: _____

Address: _____

Phone #: _____ Contact Person: _____

- | <i>Services to be Delivered</i> | <i>Hours per day ~ Frequency</i> | <i>Comments</i> |
|---|----------------------------------|-----------------|
| <input type="checkbox"/> Household Chore: | _____ | _____ |
| <input type="checkbox"/> Personal Care: | _____ | _____ |
| <input type="checkbox"/> Transportation: | _____ | _____ |
| <input type="checkbox"/> Respite: | _____ | _____ |
| <input type="checkbox"/> RN / LVN visit: | _____ | _____ |
| <input type="checkbox"/> Social Day: | _____ | _____ |

Time: _____

Date(s) Scheduled: _____

Total Units: _____
Hours, visits, days

Total Cost: \$ _____

Special Instructions: _____

Thank You

Case Manager: _____

Phone: _____



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

ADULT PROTECTIVE SERVICES

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Case Manager's signature

Date

Copy to Maria E. Ochoa



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

DEPUTY PUBLIC GUARDIAN

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Deputy Public Guardian's signature

Date

**AMENDMENT ONE TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
GOOD SHEPHERD HOLDINGS, CORP.,
DOING BUSINESS AS BRIGHTSTAR CARE OF SAN MATEO**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and GOOD SHEPHERD HOLDINGS, CORP., DOING BUSINESS AS BRIGHTSTAR CARE OF SAN MATEO, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on June 8, 2010, by Resolution 70813 in the amount of \$970,000 for a term of July 1, 2010 through June 30, 2013;

WHEREAS, the parties wish to amend the Original Agreement for the continuation of these services by increasing the collective amount by \$970,000 for Fiscal Year 2011-12 for a total amount of \$1,940,000;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3 of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit A (revised July 1, 2011), County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B (revised July 1, 2011). The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Contract exceed NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000) collectively for the period of July 1, 2011 through June 30, 2012 for all contracts approved under the same resolution. The total obligation for the term of these Agreements is ONE MILLION NINE HUNDRED FORTY THOUSAND DOLLARS (\$1,940,000) collectively.

2. Original Exhibit A of the Agreement is replaced with Exhibit A (revised July 1, 2011) as attached.
3. Original Exhibit B of the Agreement is replaced with Exhibit B (revised July 1, 2011) as attached.
4. Exhibits C and D are attached hereto and incorporated by reference herein.
5. **All other terms and conditions of the Agreement dated June 8, 2009, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo
County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

GOOD SHEPHERD HOLDINGS, CORP., DOING BUSINESS AS BRIGHTSTAR
CARE OF SAN MATEO

Contractor's Signature

Date: _____

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	Health care – OT	Visit	\$90.00		
	Health care PT	Visit	\$90.00		
	Health care ST	Visit	\$96.00		
3.7	Protective Supervision	Hour	\$19.00	\$27.00	
3.9	Professional Care Assistance	Hour	\$19.00	\$27.00	
4.3	Care Management-Registered Nurse (MSSP only)	Visit	\$85.00		
5.1	Respite in-home care (3 hours or more)	Hour	\$19.00	\$27.00	
	In-home care, sleep over 12 hours (night)	Day	\$180.00	\$250.00	
	24-Hour live-in Caregiver Level I (Basic Care)	Day	\$210.00	\$300.00	
	24-Hour live-in Caregiver Level II (Medium Care)	Day	\$230.00	\$330.00	

	24-Hour live-in Caregiver Level III (Heavy Care)	Day	\$250.00	\$350.00	
6.3	Transportation-escort	Hour	\$19.00	\$27.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

B. PUBLIC GUARDIAN

The Public Guardian will arrange for contracted home health care service for conservatees after an initial assessment of need is conducted by the assigned Deputy Public Guardian (DPG) and Public Health Nurse (PHN). When an adjustment in service hours is considered the DPG and PHN will conduct a reassessment of need.

Service	Unit	Rate	Holiday Rate	Mileage
Caregiver Visit (Maximum 1.5 hours)	Visit	\$42.00	\$57.00	
Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
Initial Nurse Assessment	Visit	\$85.00		
Sleepover Caregiver 12 hours (night)	Day	\$180.00	\$250.00	
24-hour live-in Caregiver base rate	Day	\$210.00	\$300.00	
24-hour live-in Caregiver/medium care	Day	\$230.00	\$330.00	
24-hour live-in Caregiver/heavy care	Day	\$250.00	\$350.00	
Transportation (2 hours or less)	Visit	\$40.00	\$55.00	.51*
Transportation (More than 2 hours)	Hour	\$20.00	\$28.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

*Reimbursement for travel expenses under this Agreement shall be at the rates currently in effect, as established by the Internal Revenue Service (IRS). If the IRS rate changes during the term of the Agreement, the new rate shall apply upon its effective date and no amendment to this Agreement shall be necessary.

III. PAYMENTS

All invoices for services rendered shall be submitted by the Contractor within 30 days after service and/or product is provided. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than forty-five (45) days from the date of service.

Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

- A.** The title of the program: Adult Protective Services/Centralized Intake, HUG, MSSP, or Public Guardian;
- B.** Names and titles of all personnel for which reimbursement is being requested;
- C.** Names of clients, dates of service, and hours of services provided,
- D.** The signature of approval of the subcontractor's project director or an individual acting on his/her behalf; and
- E.** Original receipts with dates, vendor names, and descriptions of services or purchases.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County
Attention: Maria Ochoa, Community Program Coordinator
225 37th Avenue
San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this Agreement (or persons acting on their behalf) for any services reimbursed in whole or in part under this Agreement. Supplementation of existing rates from other funding sources is not allowable under current regulations.

SAN MATEO COUNTY AGING AND ADULT SERVICES
 225 37th Avenue San Mateo, California 94403 (650) 573-3900

ADULT PROTECTIVE SERVICES

This Order Requires: Emergency Response Nurse Assessment

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
Attendant Care Confirmation of Telephone Order		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> RN/LVN Visit
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATE(S) OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/SPECIAL INSTRUCTIONS:	

CONTRACTED RATE		
<input type="checkbox"/> Caregiver Rate \$19.00 or \$25.00/Hour for a couple (personal care; household chores; protective supervision; escort)		
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$210.00/Day (basic care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> RN Visit \$85.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$230.00/Day (medium care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> LVN Visit \$70.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$250.00/Day (heavy care)	<input type="checkbox"/> Transportation – Escort \$19.00/Hr.	<input type="checkbox"/> ST Visit \$96.00
<input type="checkbox"/> In-Home Care, 12-Hour Care \$180.00/Night Shift	<input type="checkbox"/> Caregiver Visit \$42.00/Hour (max 1.5 hrs)	<input type="checkbox"/> OT/PT Visit \$90.00

Please contact Case Manager with questions.

Case Manager's Signature Date

Supervisor's Signature Date

Manager's Signature Date

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

225 37th Avenue San Mateo, California 94403
(650) 573-3900 Fax: (650) 573-2310

San Mateo County
Aging and Adult Services

Fax

To: _____ FAX: _____

From: _____ Date: _____ Pages: _____

Re: MSSP ~ Confirmation of Telephone Order

Provider: _____

Per our telephone conversation of _____, I am confirming my order for:

Client name: _____

Address: _____

Phone #: _____ Contact Person: _____

- | <i>Services to be Delivered</i> | <i>Hours per day ~ Frequency</i> | <i>Comments</i> |
|---|----------------------------------|-----------------|
| <input type="checkbox"/> Household Chore: | _____ | _____ |
| <input type="checkbox"/> Personal Care: | _____ | _____ |
| <input type="checkbox"/> Transportation: | _____ | _____ |
| <input type="checkbox"/> Respite: | _____ | _____ |
| <input type="checkbox"/> RN / LVN visit: | _____ | _____ |
| <input type="checkbox"/> Social Day: | _____ | _____ |

Time: _____

Date(s) Scheduled: _____

Total Units: _____
Hours, visits, days

Total Cost: \$ _____

Special Instructions: _____

Thank You

Case Manager: _____

Phone: _____



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

ADULT PROTECTIVE SERVICES

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Case Manager's signature

Date

Copy to Maria E. Ochoa



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

DEPUTY PUBLIC GUARDIAN

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Deputy Public Guardian's signature

Date

**AMENDMENT ONE TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
MEDICAL CARE PROFESSIONALS**

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and MEDICAL CARE PROFESSIONALS, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on June 8, 2010, by Resolution 70813 in the amount of \$970,000 for a term of July 1, 2010 through June 30, 2013;

WHEREAS, the parties wish to amend the Original Agreement for the continuation of these services by increasing the collective amount by \$970,000 for Fiscal Year 2011-12 for a total amount of \$1,940,000;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3 of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit A (revised July 1, 2011), County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B (revised July 1, 2011). The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Contract exceed NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000) collectively for the period of July 1, 2011 through June 30, 2012 for all contracts approved under the same resolution. The total obligation for the term of these Agreements is ONE MILLION NINE HUNDRED FORTY THOUSAND DOLLARS (\$1,940,000) collectively.

2. Original Exhibit A of the Agreement is replaced with Exhibit A (revised July 1, 2011) as attached.

3. Original Exhibit B of the Agreement is replaced with Exhibit B (revised July 1, 2011) as attached.
4. Exhibits C and D are attached hereto and incorporated by reference herein.
5. **All other terms and conditions of the Agreement dated June 8, 2009, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo
County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

MEDICAL CARE PROFESSIONALS

Contractor's Signature

Date: _____

Exhibit "A" (revised July 1, 2011)

In consideration of the payments set forth in Exhibit "B" (revised July 1, 2011), Contractor shall provide the following services:

