



HEALTH SERVICES AGENCY  
ADMINISTRATION

# COUNTY OF SANTA CRUZ

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## HEALTH SERVICES AGENCY

P.O. BOX 962, 1080 EMELINE AVENUE  
SANTA CRUZ, CA 95061  
(408) 454-4066 FAX: (408) 454-4770  
TDD: (408) 454-4123

August 23, 1999

AGENDA: September 21, 1999

BOARD OF SUPERVISORS  
County of Santa Cruz  
701 Ocean St., Fifth Floor  
Santa Cruz, CA. 95060

**SUBJECT: Approval of Revenue Agreement with State Department of Health Services for Long Term Care Planning for Elderly and Disabled**

Dear Members of the Board:

### Background

As a supplemental item during the June 1999 budget hearings, your Board accepted a State planning grant for Long Term Care services to elderly and disabled citizens. This grant is for one year of planning activities which will look at the full continuum of care and support services for disabled or elderly persons, especially those depending on Medi-Cal and/or Medicare to fund their care.

The State Department of Health Services is making these grants as part of implementing legislation to foster reform in the continuum of services for persons needing long term care due to loss of functioning and health problems. Currently, there are serious gaps in long term care services for this population. Many individuals are placed in skilled nursing facilities because of lack of funding to support specialized residential care and/or in-home support services.

The Health Services Agency will be coordinating this important planning process with community representatives from health care, advocacy groups, social service and labor organizations, and interested citizens. The grant is for \$50,000 in State general funds. The majority of the funding will be used to hire a consultant to coordinate planning activities and provide financial analyses of the feasibility of alternative delivering systems. The project coordination services will be contracted to a health policy professional who will manage the grant under HSA direction. Because of State

deadlines for grant deliverables, approval is requested for the consultant contract to be effective August 27, 1999.

Recommendations

It is, therefore, RECOMMENDED that your Board:

1. Approve the Revenue Agreement on file with the Clerk of the Board with the State Department of Health Services in the amount of \$50,000 (Budget Index 363101, Subobject 0626) to execute the Long Term Care Planning Grant, and authorize the Health Services Agency Administrator to sign; and
2. Approve the attached contract with Suzanne Koebler to provide project management services for the grant in the amount of \$45,000 effective August 27, 1999, and authorize the Health Services Agency Administrator to sign.

Sincerely,

  
Charles M. Moody  
Health Services Agency Administrator

CM:RK:ep:js

RECOMMENDED:



Susan A. Mauriello  
County Administrative Officer

cc: County Administrative Office  
Auditor-Controller  
County Counsel  
Health Services Agency  
Mental Health Administration

COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

0079

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)

C. Murphy (Signature) 9/7/99 (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 (Community Mental Health) (Agency)  
and California Department of Health Services, PO Box 942732, Sacramento, CA, 94234 (Name & Address)

2. The agreement will provide funding for the Long Term Care Integration Planning project.

3. The agreement is needed. to provide the above.

4. Period of the agreement is from June 15, 1999 to June 30, 2000

5. Anticipated cost is \$ 0 - Revenue Agreement (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \$50,000 Revenue

7. Appropriations are budgeted in 363101 (Index#) 0626 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. R- 710 Date 9/8/99

N/A

GARY A. KNUTSON, Auditor - Controller

By Ronald J. Wilson Deputy.

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

HEALTH SERVICES (Agency).

County Administrative Officer

Remarks: GG (Analyst)

By [Signature] Date 9/10/99

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

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COUNTY OF SANTA CRUZ  
REQUEST FOR APPROVAL OF AGREEMENT

1280

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

FROM: HEALTH SERVICES AGENCY (Mental Health) (Dept.)  
C. Morley (Signature) 9/2/99 (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 (Community Mental Health) (Agency)  
and, Suzanne Koebler, 8100 Harvard Drive, Ben Lomond, CA, 95005 (Name & Address)

2. The agreement will provide project management services for the Long Term Care Integration  
Planning grant.

3. The agreement is needed. to provide the above.

4. Period of the agreement is from August 27, 1999 to June 30, 2000

5. Anticipated cost is \$ 45,000 maximum through June 30, 2000 (Fixed amount; Monthly rate; Not to exceed)

6. Remarks: \_\_\_\_\_

7. Appropriations are budgeted in 363101 (Index#) 3665 (Subobject)

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

Appropriations are available and have been encumbered. Contract No. C09TDD 91932 Date 9/8/99  
are not available and will be encumbered.

