

COOPERATIVE AGREEMENT

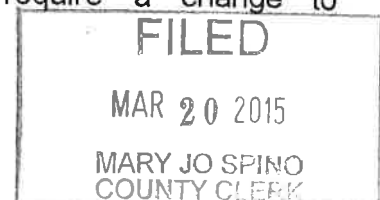
THIS AGREEMENT, made by and between **JACKSON COUNTY, MISSOURI**, a Constitutional Home Rule Charter County of the First Class of the State of Missouri, hereinafter referred to as "the County" and a Missouri not-for-profit corporation, **CARE CENTER OF KANSAS CITY d/b/a SWOPE RIDGE GERIATRIC CENTER, 5900 SWOPE PARKWAY, KANSAS CITY, MO 64130**, hereinafter referred to as "Organization".

WHEREAS, the County deems it to be in the best interest of its citizenry to award Organization \$94,573.00 to be used to provide a continuum of long-term care services to indigent residents of Jackson County; and,

WHEREAS, Organization is capable of providing a variety of said services to the citizens of Jackson County;

NOW THEREFORE, the parties hereto do mutually agree as follows:

1. Services Provided. Organization shall use the proceeds of this Agreement solely for the purpose of providing long-term care services for indigent citizens of Jackson County, as more fully set forth in the proposal attached hereto as Exhibit A. As used in this Agreement, the term indigent person means a person who is eligible for free care or care at a reduced rate, on the basis of income, based on current guidelines at Truman Medical Center - Lakewood and West. No part of the funding provided hereunder shall be used by Organization to purchase equipment. The budget Organization submitted as part of Exhibit A is considered final and non-changeable. If Organization encounters unforeseen circumstances that require a change to



- a. Organization name, address, telephone number, administration, or board of directors
- b. Organization funding that will affect the program under this contract
- c. Liability insurance coverage
- d. Management or staff responsible for providing services pursuant to this contract
- e. Any proposed or actual merger or acquisition either taken by the Organization or toward the Organization

4. **Submission Of Documents.** No payment shall be made under this Agreement unless Organization shall have submitted to the County's Director of Finance and Purchasing: (1) a written proposal setting out in detail the intended use of the County's funding, including the target population to be served; (2) Organization's IRS Form 990 from the previous fiscal or calendar year; (3) a statement of Organization's total budget for its most recent fiscal year; and (4) a detailed explanation of actual expenditures of the County's funds (pertains to final payments and payments on contracts for future years). If Organization has previously received funding from the County, to be eligible for future payments, Organization must submit either an audited financial statement for Organization's most-recent fiscal or calendar year by March 31 of the following year, or a certified public accountant's program audit of the County's funds by January 31 of the following year. Any documents described herein which were submitted to the Director of Finance and Purchasing as a part of an application for funding need not be resubmitted to qualify for payment. No payment shall be made if Organization is out of compliance on any other County contract, or has not paid county taxes on all properties owned by Organization and assessed by the County.

5. **Equal Opportunity.** Organization shall maintain policies of employment as follows:

A. Organization and Organization's subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, or national origin. Organization shall take affirmative action as set forth to ensure that applicants are employed and employees are treated without regard to their race, religion, color, sex, age, disability, or national origin. Such action shall include, but not be limited, to the following: recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Organization agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

B. Organization and Organization's subcontractor(s) shall, in all solicitation or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race, religion, color, sex, age, disability, or national origin.

6. **Employment Of Unauthorized Aliens Prohibited.** Pursuant to §285.530.1, RSMo, Organization assures that it does not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri and/or Jackson County, and shall affirm, by sworn affidavit and provision of documentation, its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Further, Organization shall sign an affidavit, attached hereto and incorporated herein as Exhibit B, affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

7. **Audit.** The parties agree that the County may, for any reason and at any given time, examine and audit the books and records of Organization pertaining to its finances and operations. Further, Organization agrees to establish and adopt such accounting standards and forms as recommended by the County prior to receipt of the County's first distribution of funds under the terms of this Agreement. The forms used to document expenditure of these funds may be changed from time to time by the County.