I. CONTRACTOR SHALL

- A.** Provide services specifically indicated on the written authorization form for the specified Aging and Adult Services (AAS) program completed by the County (Exhibit C),
- B.** Cease services upon receipt of written cancellation notification form for the specified AAS program completed by County (Exhibit D),
- C.** Abide by the MSSP Site Manual, training manuals, and other guidance issued by the California Department of Aging Multipurpose Senior Services Program Branch. Contractor shall comply with any and all changes to State and federal law. (MSSP only)
- D.** Shall develop a site-level grievance process that provides a structure to accept, acknowledge, respond to, and track client complaints. Clients may express these issues either orally or in writing. On-going services will not be interrupted or discontinued during the grievance process.
- E.** Shall comply with Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements, Attachment H.
- F.** Shall comply with all program and fiscal retention, reporting, monitoring and auditing requirements set forth by appropriate federal, State and local agencies, and as required by the County. County shall give reasonable notification to Contractor prior to an on-site visit. County shall conduct at least one annual on-site visit to examine records and documents necessary to determine compliance with relevant federal, State and local statutes, rules and regulations, and this Agreement, and evaluate the quality, appropriateness and timeliness of services performed.
- G.** Maintain an Emergency Contingency Plan including training and testing.

II. DEFINITIONS OF SERVICES

- A. **CAREGIVER VISIT (non-MSSP Programs only)** provides a home visit of short duration that might require the activities described under CHORE, PERSONAL CARE and TRANSPORTATION. Some examples include: assistance with morning or evening preparation and clean-up, and unescorted transportation to a drop-off appointment with no waiting.
- B. **CHORE (3.1)** is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Chore activities include household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance, as long as the client does not live in a Residential Care Facility for the Elderly (RCFE). Client instruction in performing household tasks and meal preparation may also be provided.
- C. **PERSONAL CARE (3.2)** provides assistance to maintain bodily hygiene, personal safety, and activities of daily living (ADL). These tasks are limited to nonmedical personal services: feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place (e.g. transferring). Client instruction in self-care and with meal preparation may also be provided. This service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are essential to the health and welfare of the recipient.
- D. **CAREGIVER SERVICE (3.1, 3.2)** provides household and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- E. **HEALTH CARE (3.3)** addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided by authorized individuals when such care is prescribed or approved by a physician. Persons providing such health care may include: pharmacists, registered nurses, licensed vocational nurses, nutritionists, and occupational, physical, speech therapists, and other health professionals specific to the identified need of the client.

- F. **PROTECTIVE SUPERVISION (3.7)** ensures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency, to prevent immediate placement in an acute care hospital, skilled nursing facility, or other 24-hour care facility. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency. This service may include making a visit to the client's home to assess a medical situation during an emergency. (e.g., natural disaster)
- G. **PROFESSIONAL CARE ASSISTANCE (PCA) (3.9)** is provided to those clients who are also receiving services under the Personal Care Services Program (PCSP) (Fund Code 6). PCA is a comprehensive skilled service delivered by a home health aide (HHA). The specific tasks provided are the same as listed under Personal Care (3.2) above. The HHA works under the supervision of a registered nurse employed by a home health agency.
- H. **PURCHASED CARE MANAGEMENT (4.3)** for the vast majority of MSSP clients, care management services are provided solely by site care management staff. However, clients may request that this service be delivered by another qualified provider under contract or provider agreement with the MSSP site.
- I. **RESPIRE CARE (5.1, 5.2)** is to relieve the client's informal caretaker and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a client while the family or other individuals who normally provide primary care take short-term relief or respite which allows them to continue as caretakers. Respite may also be needed in order to cover emergencies and extended absences of the caretaker.
- J. **IN-HOME CARE/SLEEP OVER (non-MSSP Programs only)** ensures provision of 12-hours night supervision and may include the house hold and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- K. **LIVE-IN LEVEL I (BASIC CARE) (non-MSSP Programs only)** Client is ambulatory, continent, requiring companion care for their safety.
- L. **LIVE-IN LEVEL II (MEDIUM CARE) (non-MSSP Programs only)** Client is incontinent, uses a walker or other equipment to ambulate; requires stand-by assistance when ambulating; requires assistance with personal care, bathing and dressing, meal prep, etc.

- M. LIVE-IN LEVEL III (HEAVY CARE) (non-MSSP Programs only)** Client is requires total care: bed bound; wheelchair bound; incontinent of bowel and bladder; requires assistance with feeding and other ADL/IADLs, etc.

- N. TRANSPORTATION (6.3 AND 6.4)** provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

Exhibit "B" (revised July 1, 2011)

In consideration of the services provided by Contractor in Exhibit "A" (revised July 1, 2011), County shall pay Contractor based on the following fee schedule:

I. GENERAL PROVISIONS:

- A.** No services shall be reimbursed other than those indicated on the written authorization form completed by the County (Exhibit C).
- B.** No services shall be reimbursed after receipt of written notification of cancellation form completed by County (Exhibit D).
- C.** In the event Contractor claims or receives payment from County for a service, reimbursement which is later disallowed by the County, State or federal government, Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

II. RATES

A. ADULT PROTECTIVE SERVICES/ CENTRALIZED INTAKE, HIGH UTILIZERS' GROUP (HUG) PROJECT, LONG-TERM SUPPORTIVE SERVICES PROGRAM, AND MULTIPURPOSE SENIOR SERVICES PROGRAM

