

County of Santa Cruz

HUMAN RESOURCES AGENCY

CECILIA ESPINOLA, ADMINISTRATOR

1000 EMELINE ST., SANTA CRUZ, CA 95060

(408) 454-4130 OR 4544045 FAX: (408) 454-4642

May 27, 1998

Agenda: June 16, 1998

BOARD OF SUPERVISORS
County of Santa Cruz
701 Ocean Street
Santa Cruz, California

AGREEMENTS TO PROVIDE SERVICES TO MSSP CLIENTS

Dear Members of the Board:

The Human Resources Agency administers the Multipurpose Senior Services Program (MSSP), which provides comprehensive case management services to frail elderly County residents. The goal of the program is to prevent or delay long-term institutionalization. The program is limited to Medi-Cal recipients and is funded through a contract with the State Department of Aging.

The MSSP program purchases services for clients in various categories, such as adult social day care, home safety modification, respite care, transportation, medical monitoring, counseling, legal services, and money management. The purchase of services for MSSP participants is made following an assessment of client need and the development of a comprehensive care plan by the MSSP case management team of social services staff and public health nurse.

This letter requests your Board's approval of the Purchase of Services Agreements for eleven local vendors who have been selected to provide MSSP services. Copies of the agreements are on file with the Clerk of the Board. Attachment A is a listing of the recommended service providers and their rates.

Only services that are unavailable from other resources are purchased by MSSP. Vendors were selected in accordance with state guidelines for soliciting bids for services, including a public notification and application process. Contractors were selected based on service rates as well as availability and quality of services provided.

Agreements are to become effective July 1, 1998, and remain in effect until June 30, 2001, contingent upon the availability of state and federal funds. All current MSSP contracts with services vendors terminate on June 30, 1998. These agreements represent no County cost.

IT IS THEREFORE RECOMMENDED that your Board:

1. Approve Purchase of Services Agreements with selected services providers; and
2. Approve the attached resolution authorizing the Human Resources Agency Administrator to execute these agreements on behalf of the County.

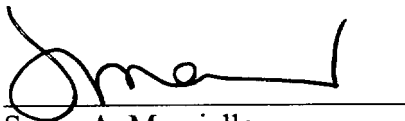
Very truly yours,



CECILIA ESPINOLA
Administrator

CE/JH:n:\hra\board\mssp.doc

V E N D E D :



Susan A. Mauriello
County Administrative Officer

cc: County Administrative Office
Auditor/Controller

1998- RECOMMENDED MSSP SERVICE VENDORS

VENDOR	SERVICE	CODE	COST
BEVERLY HOMECARE (Time & 1/2 for holidays. * New Year's Day, Memorial Day, July 4 th , Labor Day, Thanksgiving & Christmas)	Health Care/LVN	3.3	\$26.00 Hr
	Health Care/RN	3.3	36.50 Hr
	Mileage		0.32 Mile
BEVERLY HOMECARE (Time & 1/2 for holidays.. New Year's Day, Memorial Day, July 4 th , Labor Day, Thanksgiving & Christmas)	Chore Work/CNA	3.1	\$12.50 Hr
	Chore Work/HHA	3.1	15.00 Hr
	Personal Care/CNA	3.2	12.50 Hr
	Personal Care/HHA	3.2	15.00 Hr
	Protective Supervision/Sleepover (12 hr)	3.7	110.00 Day
	Protective Supervision/Live-in (24 hr.)	3.7	125.00 Day
	Professional Care Assistance/CNA	3.9	12.50 Hr
	Professional Care Assistance/HHA	3.9	15.00 Hr
	Respite/In Home/CNA	5.1	12.50 Hr
	Respite/In Home/12 hr	5.1	110.00 Day
	Respite/In Home/24 hr	5.1	125.00 Day
	Escort/No transfer assist	6.3	12.50 Hr
	Escort/With transfer assist	6.3	12.50 Hr
	Mileage		0.32 Mile
SAMBURKHARDT	Minor Home Repairs	2.2	\$35.00 Hr
CINDY'S CELEBRATIONS, INC.	Adult Day Care	1.1	\$54.00 Day
COMPANION FOR LIFE PROJECT	Communications/Devices:		
	Installation Fee	9.2	\$40.00 OTO
	Monitoring, Response, Maintenance	9.2	28.00 Mo.
	Pendant Replacement Fee	9.2	55.00 OTO
	Replacement Fee for Lost Unit	9.2	500.00 OTO
FOOD & NUTRITION SERVICES, INC.	Transportation/Regular	6.1	\$6.15 OWT
	Transportation/Medical	6.2	6.15 OWT
	Transportation/Regular/In County	6.1	18.35 OWT
	Transportation/Medical/ In County	6.2	18.35 OWT
	Transportation/Medical/Out of Co.	6.2	36.70 OWT
LAWRENCE FRIEDMAN, LCSW	Purchased Specialist Case Management.	4.3	\$50.00 Hr
	Therapeutic Counseling	8.4	60.00 Hr