8. **Default.** If Organization shall default in the performance or observation of any covenant, term or condition herein contained to be performed by Organization, the County shall give Organization ten days written notice, setting forth the default. If said default shall continue and not be corrected by Organization within ten days after receipt of notice from the County, the County may, at its election, terminate this Agreement and withhold any payments not yet made to Organization. Said election shall not, in any way, limit the County's rights to sue for breach of this Agreement.

9. **Appropriation Of Funds.** Organization and the County recognize that the County intends to satisfy its financial obligation to Organization hereunder out of funds annually appropriated for that purpose by the County. County promises and covenants to make its best efforts to appropriate funds in accordance with this Agreement. In the event no funds or insufficient funds are appropriated and budgeted, or are otherwise unavailable by any means whatsoever for payment due hereunder, County shall immediately notify Organization of this occurrence and this Agreement shall terminate on the last day for which appropriations were received, without penalty or expense to the County of any kind whatsoever, except as to the portions of the payment amounts

herein agreed upon for which funds shall have been appropriated and budgeted or are otherwise available, or at any time after the last date that County has paid for the Services, if earlier.

County further agrees:

A. That any funds authorized or appropriated for services rendered under this Agreement shall be applied to the payments hereunder until all such funds are exhausted.

B. That County will use its best efforts to obtain authorization and appropriation of such funds including, without limitation, the inclusion in its annual budget, a request for adequate funds to meet its obligation under this Agreement in full.

10. **Conflict Of Interest**. Organization warrants that no officer or employee of the County, whether elected or appointed, shall, in any manner whatsoever, be interested in or receive any benefit from the profits or emoluments of this Agreement.

11. **Severability**. If any covenant or other provision of this Agreement is invalid, or incapable of being enforced by reason of any rule of law or public policy, all other conditions and provisions of this Agreement shall, nevertheless, remain in full force and effect; and no covenant or provision shall be deemed dependent upon any other covenant or provision unless so expressed herein.

12. **Indemnification**. Organization shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, and costs (including reasonable attorney's fees directly related thereto) including but not limited to violation of civil rights and/or bodily injury to or death of any person and for damage to or destruction of

property if and to the extent caused by the negligence, willful misconduct or omissions of Organization during the performance of this Agreement.

13. **Insurance.** Organization shall maintain the following insurance coverage during the term of this Agreement.

A. Organization shall maintain Commercial General Bodily Injury and Property Damage Liability insurance, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

B. Organization shall maintain, if any motor vehicles are used in the performance of the Services, Commercial General Bodily Injury and Property Damage Liability insurance, and Automobile Liability insurance including owned, non-owned, or hired vehicles, each in a combined single limit of One Million Dollars (\$1,000,000) each occurrence for bodily injury and property damage liability.

C. Organization agrees to provide the County with certificates of insurance evidencing the above described coverage prior to the start of Services, and annually thereafter, if required by the County. Such certificates shall provide that the applicable insurance policies have been endorsed to provide a minimum of thirty days advance notice to the County in the event of cancellation, non-renewal, or reduction in limits by endorsement.

14. **Term.** The term of this Agreement shall commence January 1, 2015, and shall continue until December 31, 2015, unless sooner terminated pursuant to paragraph 8, 15, or 19 hereof. If this Agreement is terminated by either party, the

County shall pay only for those services actually performed by Organization as verified by the County's audit.

15. **Termination**. This Agreement may be terminated for any reason or no reason by either of the parties upon thirty (30) days' written notice to the other party's designated fiscal representative. All services and payments shall continue through the effective date of termination. Termination of this Agreement shall not constitute a waiver of the rights or obligations which the County or Organization may be entitled to receive as provided in this Agreement, or be obligated to perform under this Agreement for services prior to the date of termination. Should this Agreement terminate, all County written materials of any kind must be delivered and returned by Organization to the County within ten (10) days of the termination of this Agreement.

16. **Standard Of Care**. Organization shall exercise the same degree of care, skill, and diligence in the performance of the Services as is ordinarily possessed and exercised by professionals operating under similar circumstances.

17. **Financial Contact**. Organization shall designate a fiscal representative to act as a liaison between the parties to resolve any problems, complaints, or special circumstances encountered in the billing of the services agreed upon here.