Code (MSSP)	Service	Unit	Rate	Holiday	Mileage
	Caregiver Visit (Maximum 1.5 hours)	Hour	\$42.00	\$57.00	
3.1	Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.2	Personal care (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.1, 3.2	Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
	Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
3.3	Health care – RN	Visit	\$85.00		
	Health care – LVN	Visit	\$70.00		
	Health care – OT	Visit	\$90.00		
	Health care PT	Visit	\$90.00		
	Health care ST	Visit	\$96.00		
3.7	Protective Supervision	Hour	\$19.00	\$27.00	
3.9	Professional Care Assistance	Hour	\$19.00	\$27.00	
4.3	Care Management-Registered Nurse (MSSP only)	Visit	\$85.00		
5.1	Respite in-home care (3 hours or more)	Hour	\$19.00	\$27.00	
	In-home care, sleep over 12 hours (night)	Day	\$180.00	\$250.00	
	24-Hour live-in Caregiver Level I (Basic Care)	Day	\$210.00	\$300.00	
	24-Hour live-in Caregiver Level II (Medium Care)	Day	\$230.00	\$330.00	

	24-Hour live-in Caregiver Level III (Heavy Care)	Day	\$250.00	\$350.00	
6.3	Transportation-escort	Hour	\$19.00	\$27.00	.51*

There is no overtime charge for shifts greater than 8 hours.

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Independence Day	Christmas Day

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Service	Unit	Rate	Holiday Rate	Mileage
Caregiver Visit (Maximum 1.5 hours)	Visit	\$42.00	\$57.00	
Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
Initial Nurse Assessment	Visit	\$85.00		
Sleepover Caregiver 12 hours (night)	Day	\$180.00	\$250.00	
24-hour live-in Caregiver base rate	Day	\$210.00	\$300.00	
24-hour live-in Caregiver/medium care	Day	\$230.00	\$330.00	
24-hour live-in Caregiver/heavy care	Day	\$250.00	\$350.00	
Transportation (2 hours or less)	Visit	\$40.00	\$55.00	.51*
Transportation (More than 2 hours)	Hour	\$20.00	\$28.00	.51*

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Independence Day	Christmas Day

*Reimbursement for travel expenses under this Agreement shall be at the rates currently in effect, as established by the Internal Revenue Service (IRS). If the IRS rate changes during the term of the Agreement, the new rate shall apply upon its effective date and no amendment to this Agreement shall be necessary.

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Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

- A.** The title of the program: Adult Protective Services/Centralized Intake, HUG, MSSP, or Public Guardian;
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- C.** Names of clients, dates of service, and hours of services provided,
- D.** The signature of approval of the subcontractor's project director or an individual acting on his/her behalf; and
- E.** Original receipts with dates, vendor names, and descriptions of services or purchases.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County
Attention: Maria Ochoa, Community Program Coordinator
225 37th Avenue
San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this Agreement (or persons acting on their behalf) for any services reimbursed in whole or in part under this Agreement. Supplementation of existing rates from other funding sources is not allowable under current regulations.

SAN MATEO COUNTY AGING AND ADULT SERVICES
 225 37th Avenue San Mateo, California 94403 (650) 573-3900

ADULT PROTECTIVE SERVICES

This Order Requires: Emergency Response Nurse Assessment

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
Attendant Care Confirmation of Telephone Order		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> RN/LVN Visit
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATE(S) OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/SPECIAL INSTRUCTIONS:	

CONTRACTED RATE		
<input type="checkbox"/> Caregiver Rate \$19.00 or \$25.00/Hour for a couple (personal care; household chores; protective supervision; escort)		
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$210.00/Day (basic care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> RN Visit \$85.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$230.00/Day (medium care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> LVN Visit \$70.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$250.00/Day (heavy care)	<input type="checkbox"/> Transportation – Escort \$19.00/Hr.	<input type="checkbox"/> ST Visit \$96.00
<input type="checkbox"/> In-Home Care, 12-Hour Care \$180.00/Night Shift	<input type="checkbox"/> Caregiver Visit \$42.00/Hour (max 1.5 hrs)	<input type="checkbox"/> OT/PT Visit \$90.00

Please contact Case Manager with questions.

Case Manager's Signature Date

Supervisor's Signature Date

Manager's Signature Date

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

SAN MATEO COUNTY AGING AND ADULT SERVICES

225 37th Avenue San Mateo, California 94403 (650) 573-3900

DEPUTY PUBLIC GUARDIAN

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
RE: Attendant Care Confirmation of Telephone Order		
Is this an order for on-going services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state estimated duration of services. <input type="checkbox"/> week(s) <input type="checkbox"/> month(s)		

Per our telephone conversation on _____, I am confirming my order for:	
Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> Nurse Assessment
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATES OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/ SPECIAL INSTRUCTIONS:	

