AITKIN COUNTY

Provider Name:

Arrowhead Economic Opportunity Agency

DBA:

AEOA

Address:

702 3rd Avenue South

City and Zip:

Virginia, MN 55792

Program Area:

HCBS

Contract effective for the period beginning <u>January 1, 2013</u> through <u>December 31, 2013</u>

The Aitkin County Board of Commissioners, located at 204 1st Street NW, Aitkin, MN 56431 acting through Health and Human Services, hereafter referred to as the "Lead County" and Arrowhead Economic Opportunity Agency doing business as AEOA at 702 3rd Avenue South, Virginia, MN, 55792, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning January 1, 2013 through December 30, 2013, regardless of the date of the signatures hereunder, unless sooner terminated or unless extended, as provided herein.

WHEREAS, pursuant to the Children and Community Services Act, Minnesota Statutes, Chapter 256.0112, now in force or as hereafter enacted or amended, the Lead County has identified certain populations within the County who are eligible for specific home and community-based waiver services or other services as identified in the attached Attachments A and B; and

WHEREAS, federal and state funds are available for the purchase of Title 19 home and community-based services through the State of Minnesota pursuant to U.S. Code, Title 42, sections 1396 through 1396P, and Minnesota Statutes, Chapters 245B and 256B now in force or as hereafter enacted or amended. Home and community-based waiver services include the Community Alternative Care (CAC) Waiver, the Community Alternatives for Disabled Individuals (CADI) Waiver, the Developmental Disabilities (DD) Waiver, the Brain Injury (BI) Waiver, the Elderly Waiver (EW), and Alternative Care (AC); and

WHEREAS, the Lead County wishes to purchase services from the Provider and the Provider agrees to furnish services to persons in accordance with Minnesota Statutes, Chapters 245A, 245B, 256B and 256.0112; Minnesota Rules, Chapter 9525, and in accordance with the type, amount, frequency and duration stated in each person's Community Support Plan (CSP) under this Contract; and

WHEREAS, the Provider represents that it is duly qualified and willing to perform such services; and has submitted the following identification numbers: Federal Tax ID #41-6052144; NPI or UMPI number A240018900; and

WHEREAS, the Lead County and the Provider, according to Minnesota Statutes, section 256B.092, subdivision 8a or section 256.0112, subdivision 6, understand that this Contract serves as a Lead County contract for services purchased by other Financially Responsible Agencies;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Provider and the Lead County agree as follows:

IN WITNESS WHEREOF, Aitkin County and the Provider have executed this Contract as of the

day and year first written above: The Provider, having signed this contract, and the Aitkin County Board of Commissioners having duly approved this Contract on _____, and pursuant to such approval and the proper County officials having signed this Contract, the parties hereto agree to be bound by the provisions herein set forth. Minnesota Statutes 256.0112. Arrowhead Economic Opportunity Agency **COUNTY OFAITKIN** STATE OF MINNESOTA Doing business as: Aitkin County Board of Commissioners **AEOA** BY: BY: Executive Director Chairperson of the County Board DATED: Harlan Tardy Signer's name printed or typed ATTESTED TO: Board Chairman BY: Director of Aitkin County Health and Human Services Steve Raukar Signer's name printed or typed DATED: DATED: APPROVED AS TO LEGALITY AND FORM: BY: Aitkin County Attorney DATED:

ATTACHMENTS

A) The following list of documents herein referred to as "Attachments." There may be amendments that address changes or addenda that address additions to the terms of this Contract. All properly executed attachments are incorporated by reference and are deemed a part of this Contract:

Attachment Number Title of Document to be Attached	Number of Pages
1) Attachment A: "Purchased Services" for Disability Waivers	1
2) Attachment B: "Purchased Services" for Elderly Waiver (EW (AC)	y) and Alternative_Care 1
3) Attachment C: Rate Schedules	1

Attachment	Α
------------	---

Purchased Services

Home and community-based services administered under the following waivers: Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Development Disabilities or Related Conditions (DD), and Brain Injury (BI).

Related Conditions (DD), and Brain injury (BI).	
The following are services that the Provider agrees to p Descriptions for such services can be found in the Disal check and have both parties mark their initials next to	bility Services Program Manual (DSPM). [Please
24-Hour Emergency Assistance	☐ In-Home Family Support Services
Adult Companion Services	☐ Independent Living Skills Services
☐ Adult Day Care Services	☐ Independent Living Skills—TBI Therapies
Adult Day Care Services Bath	Live-in Personal Caregiver Expenses
Assisted Living	Modifications and Adaptations
Assisted Living Plus	☐ Night Supervision Services
Assistive Technology	Personal Support Services
Behavioral Programming	Prevocational Services
☑ Chore Services	Residential Care Services
Consumer Directed Community Supports (CDCS)	Respite Care
Consumer Training and Education	Specialist Services
Crisis Respite	Specialized Supplies and Equipment
Day Training and Habilitation (DT&H)	Structured Day Program
Extended Home Care Services	☐ Supportive Employment Services
☐ Family Training, Education and Counseling	Supportive Living Services for Adults
☐ Foster Care	Supportive Living Services for Children
☑ Home Delivered Meals	☐ Transitional Services
☐ Homemaker Services	□ Transportation
☐ Housing Access Coordination	
[If there are other services to be provided that are not below.]	listed above, check and describe the services
Other:	
Other:	
Other:	

Attachment B

Purchased Services

Home and community-based services administered under the Elderly Waiver (EW) and Alternative Care (AC) program. The following are services that the Provider agrees to provide for eligible persons under contract. Descriptions for such services can be found in the Minnesota Health Care Programs (MHCP) Provider Manual, Chapter 26A. [Please check and have both parties mark their initials next to those that apply.] Home Health Aide Services 24-Hour Customized Living Home Health Services Adult Day Services Adult Day Services Bath Homemaker Services Nutrition Services (AC Program Only) Adult Companion Services Personal Care Assistance Services Adult Foster Care Professional Nursing Services Chore Services Residential Care Services Consumer Directed Community Supports (CDCS) Respite Care Customized Living Specialized Supplies and Equipment Environmental Accessibility Adaptations Transitional Services **☐** Family Adult Day Services (FADS) **Transportation** Family and Caregiver Training and Education **Mome Delivered Meals** [If there are other services to be provided that are not listed above, check and describe the services below.] Other: Other: Other: Other:

29

Attachment C

RATE SCHEDULES

Rates effective 9/1/2011.

Service	CADI, TBI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
Transportation	\$18.78 one way trip	\$18.78 one way trip	\$ 18.78 one way trip
Transportation, Non-commercial	\$.55 @ mile	\$.55 @ mile	\$.55 @ mile
Chore *	\$3.48 per 15 min	\$3.48 per 15 min	\$3.48 per 15 min
Meals, Delivered	\$6.07 per meal	\$6.07 per meal	\$6.07 per meal

Rates effective 7/1/2013.

Service	CADI, BI & DD Waiver Rates	Elderly Waiver Rates	Alternate Care Rates
Transportation	\$18.87 one way trip	\$18.87 one way trip	\$ 18.87 one way trip
Transportation, Non-commercial	\$.57 @ mile	\$.57 @ mile	\$.57 @ mile
Chore *	\$3.50 per 15 min	\$3.50 per 15 min	\$3.50 per 15 min
Meals, Delivered	\$6.10 per meal	\$6.10 per meal	\$6.10 per meal

^{*} Chore Services under this contract includes the delivery of groceries, NAPS boxes from the food bank and food shelf items. Chore Services for delivery of groceries = Eight (8) units or two hours per service, which equals a total cost of \$28.00 per grocery shopping and delivery service trip.