LIFESPAN CARE	*+Chore Work	3.1	\$13.50 Hr
MANAGEMENT AGENCY	*+Personal Care	3.2	14.75 Hr
<i>*2 Hour minimum</i>	Health Care/RN	3.3	40.00 Hr
<i>+Time & ½ for holidays: New</i>	*+Protective Supervision	3.7	14.75 Hr
<i>Year's Day, President's Day,</i>	Protective Supervision/02 hr Sleepover	3.7	110.00 Day
<i>Easter, Memorial Day, July 4th</i>	Protective Supervision/0 6 hr Sleepover	3.7	125.00 Day
<i>Labor Day, Thanksgiving,</i>	Protective Supervision/24 hr Live-in	3.7	170.00 Day
<i>Christmas</i>	*+Professional Care		
	Assistance/HHA/CNA	3.9	14.75 Hr
	*+Respite/In Home/Chore Worker	5.1	13.50 Hr
	*+Respite/In Home/ HHA/CNA	5.1	14.75 Hr
	+Respite/In Home/12 hr Sleepover	5.1	110.00 Day
	+Respite/In Home/1 6 hr Sleepover	5.1	125.00 Day
	+Respite/In Home/24 hr Live-in	5.1	170.00 Day
	*+Escort/Personal Care Attendant	6.3	14.75 Hr
	+Escort/Friendly Visitor-1 hr. min.	6.3	18.50 Hr
	Social Reassurance/Phone Monitor		
	(1 call daily)	8.3	65.00 Mo
	Social Reassurance/Phone Monitor		
	(2 calls daily)	8.3	75.00 Mo
	Social Reassurance/Phone Monitor		
	(Pro Rated)	8.3	2.50 Day
	+Social Reassurance/ Friendly Visitor	8.3	18.50 Hr
	Money Management	8.5	55.00 Hr
	+Communication/Translation	9.1	18.50 Hr
	Mileage		0.325 Mile
MID-COAST VNA & SUBSIDIARY, INC.	Chore Work/HCA (2 hr. min.)	3.1	\$16.50 Hr
<i>*Initial Visit</i>	Chore Work/HHA (2 hr. min.)	3.1	18.50 Hr
<i>* *Re-visit</i>	Personal Care/HHA (1 hr. min.)	3.2	18.50 Hr
<i>(Time & ½ for holidays: New</i>	Personal Care/HCA (1 hr. min.)	3.2	16.50 Hr
<i>Year's Day, President's Day,</i>			(initial)
<i>Memorial Day, July 4th, Labor</i>	Health Care/RN (1 hr. min.)**	3.3	68.05 Hr
<i>Day, Veteran's Day, Thanks-</i>	Health Care/LVN (1 hr. min.)**	3.3	50.00 Hr
<i>giving, Christmas)</i>	Health Care/Physical Therapy		
	(1 hr. min.)	3.3	*95.44/68.05**
	Health Care/Occupational Therapy		
	(1 hr. min.)	3.3	*95.44/68.05**
	Health Care/Speech Therapy (1 hr. min.)	3.3	*95.44/68.05**
	Protective Supervision/Overnight (12 hr)	3.7	117.88 Day
	Protective Supervision/Live-in (24 hr)	3.7	185.56 Day
	Professional Care Assistance/HHA		
	(1 hr. min.)	3.9	18.00 Hr
	Respite/In home/1 2 hr. Sleepover	5.1	117.88 Day
	Respite/In home/24 hr. Sleepover	5.1	185.56 Day
	Respite/In home/HHA (1 hr. min.)	5.1	\$18.00 Hr
	Respite/In home/HCA (2 hr. min.)	5.1	16.50 Hr