CONTRACTED RATES	
<input type="checkbox"/> Caregiver Rate \$19 or \$25/Hr. for a couple (min. 4 hrs) (personal care, household chores; protective supervision; escort)	
<input type="checkbox"/> Caregiver Visit \$42/Hour (max 1.5 hrs)	<input type="checkbox"/> In-Home, 12-Hour Care \$180/Night Shift (sleepover)
<input type="checkbox"/> 24-Hour Live-In Care \$210/base rate	<input type="checkbox"/> Initial Nurse Assessment \$85.00
<input type="checkbox"/> 24-Hour Live-In Care \$230/medium care	<input type="checkbox"/> Transportation Visit \$40/Hour (2 hrs or less)
<input type="checkbox"/> 24-Hour Live-In Care \$250/heavy care	<input type="checkbox"/> Transportation \$20/Hour (more than 2 hrs)

Please contact Case Manager with questions

CASE MANAGER SIGNATURE DATE

SUPERVISOR SIGNATURE DATE MANAGER SIGNATURE DATE

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

225 37th Avenue San Mateo, California 94403
(650) 573-3900 Fax: (650) 573-2310

San Mateo County
Aging and Adult Services

Fax

To: _____ FAX: _____

From: _____ Date: _____ Pages: _____

Re: MSSP ~ Confirmation of Telephone Order

Provider: _____

Per our telephone conversation of _____, I am confirming my order for:

Client name: _____

Address: _____

Phone #: _____ Contact Person: _____

<i>Services to be Delivered</i>	<i>Hours per day ~ Frequency</i>	<i>Comments</i>
<input type="checkbox"/> Household Chore:	_____	_____
<input type="checkbox"/> Personal Care:	_____	_____
<input type="checkbox"/> Transportation:	_____	_____
<input type="checkbox"/> Respite:	_____	_____
<input type="checkbox"/> RN / LVN visit:	_____	_____
<input type="checkbox"/> Social Day:	_____	_____

Time: _____

Date(s) Scheduled: _____

Total Units: _____
Hours, visits, days

Total Cost: \$ _____

Special Instructions: _____

Thank You

Case Manager: _____

Phone: _____



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

ADULT PROTECTIVE SERVICES

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:



Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Case Manager's signature

Date

Copy to Maria E. Ochoa

rev. 12/28/10



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

DEPUTY PUBLIC GUARDIAN

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Deputy Public Guardian's signature

Date

Copy to Maria E. Ochoa

rev. 12/28/10

**AMENDMENT ONE TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
NP PLUS, LLC, DOING BUSINESS AS PROFESSIONAL HEALTHCARE AT HOME**

THIS AMENDMENT TO THE AGREEMENT, entered into this ____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and NP PLUS, LLC, DOING BUSINESS AS PROFESSIONAL HEALTHCARE AT HOME, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for the purpose of providing Home Health and Attendant Care Services to clients of Aging and Adult Services on June 8, 2010, by Resolution 70813 in the amount of \$970,000 for a term of July 1, 2010 through June 30, 2013;

WHEREAS, the parties wish to amend the Original Agreement for the continuation of these services by increasing the collective amount by \$970,000 for Fiscal Year 2011-12 for a total amount of \$1,940,000;

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3 of the Agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit A (revised July 1, 2011), County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B (revised July 1, 2011). The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Contract exceed NINE HUNDRED SEVENTY THOUSAND DOLLARS (\$970,000) collectively for the period of July 1, 2011 through June 30, 2012 for all contracts approved under the same resolution. The total obligation for the term of these Agreements is ONE MILLION NINE HUNDRED FORTY THOUSAND DOLLARS (\$1,940,000) collectively.

2. Original Exhibit A of the Agreement is replaced with Exhibit A (revised July 1, 2011) as attached.

3. Original Exhibit B of the Agreement is replaced with Exhibit B (revised July 1, 2011) as attached.
4. Exhibits C and D are attached hereto and incorporated by reference herein.
5. **All other terms and conditions of the Agreement dated June 8, 2009, between the County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors, San Mateo
County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

NP PLUS, LLC, DOING BUSINESS AS PROFESSIONAL HEALTHCARE AT HOME

Contractor's Signature

Date: _____

Exhibit "A" (revised July 1, 2011)

In consideration of the payments set forth in Exhibit "B" (revised July 1, 2011), Contractor shall provide the following services:

I. CONTRACTOR SHALL

- A.** Provide services specifically indicated on the written authorization form for the specified Aging and Adult Services (AAS) program completed by the County (Exhibit C),
- B.** Cease services upon receipt of written cancellation notification form for the specified AAS program completed by County (Exhibit D),
- C.** Abide by the MSSP Site Manual, training manuals, and other guidance issued by the California Department of Aging Multipurpose Senior Services Program Branch. Contractor shall comply with any and all changes to State and federal law. (MSSP only)
- D.** Shall develop a site-level grievance process that provides a structure to accept, acknowledge, respond to, and track client complaints. Clients may express these issues either orally or in writing. On-going services will not be interrupted or discontinued during the grievance process.
- E.** Shall comply with Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements, Attachment H.
- F.** Shall comply with all program and fiscal retention, reporting, monitoring and auditing requirements set forth by appropriate federal, State and local agencies, and as required by the County. County shall give reasonable notification to Contractor prior to an on-site visit. County shall conduct at least one annual on-site visit to examine records and documents necessary to determine compliance with relevant federal, State and local statutes, rules and regulations, and this Agreement, and evaluate the quality, appropriateness and timeliness of services performed.
- G.** Maintain an Emergency Contingency Plan including training and testing.