GARY A. KNUTSON, Auditor - Controller  
By Ronald J. Silva Deputy.

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

HEALTH SERVICES (Agency).

County Administrative Officer

Remarks: \_\_\_\_\_  
ES (Analyst)

By Ed Schuy Date 9/14/99

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

• 53 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

SANTA CRUZ COUNTY HEALTH SERVICES AGENCY  
INDEPENDENT CONTRACTOR AGREEMENT

This CONTRACT is entered into this **27<sup>th</sup> day of August 1999**, by and between the COUNTY OF SANTA CRUZ, hereinafter called **COUNTY**, and **Suzanne Koebler**, hereinafter called **CONTRACTOR**. The parties agree as follows:

1. DUTIES. Coordination of Program Planning and Policy' Development Activities associated with development of a Long Term Care Plan for Medi-Cal recipients of Santa Cruz County. The duties include coordination of meetings and development of work products related to expanding the Medi-Cal system capacity and reducing reliance on institutional care in skilled nursing settings. The project will identify and propose methods to close critical care gaps in the long term care system and it's continuum of treatment. The project also includes extensive interagency coordination and planning to improve the delivery and range of services available. The services proposed will be documented in a series of reports to the State Department of Health Services as discussed in the grant proposal. There will also be extensive data analysis of utilization patterns of current Medi-Cal recipients in the county to help with identification of gaps and proposals for solutions. In addition, the data analysis will assist with doing feasibility studies for new Medi-Cal services. The LTC Grant Workplan/Timetable is attached to further document the scope of work and deliverables expected from the CONTRACTOR.
2. COMPENSATION. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR an amount not to exceed **\$45,000 dollars** at the rate of \$25.00 per hour. Compensation includes all private mileage, travel costs, and per diem necessary to accomplish the result contracted for. Work will be complete by June 30, 2000 as specified in the Timetable attached.
3. TERM. The term of this contract shall be from August 27, 1999 through **June 30, 2000**.
4. EARLY TERMINATION. Either party hereto may terminate this contract at any time by giving thirty (30) days written notice to the other party.
5. INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which shall include, without limitation, its officers, agents, employees and volunteers) from and against:
  - a. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon them for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this contract, including but not limited to the use, misuse, or failure of any equipment, materials, tools, supplies or other property furnished to CONTRACTOR by COUNTY, excepting any liability arising out of sole negligence of the COUNTY. Such indemnification includes any damage to the person(s) or property(ies) of CONTRACTOR

and third persons.

b. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTOR'S officers, employees and agents engaged in the performance of this Contract (including, without limitation, unemployment insurance, social security and payroll tax withholding).

6. INSURANCE. CONTRACTOR, at its sole cost and expense, and for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTOR's insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here *R K Lick*.

a. Types of Insurance and Minimum Limits

1. Worker's Compensation in the minimum statutorily required coverage amounts. (Not required if CONTRACTOR has no employees).

2. Automobile Liability Insurance for each of CONTRACTOR'S vehicles used in the performance of this Agreement, including owned, non-owned (e.g., owned by CONTRACTOR'S employees), leased or hired vehicles, in the minimum amount of \$500,000 combined single limit per occurrence for bodily injury and property damage.

3. CONTRACTOR represents to COUNTY that it will accomplish the result required by this contract by manner and means which will expose no person to reasonably foreseeable risk of personal injury or property damage, namely as follows: providing project management services. In reliance thereon, COUNTY hereby waives the requirement for Comprehensive or Commercial General Liability Insurance.

b. Other Insurance Provisions

1. If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three (3) years after the expiration of this Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonable affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed reasonable.

2. CONTRACTOR hereby covenants and represents that it will notify COUNTY in writing at least thirty (30) days prior to cancellation or non-renewal of any insurance coverage required herein.

3. CONTRACTOR agrees to provide COUNTY, at or before the effective date of this Contract, with a copy of the face page of any required insurance coverage in force on the effective date of this Contract and any new or renewal policies effective during the term of the Contract.

4. Any required notification or copies of documents shall be sent to: Health Services Agency, County of Santa Cruz, 1080 Emeline Ave., P.O. Box 962, Santa Cruz, CA 95061-0962.