MID-COAST VNA & SUBSIDIARY, INC. (cont.)	Escort/No transfer assist (2 hr. min.)	6.3	16.50 Hr
	Escort/With transfer assist (1 hr. min.)	6.3	16.50 Hr
	Mileage		0.31 Mile
PRIME HEALTH AT HOME	Health Care/Skilled Nursing	3.3	\$40.00 Hr
	Health Care/Physical Therapy	3.3	62.62 Hr
	Health Care/Occupational Therapy	3.3	64.91 Hr
	Health Care/Speech Therapy	3.3	71.35 Hr
	Mileage		0.315 Mile
SENIOR NETWORK SERVICE	Money Management (1 hr. min.)	8.5	\$40.00 Hr
SOQUEL LEISURE VILLA	Respite	5.2	\$75.00 Day
	Respite	5.2	525.00 Wk
	Respite/Shared Room (2 in a room)	5.2	1500.00 Mo
	Respite	5.2	2000.00 & up

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BEFORE THE BOARD OF SUPERVISORS
OF THE COUNTY OF SANTA CRUZ, STATE OF CALIFORNIA

RESOLUTION NO. _____

On the motion of Supervisor _____
duly seconded by Supervisor _____
the following resolution is adopted.

RESOLUTION TO APPROVE PURCHASE OF SERVICE AGREEMENTS WITH LOCAL
VENDORSTO PROVIDE SERVICES TO MULTIPURPOSE SENIOR SERVICES
PROGRAM CLIENTS

WHEREAS, Section 9400 et. Seq. Of the Welfare and Institutions code establishes the
Multipurpose Senior Services Program (MSSP); and,

WHEREAS, the California Department of Health Services has allotted Title XIX funds and
State General Funds to the Santa Cruz County MSSP to purchase services for eligible clients
from local vendors; and,

WHEREAS, various local vendors have been selected according to state approved selection
criteria to provide an array of community and home based services to MSSP clients;

NOW, THEREFORE BE IT RESOLVED AND ORDERED that the Board of Supervisors
of Santa Cruz County does authorize the Human Resources Agency Administrator to execute
State-approved MSSP agreements with selected local vendors on behalf of the Board.

PASSED AND ADOPTED by the Board of Supervisors of the County of Santa Cruz, State
of California, this 9th day of June, 1998 by the following vote:

AYES: SUPERVISORS
NOES: SUPERVISORS
ABSENT: SUPERVISORS
ABSTAIN: SUPERVISORS

Mardi Wormhoudt, Chairperson
Board of Supervisors

ATTEST: _____
Clerk of the Board

APPROVED AS TO FORM:

 Lucy Guzman
County Counsel

DISTRIBUTION: County Counsel
Auditor-Controller
County Administrative Officer
Human Resources Agency, MSSP

COUNTY OF SANTA CRUZ

REQUEST FOR APPROVAL OF AGREEMENT

139

To: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY - MSSP (Dept)
[Signature] (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