II. DEFINITIONS OF SERVICES

- A. **CAREGIVER VISIT (non-MSSP Programs only)** provides a home visit of short duration that might require the activities described under CHORE, PERSONAL CARE and TRANSPORTATION. Some examples include: assistance with morning or evening preparation and clean-up, and unescorted transportation to a drop-off appointment with no waiting.
- B. **CHORE (3.1)** is for purposes of household support and applies to the performance of household tasks rather than to the care of the client. Chore activities include household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance, as long as the client does not live in a Residential Care Facility for the Elderly (RCFE). Client instruction in performing household tasks and meal preparation may also be provided.
- C. **PERSONAL CARE (3.2)** provides assistance to maintain bodily hygiene, personal safety, and activities of daily living (ADL). These tasks are limited to nonmedical personal services: feeding, bathing, oral hygiene, grooming, dressing, care of and assistance with prosthetic devices, rubbing skin to promote circulation, turning in bed and other types of repositioning, assisting the individual with walking, and moving the individual from place to place (e.g. transferring). Client instruction in self-care and with meal preparation may also be provided. This service may also include such housekeeping chores as bed-making, dusting and vacuuming, which are essential to the health and welfare of the recipient.
- D. **CAREGIVER SERVICE (3.1, 3.2)** provides household and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- E. **HEALTH CARE (3.3)** addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided by authorized individuals when such care is prescribed or approved by a physician. Persons providing such health care may include: pharmacists, registered nurses, licensed vocational nurses, nutritionists, and occupational, physical, speech therapists, and other health professionals specific to the identified need of the client.

- F. **PROTECTIVE SUPERVISION (3.7)** ensures provision of 24-hour supervision to persons in their own homes who are very frail or otherwise may suffer a medical emergency, to prevent immediate placement in an acute care hospital, skilled nursing facility, or other 24-hour care facility. Such supervision does not require medical skills and can be performed by an individual trained to identify the onset of a medical crisis and able to summon aid in the event of an emergency. This service may include making a visit to the client's home to assess a medical situation during an emergency. (e.g., natural disaster)
- G. **PROFESSIONAL CARE ASSISTANCE (PCA) (3.9)** is provided to those clients who are also receiving services under the Personal Care Services Program (PCSP) (Fund Code 6). PCA is a comprehensive skilled service delivered by a home health aide (HHA). The specific tasks provided are the same as listed under Personal Care (3.2) above. The HHA works under the supervision of a registered nurse employed by a home health agency.
- H. **PURCHASED CARE MANAGEMENT (4.3)** for the vast majority of MSSP clients, care management services are provided solely by site care management staff. However, clients may request that this service be delivered by another qualified provider under contract or provider agreement with the MSSP site.
- I. **RESPIRE CARE (5.1, 5.2)** is to relieve the client's informal caretaker and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a client while the family or other individuals who normally provide primary care take short-term relief or respite which allows them to continue as caretakers. Respite may also be needed in order to cover emergencies and extended absences of the caretaker.
- J. **IN-HOME CARE/SLEEP OVER (non-MSSP Programs only)** ensures provision of 12-hours night supervision and may include the house hold and personal assistance tasks described under A. CHORE and B. PERSONAL CARE. The caregiver does not transport the client but might be an escort to the client when transportation is provided by taxi, public transportation, contracted service, or Redi Wheels.
- K. **LIVE-IN LEVEL I (BASIC CARE) (non-MSSP Programs only)** Client is ambulatory, continent, requiring companion care for their safety.
- L. **LIVE-IN LEVEL II (MEDIUM CARE) (non-MSSP Programs only)** Client is incontinent, uses a walker or other equipment to ambulate; requires stand-by assistance when ambulating; requires assistance with personal care, bathing and dressing, meal prep, etc.

- M. LIVE-IN LEVEL III (HEAVY CARE) (non-MSSP Programs only)** Client is requires total care: bed bound; wheelchair bound; incontinent of bowel and bladder; requires assistance with feeding and other ADL/IADLs, etc.

- N. TRANSPORTATION (6.3 AND 6.4)** provides access to the community (e.g., non-emergency medical transportation to health and social service providers) and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort.

Exhibit "B" (revised July 1, 2011)

In consideration of the services provided by Contractor in Exhibit "A" (revised July 1, 2011), County shall pay Contractor based on the following fee schedule:

I. GENERAL PROVISIONS:

- A.** No services shall be reimbursed other than those indicated on the written authorization form completed by the County (Exhibit C).
- B.** No services shall be reimbursed after receipt of written notification of cancellation form completed by County (Exhibit D).
- C.** In the event Contractor claims or receives payment from County for a service, reimbursement which is later disallowed by the County, State or federal government, Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

II. RATES

A. ADULT PROTECTIVE SERVICES/ CENTRALIZED INTAKE, HIGH UTILIZERS' GROUP (HUG) PROJECT, LONG-TERM SUPPORTIVE SERVICES PROGRAM, AND MULTIPURPOSE SENIOR SERVICES PROGRAM