Fiscal Representative

Q. Troy Thomas
415 E. 12th Street, Suite 100
Kansas City, MO 64106

**Care Center d/b/a Swope Ridge
Geriatric Center**
Dan Couch- CFO
5900 Swope Parkway
Kansas City, MO 64130
(816) 333-2700 X658

18. **Compliance**. The performance of this Agreement shall be subject to

review by the County. The County Compliance Review Officer shall review this contract according to his responsibilities as set out in Chapter 6 of the Jackson County Code. Organization shall file quarterly compliance reports as required by the County Compliance Review Office. The County warrants that all books, records, accounts, and any other documents in the possession of the County relating to this Agreement are public records open for inspection in accordance with Chapter 610, RSMo.

19. **Remedies For Breach.** Organization agrees to faithfully observe and perform all of the terms, provisions, and requirements of this Agreement, and Organization's failure to do so constitutes a breach of this Agreement. In such event, Organization consents and agrees as follows:

A. The County may, without prior notice to Organization, immediately terminate this Agreement; and

B. The County shall be entitled to collect from Organization all payments made by the County to Organization for which Organization has not yet rendered services in accordance with this Agreement, and to collect the County's reasonable attorney's fees, court costs and service fees if it is necessary to bring action to recover such payments.

20. **Transfer And Assignment.** Organization shall not assign or transfer any portion or the whole of this Agreement without the prior written consent of the County.

21. **Organization Identity.** If Organization is merged or purchased by another entity, the County reserves the right to terminate this Agreement. Organization shall immediately notify the county in the event it is merged or purchases by any other entity.

22. **Confidentiality.** Organization's records concerning the identities of those

participating in its programs shall be strictly confidential; the County shall be entitled to examine said records in performing its audit and review functions, but shall not disclose said identities to any third party in any fashion.

23. **Incorporation.** This Agreement incorporates the entire understanding and agreement of the parties.


IN WITNESS WHEREOF, the County and Organization have executed this Agreement this 20th day of March, 2015.

APPROVED AS TO FORM:

JACKSON COUNTY, MISSOURI



W. Stephen Nixon
County Counselor

By 

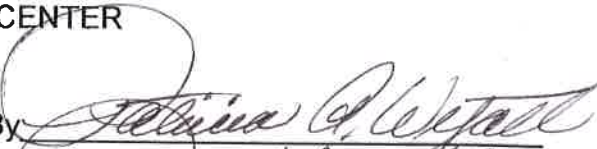
Michael D. Sanders
County Executive

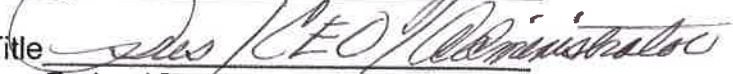
ATTEST:

CARE CENTER OF KANSAS CITY
d/b/a SWOPE RIDGE GERIATRIC
CENTER



Mary Jo Spino
Clerk of the Legislature

By 


Title 
Federal Tax I.D. 43-1557555

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this Agreement is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to meet the obligation of \$94,573.00, which is hereby authorized.

3/12/15

Date



Director of Finance and Purchasing
Account No. 002-7750-56789



EXHIBIT A

**OUTSIDE AGENCY FUNDING REQUEST FORM
2015 BUDGET**

415 E 12th Street, 2nd Floor
Kansas City, MO 64108
Email: auditor@jacksongov.org

Section A: Organization or Agency Information page 1
 Section B: Agency's 2014 and 2015 Revenue Information page 2
 Section C: Jackson County Program Budget Request page 3
 Section D: Program Information pages 4 - 8

Section A: Organization or Agency Information

Name:	Care Center of Kansas City dba Swope Ridge Geriatric Center		
Address:	5900 Swope Parkway, Kansas City, MO	Zip Code:	64130
Phone No:	816-333-2700	Fax:	816-333-2054
Website Address:			
Federal Tax ID No:	43-1557555	Fiscal Year Cycle:	May 1 - April 30
Executive Director/President:	Patricia Wyatt		
Phone No:	816-333-2700 ext 660	Email:	wyattp@srgc.org
Name/Title of Principal Contact Person:	Brenda Eidson /COO		
Phone No:	660-333-2700 ext 658	Email:	eidsonb@srgc.org