7. EQUAL EMPLOYMENT OPPORTUNITY. During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

a. CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, mental or physical disability, Medi-Cal condition (cancer related), marital status, gender, pregnancy, sexual orientation, age (over 18), veteran status or any other nonmerit factor unrelated to job duties. Such action shall include, but not be limited to, the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.

“Discriminate, Discrimination or Discriminatory” - shall mean any act, policy or practice which, regardless of intent, has the effect of subjecting any person to differential treatment as a result of that person’s age (over 18), race, color, creed, religion, national origin, ancestry, mental or physical disability, marital status, pregnancy, gender, or sexual orientation. “Discrimination” includes the assertion of an otherwise valid reason for action as a subterfuge or pretext for prohibited discrimination.

b. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:

(1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, mental or physical disability, Medi-Cal condition (cancer related), marital status, gender, sexual orientation, age (over 18), veteran status, pregnancy, or any other non-merit factor unrelated to job duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR’S solicitation of goods and services. Definitions for Minority/Women/Disabled Owned Business Enterprises are available from the COUNTY General Services Purchasing Division.

(2) The CONTRACTOR shall furnish COUNTY Affirmative Action Office information and reports in the-prescribed reporting format (PER 4012) identifying the gender, race, disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority/Women/Disabled Business Enterprises.

(3) In the event of the CONTRACTOR'S non-compliance with the non-discrimination clauses of this contract or with any of the said rules, regulations, or orders this CONTRACTOR may be declared ineligible for further contracts with the COUNTY.

(4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 13b. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

8. INDEPENDENT CONTRACTOR STATUS. CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (workers compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST: The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS: (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools, and workplace; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business. It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is, in fact, an independent contractor.

9. NONASSIGNMENT. CONTRACTOR shall not assign this Agreement without the prior written consent of the COUNTY.
10. RETENTION AND AUDIT OF RECORDS. CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first.



CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

- 11. PRESENTATION OF CLAIMS. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
- 12. ATTACHMENTS. Attachment A, Job Description for the Project Director; Attachment B, Resume of Suzanne Olson Koebler; Attachment C, Santa Cruz County Workplan/Timetable LTCI Planning Phase Grant.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written:

**COUNTY OF SANTA CRUZ**

**CONTRACTOR**

\_\_\_\_\_  
 Charles Moody  
 Health Services Administrator

Suzanne Koebler  
 Suzánnne Koebler  
 8100 Harvard Drive  
 Ben Lomond, CA. 95005  
 831-336-0564

Tax Identification Number (TIN): 559-67-0064

Approved as to Insurances:

Janet McKinley 9-7-99  
 Risk Management Division Chief

Approved as to Form:

[Signature]  
 Assistant County Counsel

**Distribution:**

- Auditor-Controller
- Health Services Agency
- Community Mental Health
- Contractor



CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

II. PRESENTATION OF CLAIMS. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.

12. ATTACHMENTS. Attachment A, Job Description for the Project Director; Attachment B, Resume of Suzanne Olson Koebler; Attachment C, Santa Cruz County Workplan/Timetable LTCI Planning Phase Grant.

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written:

**COUNTY OF SANTA CRUZ**

**CONTRACTOR**

\_\_\_\_\_  
Charles Moody  
Health Services Administrator

Suzanne Koebler  
Suzanne Koebler  
8100 Harvard Drive  
Ben Lomond, CA. 95005  
831-336-0564

Tax Identification Number (TIN): 559-67-0064

Approved as to Insurances:

Bret McKinley 9-7-99  
Risk Management Division Chief

Approved as to Form:

[Signature]  
Assistant County Counsel

**Distribution:**

- Auditor-Controller
- Health Services Agency
- Community Mental Health
- Contractor



# Request for Taxpayer Identification Number and Certification

0287  
Give this form to the  
County of Santa Cruz  
30 NOT send to the IRS

Please print or type

Name (If joint names, list first and circle the name of the person or entity whose number you enter in Part I below. See Instructions on page 2 if your name has changed.)

Suzanne Olson Koebler

Business name (Sole proprietors see instructions on page 2.)

Suzanne Olson Koebler

Please check appropriate box:  Individual/Sole proprietor  Corporation  Partnership  Other

Address (number, street, and apt. or suite no.)