- 1. Said agreement is between the human Resources Agency of Santa Cruz - MSSP (Agency) and Prime Health at Home 75 Nielsen Watsonville, Ca 95076 (Name & Address)
- 2. The agreement will provide waived services for MSSP clients
- 3. The agreement is needed to provide services to MSSP clients not available from the County.
- 4. Period of the agreement is from July 1, 1998 to June 30, 2001 1999
- 5. Anticipated cost is \$ 15,000.00 ~~(Fixed Sum, Monthly Rate)~~ Not to exceed
- 6. Remarks: Contract term: 7/1/98 - 6/30/98 Contact person: Veronica Health x4726
- 7. Appropriations are budgeted in 392500 (Index#) 3665 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations ~~are~~ available and will be have been encumbered. Contract No. CO 81001 A Date 6/1/98
GARY A. KNUTSON, Auditor-Controller
By [Signature] Deputy

Pending 9/8/99 Bud get Approved

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA - MSSP

Remarks: [Signature] (Analyst) [Signature] County Administrative Officer Date 6/3/98

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz State of California. do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on _____ 19____ By _____ Deputy Clerk

33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

140

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept)
[Signature] (Signature) 6/30/98

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz (HRA/MSSP) (Agency)
and Sam Burkhardt - General Contractor/Lic #672860 120 Seaview Ave. Santa Cruz, CA Name & Address

2. The agreement will provide for Waived and/or Special services between MSSP
and Sam Burkhardt as defined by State MSSP.

3. The agreement is needed to provide MSSP clients with needed services.

4. Period of the agreement is from July 1, 1998 to June 30, 2001

5. Anticipated cost is \$ 5,000.00 (Fixed amount, Monthly rate, Not to exceed)

5. Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath x4726

7. Appropriations are budgeted in 392500 (Index#) 3665 (Subob)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. CO 81002A Date 6/1/98

GARY A. KUTSON, Auditor Controller
BY [Signature] Dep

Pending 98/99 Budget Approval

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA/MSSP

(Agency). County Administrative Officer

Remarks: [Signature] (Analyst) BY [Signature] Date 6/3/98

Agreement approved as to form. Date _____

- Distribution:
- Bd. of Supv. - White
- Auditor-Controller - Blue
- County Counsel - Green
- Co. Admin. Officer - Canary
- Auditor-Controller - Pink
- Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on _____ County Administrative Officer
_____ 19____ By _____ Deputy Clerk

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

14

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY - MSSP
William Allen (Signature) 5/30/98

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz (HRA/MSSP) and Food & Nutrition Services 236 Santa Cruz Ave. Aptos, CA 95003

2. The agreement will provide for waived and/or Special services between MSSP and Food & Nutrition as defined by State MSSP.

3. The agreement is needed to provide MSSP clients with needed services.

4. Period of the agreement is from July 1, 1998 to June 30, 2001

5. Anticipated cost is \$ 35,000.00

6. Remarks: Contract term: 7/1/98 - 6/30/2001

Contact person: Veronica Heath x4726

7. Appropriations are budgeted in 392500 (Index#) 3 6 6 5 (Subot

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. CO 87A 90841A Date 6/1/98

will be Pending 98/99 Budget Approval

GARY A. KNUTSON, Auditor - Controller
By *Julia Ward* Dep

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA/MSSP

(Agency). County Administrative Officer

Remarks: *SS* (Analyst) By *GH Goh* Date 6/3/98

Agreement approved as to form. Date

Distribution: *
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel -
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I, _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on _____ 19_____.
By _____ Deputy Clerk

33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

142

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUM? RESOURCES AGENCY (MSSP) (D)
[Signature] (Signature) 6/30/98

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz MSSP (Age
and, Larry Friedman, LCSW 202 1/2 Oceanview Ave. Santa Cruz, CA 95062 (Name & Addr

2. The agreement will provide Waived and/or Special services, as defined by State MSSP.
between MSSP and Larry Friedman.

3. The agreement is needed to provide KSSP clients with needed services.

4. Period of the agreement is from July 1, 1998 to June 30, 2001/1999

5. Anticipated cost is \$ 2,500 (~~Fixed amount, Monthly rate, Not to exc~~)

6. Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath x4726

7. Appropriations are budgeted in 392500 (Index#) 3665 (Subot

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. Contract No. CO 80829A Date 6/1/98
will be (will be)
GARY A. KNUTSON, Auditor - Controller
[Signature] De
Pending 98/99 Budget Approval

Proposal reviewed and approved, It is recommended that the Board of Supervisors approve the agreement and authorize the
HRA Administrator to execute the same on behalf of the HRA/MSSP
(Agency).