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Section B
Agency's 2014 and 2015 Revenue Information

Agency's 2015 Projected Revenue Information

Funding Entity	Source You Will Request 2015 Funding From	Projected Amount	% of Total Revenue
Federal	CMS; Federal Match	\$ 1,701,600	18
State	State of Missouri Medicaid	\$ 7,123,719	77
Jackson County	Outside Agency Funding	\$ 105,000	1
Other Counties		\$ -	0
City	City of Kansas City Health Department	\$ 167,880	2
Charity/Donations		\$ -	0
Fundraisers		\$ -	0
Other	Misc Income (United Way, Licensing Space, etc.)	\$ 110,772	1
2015 Total Projected Revenue		\$ 9,208,971	

Agency's 2014 Revenue Information

Funding Entity	Source You Received 2014 Funding From	Amount	% of Total Revenue
Federal	CMS; Federal Match	\$ 1,743,326	20
State	State of Missouri Medicaid	\$ 6,363,519	73
Jackson County	Outside Agency Funding	\$ 94,573	1
Other Counties		\$ -	0
City	City of Kansas City Health Department	\$ 166,555	2
Charity/Donations		\$ -	0
Fundraisers		\$ -	0
Other (please list)	Misc Income (United Way, Licensing Space, etc)	\$ 295,175	3
2014 Total Revenue		\$ 8,663,148	

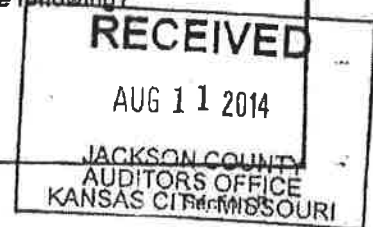
Please identify the Jackson County source(s) your agency received funding from in 2014

Jackson County Funding Source	Yes	No	Amount	Program Name
COMBAT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Mental Health Levy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Board of Services for Developmentally Disabled	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Domestic Violence Board	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Housing Resources Commission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -	
Outside Agency Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ -	94,573 cw
2014 Total Jackson County Funding			\$ -	

Did your agency receive funding or resources in 2014 from either of the following?

If so, in what way did you participate? If not, why?

Mid America Regional Council	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -
MAAC Link	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -
Harvesters	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ -



Section C
2015 Jackson County Program Budget Request
complete a separate program budget for each program your agency is applying for funding

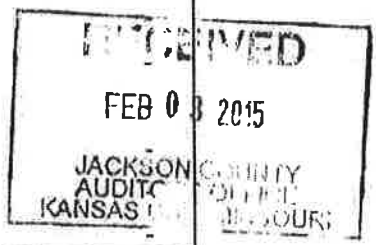
Agency Name: Swopa Ridge Geriatric Center

Program Name: Long-Term Care for Medically Indigent

Program Request # **of**

Personal Services			
attach job description or duties for NEW salary requests only			
Position / Title	Annual Salary	% of Salary to be funded by Jackson Co.	Amount of Salary to be funded by Jackson Co.
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -
Fringe Benefits			\$ -
Total Personal Services			\$ -
Contractual Services			
The purpose is to provide long-term care services for medically indigent citizens of Jackson County. County funding, when leveraged for federal match, allows us to maintain financial stability.			\$ 94,573
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Contractual Services			\$ 94,573
Supplies			
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Supplies			\$ -

Total Jackson County Program Budget Request \$ 94,573



Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Swope Ridge Geriatric Center

Program Name: Long-Term Care for Medically Indigent

Program Request # 1 **of** 1

Proposed Program Cost What is the total cost to run your program regardless of the Jackson County funding you are requesting?	
Total Program Cost	\$ 8,810,756
Proposed Program Detail functions to be performed - limit your response to the space provided	
The purpose of this program is to provide long-term care services for the medically indigent citizens of Jackson County Missouri.	