8100 Harvard Drive

City, state, and ZIP code

Ben Lomond, CA 95005

### YOU ARE PAID FOR:

- Health Care Service
- Other Service
- Rent  Goods
- Freight  Interest
- Other (Explain) \_\_\_\_\_

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For sole proprietors, see the instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How To Get a TIN below.

Social security number  
5 5 9 + 6 7 + 0 0 6 4

OR

Employer identification number  
| | | | | | | |

### Part II For Payees Exempt From Backup Withholding (See Part II instructions on page 2)

Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.

### Part III Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions.—You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, the acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (Also see Part III instructions on page 2.)

Sign Here Signature Suzanne O. Koebler Date 9/2/99

Section references are to the Internal Revenue Code.

**Purpose of Form.**—A person who is required to file an information return with the IRS must get your correct TIN to report income paid to you, real estate transactions, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 to give your correct TIN to the requester (the person requesting your TIN) and, when applicable, (1) to certify the TIN you are giving is correct (or you are waiting for a number to be issued), (2) to certify you are not subject to backup withholding, or (3) to claim exemption from backup withholding if you are an exempt payee. Giving your correct TIN and making the appropriate certifications will prevent certain payments from being subject to backup withholding.

Note: If a requester gives you a form other than a W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**What Is Backup Withholding?**—Persons making certain payments to you must withhold and pay to the IRS 31% of such

payments under certain conditions. This is called "backup withholding." Payments that could be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give me requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, your payments will not be subject to backup withholding. Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester, or
2. The IRS tells the requester that you furnished an incorrect TIN, or
3. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
4. You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable

interest and dividend accounts opened after 1983 only), or

5. You do not certify your TIN. See the Part III instructions for exceptions.

Certain payees and payments are exempt from backup withholding and information reporting. See the Part II instructions and the separate Instructions for the Requester of Form W-9.

**How To Get a TIN.**—If you do not have a TIN, apply for one immediately. To apply, get Form SS-5, Application for a Social Security Number Card (for individuals), from your local office of the Social Security Administration, or Form SS-4, Application for Employer Identification Number (for businesses and all other entities), from your local IRS office.

If you do not have a TIN, write "Applied For" in the space for the TIN in Part I, sign and date the form, and give it to the requester. Generally, you will then have 60 days to get a TIN and give it to the requester. If the requester does not receive your TIN within 60 days, backup withholding, if applicable, will begin and continue until you furnish your TIN.

## Job Description for the Project Director

Position Title:	<b>Project Director, LTCIPP</b>
Reports to:	HSA Director or Designee
Direct reports:	Administrative support staff
<b>Responsibilities:</b>	
<ul style="list-style-type: none"> <li>. Acts as liaison to DHS, prepares progress and final reports</li> <li>. Coordinates/supports Task Force and <b>Steering</b> Committee activities</li> <li>. Researches long-term care integration models</li> <li>. Conducts target population needs analysis</li> <li>. Coordinates health policy, data and risk analysis with consultants</li> <li>. Analyzes information and data on acute and long-term care</li> <li>. Acts as staff to the Task Force Teams to: <ul style="list-style-type: none"> <li>&gt; develop program models, case management strategies, and administrative requirements to support a LTCIPP</li> <li>&gt; design network model and policies</li> <li>&gt; identify communications needs</li> <li>&gt; develop quality improvement and grievance procedures</li> <li>3 identify network expansion needs</li> <li>3 research and analyze regulatory requirements</li> <li>&gt; coordinate development of a provider payment methodology</li> <li>3 identify data and reporting requirements and elements</li> </ul> </li> </ul>	
<b>Requirements:</b> Bachelor's degree plus 3-5 years administrative and planning experience in a health care setting. Master's degree and program experience serving elders or disabled adults preferred. Experience may be substituted for educational requirements.	
<b>Special skills:</b> Ability to relate to consumers, advocates, providers, and administrators; good verbal and written communications skills; good analytical skills; computer literate; ability to set priorities and goals and to coordinate multiple tasks.	

**Reimbursement \$45,000 for 10 months, September 1, 1999 – June 30, 2000.**

**Suzanne Janet Olson**  
**8100 Harvard Drive**  
**Ben Lomond, CA 95005**  
**831-336-0564 (home)**  
**650-723-9352 (work)**

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Project Manager position for Santa Cruz County or Non-profit agency.