Code (MSSP)	Service	Unit	Rate	Holiday	Mileage
	Caregiver Visit (Maximum 1.5 hours)	Hour	\$42.00	\$57.00	
3.1	Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.2	Personal care (Minimum 4 hours)	Hour	\$19.00	\$27.00	
3.1, 3.2	Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
	Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
3.3	Health care – RN	Visit	\$85.00		
	Health care – LVN	Visit	\$70.00		
	Health care – OT	Visit	\$90.00		
	Health care PT	Visit	\$90.00		
	Health care ST	Visit	\$96.00		
3.7	Protective Supervision	Hour	\$19.00	\$27.00	
3.9	Professional Care Assistance	Hour	\$19.00	\$27.00	
4.3	Care Management-Registered Nurse (MSSP only)	Visit	\$85.00		
5.1	Respite in-home care (3 hours or more)	Hour	\$19.00	\$27.00	
	In-home care, sleep over 12 hours (night)	Day	\$180.00	\$250.00	
	24-Hour live-in Caregiver Level I (Basic Care)	Day	\$210.00	\$300.00	
	24-Hour live-in Caregiver Level II (Medium Care)	Day	\$230.00	\$330.00	

	24-Hour live-in Caregiver Level III (Heavy Care)	Day	\$250.00	\$350.00	
6.3	Transportation-escort	Hour	\$19.00	\$27.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

B. PUBLIC GUARDIAN

The Public Guardian will arrange for contracted home health care service for conservatees after an initial assessment of need is conducted by the assigned Deputy Public Guardian (DPG) and Public Health Nurse (PHN). When an adjustment in service hours is considered the DPG and PHN will conduct a reassessment of need.

Service	Unit	Rate	Holiday Rate	Mileage
Caregiver Visit (Maximum 1.5 hours)	Visit	\$42.00	\$57.00	
Chore (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver (Minimum 4 hours)	Hour	\$19.00	\$27.00	
Caregiver for a couple (Minimum 4 hours) (2 clients in 1 household)	Hour	\$25.00 (per couple)	\$35.00	
Caregiver Service (Minimum 2 hours)	Hour	\$25.00	\$35.00	
Initial Nurse Assessment	Visit	\$85.00		
Sleepover Caregiver 12 hours (night)	Day	\$180.00	\$250.00	
24-hour live-in Caregiver base rate	Day	\$210.00	\$300.00	
24-hour live-in Caregiver/medium care	Day	\$230.00	\$330.00	
24-hour live-in Caregiver/heavy care	Day	\$250.00	\$350.00	
Transportation (2 hours or less)	Visit	\$40.00	\$55.00	.51*
Transportation (More than 2 hours)	Hour	\$20.00	\$28.00	.51*

There is no overtime charge for shifts greater than 8 hours.

The maximum charge for reimbursement for a client refusing or not being available for services is no greater than one hour.

Holiday rates are for the following holidays:

New Years Day	Labor Day
Memorial Day	Thanksgiving Day
Independence Day	Christmas Day

*Reimbursement for travel expenses under this Agreement shall be at the rates currently in effect, as established by the Internal Revenue Service (IRS). If the IRS rate changes during the term of the Agreement, the new rate shall apply upon its effective date and no amendment to this Agreement shall be necessary.

III. PAYMENTS

All invoices for services rendered shall be submitted by the Contractor within 30 days after service and/or product is provided. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than forty-five (45) days from the date of service.

Fiscal Year Closeout (June 30): All invoices must be submitted no more than five (5) days after Fiscal Year Closeout.

Invoices shall contain:

- A.** The title of the program: Adult Protective Services/Centralized Intake, HUG, MSSP, or Public Guardian;
- B.** Names and titles of all personnel for which reimbursement is being requested;
- C.** Names of clients, dates of service, and hours of services provided,
- D.** The signature of approval of the subcontractor's project director or an individual acting on his/her behalf; and
- E.** Original receipts with dates, vendor names, and descriptions of services or purchases.

Invoices shall be submitted directly to:

Aging and Adult Services – San Mateo County
Attention: Maria Ochoa, Community Program Coordinator
225 37th Avenue
San Mateo, CA 94403

Contractor shall submit no claim to, demand, or otherwise collect reimbursement from, individuals served under this Agreement (or persons acting on their behalf) for any services reimbursed in whole or in part under this Agreement. Supplementation of existing rates from other funding sources is not allowable under current regulations.