[Signature] (Analyst) By [Signature] County Administrative Officer Date 6/3/98

Agreement approved as to form. Date _____

Distribution: '
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

'To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cr
State of California, do hereby certify that the foregoing request for approval of agreement was approved
said Board of Supervisors as recommended by the County Administrative Officer by an order duly enter
in the minutes of said Board on _____ County Administrative Offi
_____ 19 _____ By _____ Deputy Cl

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

1. 4 3

0: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY - MSSP (Dep
[Signature] (Signature) 5/20/98 (Dot

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the County of Santa Cruz - MSSP (Agency

and Senior Network Services 1777-A Capitola Road Santa Cruz, CA 95062 (Name & Address

2. The agreement will provide waived and/or special services, as defined by State MSSP,
between Senior Network and MSSP.

3. The agreement is needed to provide services to MSSP clients.

4. Period of the agreement is from July 1, 1998 to June 30, 2001 1999

5. Anticipated cost is \$8,000.00 (Fixed or Variable Monthly Rate; Not to exceed

6. Remarks: Contract term: 7/1/98 - 6/30/2001 Contact person: Veronica Heath x4726

7. Appropriations are budgeted in 392500 (Index#)(Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are not available and will be encumbered. Contract No. 98-749A Date 6/1/98
GARY A. KNUTSON, Auditor-Controller
By *[Signature]* Deputy
Pending 98/99 Budget Approval

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
H e n n ? to execute the same on behalf of the HRA/MSSP
(Agency). County Administrative Officer

Remarks: *[Signature]* (Analyst) By *[Signature]* Date 6/3/98

Agreement approved as to form. Date _____

- Distribution:
Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • Green •
Co. Admin. Officer • Canary
Auditor-Controller • Pink
Originating Dept. • Goldenrod

* To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

114

3: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY - KSSP (Dept)
W. Amerson (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the Human Resources Agency of Santa Cruz - MSSP (Agency)

and. Mid-Coast VNA & Subsidiary, Inc. 1041 41st Av. Santa Cruz, CA 95062 (Name & Address)

The agreement will provide waived services for MSSP clients.

The agreement is needed to provide services to MSSP clients not available from the County.

Period of the agreement is from July 1, 1998 to June 30, 2001

Anticipated cost is \$ 15,000.00 (Fixed Amount/Maximum/Other) Not to exceed

Remarks: Contract term: 7/1/98 - 6/30/2001 Contact person: Veronica Heath x4725

Appropriations are budgeted in 392500 (Index#) 3 6 6 5 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations ~~are~~ available and will be encumbered. Contract No. CO 80717A Date 6/1/98
GARY A. KNUTSON, Auditor - Controller
By *[Signature]* Deputy
Pending a 98 99 Budget Approval

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
to execute the same on behalf of the

(Agency).

Remarks: *[Signature]* (Analyst) By *[Signature]* County Administrative Officer Date 6/3/98

Agreement approved as to form. Date

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County -
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

State of California)
County of Santa Cruz) ss
I, _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

* To Orig. Dept. if rejected.

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

145

To: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept
[Signature] (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the County of Santa Cruz - MSSP (Agency
and, Lifespan 600 Frederick St. Santa Cruz, CA 95062 (Name & Address

The agreement will provide waived services to MSSP clients.

The agreement is needed to provide services to MSSP clients not available from the County.

Period of the agreement is from July 1, 1998 to June 30, 1999
2001

Anticipated cost is \$ 73,000.00 (~~Fixed~~ ~~xxxxxx~~ ~~Monthly~~ ~~xxxxx~~ Not to exceed

Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath

Appropriations are budgeted in 392500 (Index#) 3 (Subobject

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and will be encumbered. Contract No. CO 80716A Date 6/1/98

Pending 98/199 Budget Approval

GARY A. KNUITSON, Auditor-Controller
By [Signature] Deputy.