Abilities:

- Coordinate multiple tasks simultaneously
- Establish and maintain relationships with a variety of stakeholders
- Motivate others and inspire cooperation among diverse groups
- Translate stated goals into concrete, measurable action plans
- Work well both independently and collaboratively
- Communicate effectively orally and in writing

Achievements:

- Created administrative systems and streamlined routine tasks
- Wrote and edited project reports for boards and funders
- Collected and analyzed data on health plans, providers, and consumers to better understand medical decision making
- Contacted, recruited, and organized participants for research projects
- Planned and orchestrated successful fundraisers and seminars
- Designed and implemented program for at-risk youth

Work History:

1998-	Graduate School of Business, Stanford University <u>Administrative Manager/ Research Assistant</u>	Palo Alto, CA	<i>USF</i> <i>get in oct</i>
1994-1998	Community Institute for Psychotherapy <u>Office Manager</u>	San Rafael, CA	<i>(non-profit like Family Devs)</i>
1991- 1994	Houston Independent School District <u>Teacher, 4<sup>th</sup> and 6<sup>th</sup> Grades, Teach For America</u>	Houston, TX	

Awards/ Honors:

- H.I.S.D. Grant for Innovative Bilingual Teaching
- Healthcare Executives of Northern California Student Writing Contest, 1<sup>st</sup> Prize (1998) for original paper: "The Growth of Hospice in the U.S."

Education:

1991 University of California at Los Angeles: BA, Anthropology  
 1999 University of San Francisco: MPA, emphasis in Health Services Administration, degree expected 10/99.

Task Name	Start	Finish	1999						2000						
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>1. Hire Project Director &amp; plan LTCIPP administration</b>	7/1/99	9/30/99													
<b>A. Complete administrative preparation upon grant award</b>	6/2/99	8/30/99													
HSA Notifies Task Force, Steering Committee, & Board of Supervisors	6/21/99	6/30/99													
HSA sets up grant administration protocols		6/30/99													
Schedule Task Force/Steering Committee meetings	7/1/99	7/15/99													
HSA/Steering Committee Recruits, hires & orients Project Director	7/1/99	9/30/99													
Steering Committee recommends Design Team membership, assignments & Develops reporting schedule	7/1/99	9/30/99													
Task Force activates Service Model, Governance, Financial, and IS Design Teams	7/1/99	9/30/99													
HSA arranges space, equipment, administrative support for Project Director	7/1/99	9/30/99													
<b>B. Steering Committee orients and guides Design Teams</b>	7/1/99	9/30/99													
Steering Committee orients Design Teams to key goals and objectives	7/1/99	9/30/99													
Project Director schedules initial meetings of the Design Teams and develop work plan and schedule with each team.	7/1/99	9/30/99													
Steering Committee & Project Director develop reporting schedule to Task Force, BOS, key Stakeholders, & DHS	7/1/99	9/30/99													

07/07/99

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Task Name	Start	Finish	1999						2000						
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
<b>2. Develop service model design</b>	9/30/99	3/15/00													
A. Service Model Design Team begins planning tasks	9/30/99	11/30/99													
Design Team assigns project leaders for major tasks	9/30/99	11/30/99													
B. Project leader initiates target population needs analysis	9/30/99	11/30/99													
Analyze existing service data on eligible population	9/30/99	11/30/99													
Identify information gaps	9/30/99	11/30/99													
Analyze current service utilization & costs	9/30/99	11/30/99													
C. Develop service model design	9/30/99	2/28/00													
Researches & recommends service model options	9/30/99	1/28/00													
Project costs for service model options based on needs analysis data	9/30/99	2/28/00													
D. Project leader initiates network model analysis	9/30/99	4/15/00													
Assess existing network capacity	9/30/99	10/29/00													
Identify network expansion needs	9/30/99	12/20/99													
Project costs of expansion	9/30/99	1/30/00													
Assess service expansion/reengineering capacity of existing providers	9/30/99	2/28/00													
Develop network model recommendations	9/30/99	2/28/00													
Identify potential new providers	9/30/99	4/15/00													
Develop model affiliation agreements to support network integration	9/30/99	2/28/00													