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Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Swope Ridge Geriatric Center
 Program Name: Long-Term Care for Medically Indigent
 Program Request # 1 of 1

Participants	
Identify the number of participants that each program serves	
# served with this program	118
Of the # served with this program, how many are from:	
Jackson County	110
Other Counties	8

Target Population
 Describe target population and demographics to be served by each program

Target population to be served are current and future residents who are Medicaid recipients who reside as citizens in Jackson County Missouri. Currently 23% of our residents are clients of the Jackson County Public Administrator.

Estimate of your cost per participant: \$13771.45

What criteria do you have for the participants you serve?
 We must be able to meet their healthcare needs as regulated by Medicare and Medicaid.

Do you keep a list of participants for each program? Yes

Would you provide these services to anyone at your door? Yes

Is anyone denied services? Yes, if we are unable to meet their needs

Please classify your program from the following types by % of your agency's overall services:

Seniors Program:

Indigent Program (Below Poverty Level): 98%

Indigent Senior Program:

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Section D
2015 Program Information

Complete a separate program information sheet for each program your agency is applying for funding.

Agency Name: Swope Ridge Geriatric Center

Program Name: Long-Term Care for Medically Indigent

Program Request # 1 of 1

Service Delivery Area

Identify your specific geographic service delivery area for each program

The service delivery area is in the urban core of the 64130 zip code and surrounding zip codes in Jackson County. This is a key area identified with the highest number of residents 65 years and older. The service area further represents a large minority populated region.

Fund Separation

Indicate what measures your agency will take to ensure that funds received from Jackson County will be utilized for the benefit of Jackson County residents

We ensure that all funds received from Jackson County will be used only for Jackson County residents by monitoring all recipients by their admission zip code.

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Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Swope Ridge Geriatric Center

Program Name: Long-Term Care for Medically Indigent

Program Request # 1 of 1

Approach & Method
List the top three (3) objectives for each program
1. To continue to provide a continuum of long term care services for the elderly, medically indigent citizens of Jackson County.
2. To provide a safe homelike environment that meets all federal and state regulatory mandates.
3. To recruit, retain and develop our employee base, most of who represent the working poor and predominantly single mothers.
Detail specific methods you will use to achieve these objectives
1. Continue to promote our services to area hospitals and the community so they are aware of our mission of serving the medically indigent. 2. Continue to stay current on all federal and state regulations to ensure compliance. 3. Continue to provide coaching, training and skills for our employees.

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Section D
2015 Program Information
Complete a separate program information sheet for each program your agency is applying for funding

Agency Name: Swope Ridge Geriatric Center
Program Name: Long-Term Care for Medically Indigent
Program Request # 1 of 1

Evaluation
How can the success of each program be evaluated? Indicate performance measures or statistics you will use to demonstrate the success of each program

The success of our program is evaluated by our census numbers. We want to make sure we continue to admit residents based on their health care needs and not their economic status. The percentage of medically indigent we serve has historically been 98-99%.

Notification
How will your organization make clients, the public and the media aware of the generous taxpayer funding received from Jackson County? (Please attach any examples)

Currently, the financial statements have a separate line item that denotes Jackson County funding. These statements are public information. Our Board of Directors and Executive Staff continue to speak of our support from Jackson County.

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WORK AUTHORIZATION AFFIDAVIT

As a condition for any service provided to the County, a business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.

Business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit.

Every such business entity shall complete the following affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. The completed affidavit must be returned as a part of the contract documentation.

This affidavit affirms that **CARE CENTER OF KANSAS CITY d/b/a SWOPE RIDGE GERIATRIC CENTER**, is enrolled in, and is currently participating in, E-verify or any other equivalent electronic verification of work authorization operated by the United States Department of Homeland Security under the Immigration Reform and Control Act of 1986 (IRCA); and, **CARE CENTER OF KANSAS CITY d/b/a SWOPE RIDGE GERIATRIC CENTER**, does not knowingly employ any person who is an unauthorized alien in conjunction with the contracted services.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Patricia A. Wyatt
Authorized Representative's Signature
Asst. CEO / Administrator
Title

Patricia A. Wyatt
Printed Name
March 6, 2015
Date

Subscribed and sworn before me this 6 day of MARCH, 2015. I am commissioned as a notary public within the County of JACKSON, State of MO, and my commission expires on _____.

Teena Lamaster
Signature of Notary

3/6/15
Date