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
HRA Administrator to execute the same on behalf of the HRA/MSSP
(Agency).

marks: [Signature] (Analyst) B [Signature] Date 6/3/98

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - ~~Blue~~
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz.
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
By _____ Deputy Clerk

33

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

146

: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept.)
[Signature] (Signature) 5/21/98 (Date)

Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same,

Said agreement is between the County of Santa Cruz (HRA/MSSP) (Agency)

and Soquel Leisure Villa 4101 Fairway Dr. Soquel, CA 95073 (Name & Address)

The agreement will provide waived services to MSSP clients

The agreement is needed to provide services to KSSP CLIENTS not available from the County.

Period of the agreement is from July 1, 1998 to June 30, 2001

Anticipated cost is \$ 2,000.00 (Fixed amount, Monthly rate; Not to exceed)

Remarks: Contract term: 7/1/98 - 6/30/2001

Contact person: Veronica Heath x4726

Appropriations are budgeted in 392500 (Index#) (S3465 b o b j e c t)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are available and have been encumbered. are not available and will be encumbered.
Contract No. 81704 Date 6/1/98
GARY A. KNUTSON, Auditor - Controller
By *[Signature]* Deputy.

Agreement reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA/MSSP

County Administrative Officer (Agency).
County Administrative Officer
By *[Signature]* (Analyst) Date 6/3/98

Distribution:
1. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green
County Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

1 - Orig. Dept. if rejected.

Slate of California)
County of Santa Cruz) ss
I, _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy Clerk

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

147

0: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dep
Veronica Heath (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

1. Said agreement is between the County of Santa Cruz (HRA/MSSP) (Agency) and Beverly HomeCare 1414 Soquel Ave. Ste. 205 Santa Cruz, CA 95062 (Name & Address)

2. The agreement will provide Waived and/or Special services, as defined by State MSSP between MSSP and Beverly HomeCare.

3. The agreement is needed, to provide needed services to MSSP clients.

4. Period of the agreement is from July 1 1998 to June 30 2001

5. Anticipated cost is \$15,000.00 (Fixed amount/ monthly rate; Not to exceed)

6. Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath - 6

7. Appropriations are budgeted in 392500 (Index#)(Subject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations ~~are~~ available and will be encumbered. Contract No. CO 90788A Date 6/1/98
Pending 9/2/99 Budget Approval
GARY A. KNUTSON, Auditor - Controller
By Linda Ward Deputy

8. Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA/MSSP (Agency).

Remarks: GS (Analyst) By W. S. [Signature] County Administrative Officer Date 6/3/98

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. • White
Auditor-Controller • Blue
County Counsel • ~~Goldenrod~~
Co. Admin. Officer • Conory
Auditor-Controller • Pink
Originating Dept. • Goldenrod

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz.
State of California, do hereby certify that the foregoing request for approval of agreement was approved by said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered in the minutes of said Board on _____ County Administrative Officer
By _____ Deputy Clerk

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

148

To: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept)
[Signature] (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the County of Santa Cruz (MSSP) (Agency)

and Beverly HomeCare 1414 Soquel Ave. #205 ~~XXXXXXXXXX~~ Santa Cruz, CA 95062 (Name & Address)

The agreement will provide waived services as defined by State MSSP
between Beverly HomeCare and MSSP

The agreement is needed to provide services to MSSP clients.

Period of the agreement is from July 1, 1998 to June 30, 2001/1999

Anticipated cost is \$ 22,000.00 (Fixed amount, Monthly rate; Not to exceed)

Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath x4726

Appropriations are budgeted in 392500 (Index#) 3665 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74 . .