07/07/99

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Task Name	Start	Finish	1999						2000						
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
E. Project leader initiates care management model analysis	9/30/99	2/28/00													
Research case management models	9/30/99	11/30/99													
Analyze models using physicians & case managers for primary care	9/30/99	11/30/99													
Analyze social services case management models	9/30/99	11/30/99													
Design integrated case management options	9/30/99	2/28/00													
Project costs of integrated case management models	9/30/99	2/28/00													
F. Design team consolidates recommendations	9/30/99	12/31/99													
Prepare interim progress report for DHS	12/01/99	12/31/99													
Present findings to task force	9/30/99	10/1/99													
<b>3. Develop governance &amp; administrative structure</b>	9/30/99	3/15/00													
A. Design team leader to assign tasks	9/30/99	12/15/99													
B. Analyze waiver issues & requirements	9/30/99	12/15/99													
C. Research & analyze governance & administrative models	9/30/99	12/15/99													
D. Design quality management: outcome monitoring process & staffing	9/30/99	2/14/00													
E. Design grievance & appeals protocols	9/30/99	2/14/00													
F. Develop provider education protocols	9/30/99	2/14/00													
G. Determine administrative & structural support necessary to implement LTCIPP	9/30/99	2/14/00													
H. With Financial Analysis Team identify impact of proposed models on existing Services	9/30/99	2/14/00													

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Task Name	Start	Finish	1999						2000						
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
I. With Financial Analysis Team determine costs & risk of implementing LTCIPP	9/30/99	3/1/00													
J. Prepare interim progress report for DHS	12/1/99	12/31/99													
K. Present recommendations to the Task Force	2/14/99	2/14/00													
<b>4. Analyze financial risk</b>	10/1/99	3/15/00													
A. Team leader to assign key task	10/1/99	10/30/99													
B. Research cost models for capitalization & case rates	10/1/99	1/31/00													
C. Analyze current utilization and cost data	10/1/99	2/28/00													
D. Assess administration & start up costs	10/1/99	2/28/00													
E. Project cost of care	11/1/99	2/28/00													
F. Complete risk analysis & determine risk reserve funds	10/1/99	2/28/00													
G. Develop & recommend provider payment methodology options	10/1/99	2/28/00													
H. Complete financial feasibility study	4/1/99	4/1/00													
I. Prepare interim progress report for DHS	12/1/99	12/31/00													
J. Present findings to Task Force	4/1/99	4/1/00													
<b>5. Assess information &amp; reporting needs</b>	10/1/99	3/15/00													
A. Design Team Leader to assign tasks	10/1/99	10/30/99													
B. Begin assessment of information systems	11/1/99	2/14/00													
C. Identify existing systems capabilities with respect to LTCIPP	10/1/99	12/6/99													

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Task Name	Start	Finish	1999						2000						
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
D. Identify gaps in information	10/1/99	2/14/00													
E. Develop recommendations on data dictionary for data collection/reporting	11/1/99	2/14/00													
F. Recommend systems modifications & costs	10/1/99	2/14/00													
G. Prepare interim progress report for DHS	12/1/99	12/31/99													
H. Present findings to the Task Force	11/1/99	2/14/00													
<b>6. Task Force reviews findings &amp; recommendations of Decision Teams</b>	3/15/00	6/30/00													
A. Task Force members & Project Director meets with BOS, consumers, providers, & other stakeholders to review findings & address questions	3/15/00	5/1/00													
B. Project Director summarizes questions/issues	3/30/00	5/1/00													
C. Steering Comm. & Project Dir. Meets with design Teams to review feedback on Recommendations	4/15/00	5/1/00													
D. Design Teams reconvene to analyze recommendations & make modifications	5/30/00	6/15/00													
E. Steering Committee & Project Director present findings to Task Force	6/1/00	6/15/00													
F. Task Force reviews findings & recommends go/no go decision	6/1/00	6/15/00													
<b>7. Develop recommendation/final report</b>	6/15/00	6/30/00													
A. Project Director drafts final recommendations & final report to DHS	6/10/00	6/15/00													
B. Steering Committee review final recommendations & final report & makes adjustments	6/10/00	6/15/00													
C. Final Report submitted to Task Force for review & comment	6/10/00	6/30/00													

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**Santa Cruz County Workplan/Timetable  
LTCI Planning Phase Grant**

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Task Name	Start	Finish	1999						2000							
			July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun		
D. HSA Administrator/Steering Committee completes & submits final reports	6/10/00	6/30/00														

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