SAN MATEO COUNTY AGING AND ADULT SERVICES
 225 37th Avenue San Mateo, California 94403 (650) 573-3900

ADULT PROTECTIVE SERVICES

This Order Requires: Emergency Response Nurse Assessment

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
Attendant Care Confirmation of Telephone Order		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores
<input type="checkbox"/> Transportation	<input type="checkbox"/> RN/LVN Visit
<input type="checkbox"/> Escort	<input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines
Weekly Budget: \$ _____	
DATE(S) OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/SPECIAL INSTRUCTIONS:	

CONTRACTED RATE		
<input type="checkbox"/> Caregiver Rate \$19.00 or \$25.00/Hour for a couple (personal care, household chores, protective supervision, escort)		
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$210.00/Day (basic care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> RN Visit \$85.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$230.00/Day (medium care)	<input type="checkbox"/> Respite In-Home Care \$19.00/Hour (3 hours or more)	<input type="checkbox"/> LVN Visit \$70.00
<input type="checkbox"/> 24-Hour Live-In Caregiver Level I \$250.00/Day (heavy care)	<input type="checkbox"/> Transportation – Escort \$19.00/Hr.	<input type="checkbox"/> ST Visit \$96.00
<input type="checkbox"/> In-Home Care, 12-Hour Care \$180.00/Night Shift	<input type="checkbox"/> Caregiver Visit \$42.00/Hour (max 1.5 hrs)	<input type="checkbox"/> OT/PT Visit \$90.00

Please contact Case Manager with questions.

Case Manager's Signature Date

Supervisor's Signature Date

Manager's Signature Date

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

SAN MATEO COUNTY AGING AND ADULT SERVICES

225 37th Avenue San Mateo, California 94403 (650) 573-3900

DEPUTY PUBLIC GUARDIAN

TO:	PHONE:	FAX:
FROM:	PHONE: (650) 573 -	DATE:
RE: Attendant Care Confirmation of Telephone Order		
Is this an order for on-going services? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state estimated duration of services. <input type="checkbox"/> week(s) <input type="checkbox"/> month(s)		

Per our telephone conversation on _____, I am confirming my order for:

Client Name:	Phone #:
Address:	Contact Person:

SERVICES TO BE DELIVERED	
<input type="checkbox"/> Personal Care	<input type="checkbox"/> Household Chores <input type="checkbox"/> Transportation <input type="checkbox"/> Nurse Assessment <input type="checkbox"/> Escort <input type="checkbox"/> Other
<input type="checkbox"/> Shopping/Groceries	<input type="checkbox"/> Pick up Medicines Weekly Budget: \$ _____
DATES OF SERVICE:	HOURS OF SERVICE/SCHEDULE:
COMMENTS/ SPECIAL INSTRUCTIONS:	

CONTRACTED RATES	
<input type="checkbox"/> Caregiver Rate \$19 or \$25/Hr. for a couple (min. 4 hrs) (personal care, household chores; protective supervision; escort)	
<input type="checkbox"/> Caregiver Visit \$42/Hour (max 1.5 hrs)	<input type="checkbox"/> In-Home, 12-Hour Care \$180/Night Shift (sleepover)
<input type="checkbox"/> 24-Hour Live-In Care \$210/base rate	<input type="checkbox"/> Initial Nurse Assessment \$85.00
<input type="checkbox"/> 24-Hour Live-In Care \$230/medium care	<input type="checkbox"/> Transportation Visit \$40/Hour (2 hrs or less)
<input type="checkbox"/> 24-Hour Live-In Care \$250/heavy care	<input type="checkbox"/> Transportation \$20/Hour (more than 2 hrs)

Please contact Case Manager with questions

CASE MANAGER SIGNATURE DATE

SUPERVISOR SIGNATURE DATE _____
MANAGER SIGNATURE DATE

ONLY THESE WRITTEN SERVICES ARE AUTHORIZED FOR PAYMENT

Signature of person who verified rotation list Date

225 37th Avenue San Mateo, California 94403
(650) 573-3900 Fax: (650) 573-2310

San Mateo County
Aging and Adult Services

Fax

To: _____ FAX: _____
From: _____ Date: _____ Pages: _____

Re: MSSP ~ Confirmation of Telephone Order

Provider: _____

Per our telephone conversation of _____, I am confirming my order for:

Client name: _____

Address: _____

Phone #: _____ Contact Person: _____

- | <i>Services to be Delivered</i> | <i>Hours per day ~ Frequency</i> | <i>Comments</i> |
|---|----------------------------------|-----------------|
| <input type="checkbox"/> Household Chore: | _____ | _____ |
| <input type="checkbox"/> Personal Care: | _____ | _____ |
| <input type="checkbox"/> Transportation: | _____ | _____ |
| <input type="checkbox"/> Respite: | _____ | _____ |
| <input type="checkbox"/> RN / LVN visit: | _____ | _____ |
| <input type="checkbox"/> Social Day: | _____ | _____ |

Time: _____

Date(s) Scheduled: _____

Total Units: _____
Hours, visits, days

Total Cost: \$ _____

Special Instructions: _____

Thank You

Case Manager: _____

Phone: _____



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

ADULT PROTECTIVE SERVICES

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Case Manager's signature

Date

Copy to Maria E. Ochoa

rev. 12/28/10



San Mateo County
Aging and Adult Services

225 37th Avenue San Mateo, CA 94403 Phone: 573-3900 FAX: 573-2310

DEPUTY PUBLIC GUARDIAN

Cancellation of Attendant Care Services

TO:	Phone:	Fax:
FROM:	Phone: (650) 573 -	Date:

Provider: _____

Per our telephone conversation of _____, I am canceling services for:

Client Name: _____

Address: _____

Date of Last Service: _____

Additional Information: _____

Thank you,

Deputy Public Guardian's signature

Date