Appropriations are available and have been encumbered. Contract No. CO ~~745A~~⁸⁰ 745A Date 6/1/98

will be.
Pending 98/99 Budget Approval

GARY A. KNUTSON, Auditor-Controller
By *[Signature]* Deputy

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the HRA Administrator to execute the same on behalf of the HRA/MSSP (Agency).

Remarks: *[Signature]* (Analyst)

County Administrative Officer
By *[Signature]* Date 6/3/98

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod
*To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____
County Administrative Officer
By _____ Deputy Clerk

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

149

To: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept)
He Gene Alcorn (Signature) 5/30/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the County of Santa Cruz (HRA/MSSP) (Agency)
and, CINDY'S Celebrations, Inc. 320 Carrera Circle Aptos, CA 95003 (Name & Address)

The agreement will provide waived and/or special services between MSSP and Cindy Lash
as defined by state MSSP.

The agreement is needed to provide MSSP clients with needed services not provided by the County.

Period of the agreement is from July 1, 1998 to June 30, 1999

Anticipated cost is \$ 5,000.00 (Fixed amount Monthly rate; Not to exceed)

Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath x4726

Appropriations are budgeted in 392500 (Index#) (8645 b o b j e c)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations ^{are} available and ^{have been} encumbered. will be Contract No. CO 80686A Date 6/1/98
GARY A. KNUTSON, Auditor - Controller
By *Nicole A. Land* Deputy
Pending 98/99 Budget Approval

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
HEW Administrator to execute the same on behalf of the HRA/MSSP (Agency).

Remarks: *gg* (Analyst) By *He Gene Alcorn* County Administrative Officer Date 6/3/98

Agreement approved as to form. Date

Contribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel -
Admin. Officer - Canary
Auditor-controller - Pink
Originating Dept. - Goldenrod
To Orig. Dept. if rejected.

State of California)
County of Santa Cruz) ss
_____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz.
State of California, do hereby certify that the foregoing request for approval of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Officer
_____ 19 _____ By _____ Deputy

COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT

130

TO: Board of Supervisors
County Administrative Officer
County Counsel
Auditor-Controller

FROM: HUMAN RESOURCES AGENCY (MSSP) (Dept)
W. Anne Brown (Signature) 7/13/98 (Date)

The Board of Supervisors is hereby requested to approve the attached agreement and authorize the execution of the same.

Said agreement is between the County of Santa Cruz MSSP (Agency)
and Companion for Life Project 1570 Soquel Ave. #2 Santa Cruz. CA 95065 (Name & Address)

The agreement will provide waived services as defined by State MSSP
between Companion for Life Project and MSSP

The agreement is needed to provide services for MSSP clients

Period of the agreement is from July 1, 1998 to June 30, 2001

Anticipated cost is \$ 25,000.00 (Fixed amount, Monthly rate) Not to exceed

Remarks: Contract term: 7/1/98 - 6/30/2001
Contact person: Veronica Heath x4726

Appropriations are budgeted in 392500 (Index#) 3665 (Subobject)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACH COMPLETED FORM AUD-74

Appropriations are not available and will be encumbered. Contract No. 81703 Date 6/1/98
will be
Pending 98/98 Budget Approval
GARY A. KNUTSON, Auditor-Controller
By W. Anne Brown Deputy

Proposal reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize the
HRA Administrator to execute the same on behalf of the HRA/MSSP
(Agency). County Administrative Officer

Remarks: 69 (Analyst) By W. Anne Brown Date 6/3/98

Agreement approved as to form. Date _____

Distribution:
Bd. of Supv. - White
Auditor-Controller - Blue
County Counsel - Green *
Co. Admin. Officer - Canary
Auditor-Controller - Pink
Originating Dept. - Goldenrod

To Orig. Dept. if rejected.

33 (6/95)

State of California)
County of Santa Cruz) ss
I _____ ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz
State of California, do hereby certify that the foregoing request for approval Of agreement was approved by
said Board of Supervisors as recommended by the County Administrative Officer by an order duly entered
in the minutes of said Board on _____ County Administrative Office
_____ 19 _____ By _____ Deputy Clerk