

COOPERATIVE AGREEMENT

AN AGREEMENT by and between **Jackson County, Missouri**, a Constitutional Home Rule County, hereinafter called "the County" and **Care Center of Kansas City d/b/a Swope Ridge Geriatric Center**, 5900 Swope Parkway, Kansas City, Missouri 64130, a Missouri not-for-profit organization, hereinafter called "Swope Ridge."

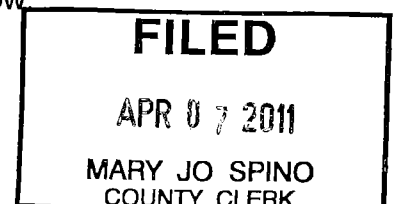
WHEREAS, the County deems it to be in the best interest of its citizenry to award Swope Ridge \$94,573.00 to be used to provide a continuum of long-term care services to indigent residents of Jackson County; and,

WHEREAS, Swope Ridge 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.** Swope Ridge 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 Swope Ridge to purchase equipment.

2. **Terms of Payment.** The County agrees to pay to Swope Ridge the amount of \$94,573.00, in quarterly installments of \$23,643.25 each. The first payment shall be made upon execution of this Agreement. The remaining payments shall be made upon the County's receipt of the reports required under paragraph 3, below.



3. **Reports**. Within 30 days after the conclusion of each calendar quarter under this Agreement, Swope Ridge shall submit a quarterly report, including cancelled checks and/or a copy of the face of the check and corresponding bank statements, invoices, and any other documents as requested by the Director of Finance and Purchasing to establish that the funds paid by the County were used for the purpose set forth in this Agreement. The last quarter's report shall include an annual report which shall summarize Swope Ridge's activities pursuant to this Agreement. Failure to submit the annual report shall disqualify the Swope Ridge from future funding by the County.

4. **Submission of Documents**. No payment shall be made under this contract unless the contracting agency shall have submitted to the 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) the agency's IRS Form 990, from the previous fiscal or calendar year; (3) a statement of the agency's total budget for its most recent fiscal year; and, (4) a detailed explanation of actual expenditures of County funds (pertains to final payments and payments on contracts for future years.) If an agency has previously received County funding, to be eligible for future payments, an agency must submit either an audited financial statement for the agency's most recent fiscal or calendar year, by March 31 of the following year, or a certified public accountant's program audit of County funds, by January 31 of the following year. Any document described herein which was 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 the contract agency is out of compliance on any other County contract.

5. **Audit.** The County further reserves the right to examine and audit, during reasonable office hours, the books, and records of Swope Ridge pertaining to the finances and operations of Swope Ridge.

6. **Default.** If Swope Ridge shall default in the performance or observation of any term or condition of this Agreement, the County shall give Swope Ridge written notice setting forth the default and the correction required. If said default shall continue by Swope Ridge, and not be corrected within 10 days of the receipt of the notice, the County may at its election terminate the contract and withhold any payments not yet made to Swope Ridge. Said election shall not in any way limit the County's rights to seek legal redress.

7. **Conflict of Interest.** Swope Ridge 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 contract.

8. **Term.** This Agreement shall be effective January 1, 2011, and shall terminate on December 31, 2011.


9. **Liability and Indemnification.** No party to this Agreement shall assume any liability for the acts of any other party to this Agreement, its officers, employees or agents and Swope Ridge shall indemnify, defend and hold the County harmless from any and all claims, liabilities, damages, 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 Swope Ridge during the performance of this Agreement.

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

IN WITNESS WHEREOF, the parties have executed this Agreement this 1st day of April, 2011.

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: 
Director
43-1557555
Fed. I.D. or S.S #

REVENUE CERTIFICATE

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this contract 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.

April 5, 2011
Date


Director of Finance and Purchasing
Account No. 002-7750-50789

77502011001



OUTSIDE AGENCY FUNDING REQUEST FORM 2011 BUDGET

415 E 12th Street, 2nd Floor
Kansas City, MO 64106

Email: auditor@jacksongov.org

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Section D: Program Information	pages 4 - 8
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Section A: Organization or Agency Information

Name:	Care Center of Kansas City dba Swope Ridge Geriatric Center		
Address:	5900 Swope Parkway Kansas City, MO 64130		
Phone No:	816-333-2700	Fax:	816-333-2054
Website Address:	N/A		
Federal Tax ID No:	43-1557555	Fiscal Year Cycle:	May 1-April 30
Executive Director:	<i>Patricia A Wyatt</i> Patricia A Wyatt		
Name and Title of Principal Contact Person:	Brenda Eidson		
Phone No:	816-333-2700	Email Address:	brendae@srgc.org
Submittal of this request has been authorized by:	<i>Patricia A Wyatt</i>		
Date:	9/16/10		

Section B: Agency's 2010 and 2011 Revenue Information

Agency's 2011 Projected Revenue Information

Funding Entity	Agency's 2011 Total Projected Revenue Source You Will Request 2011 Funding From	Projected Amount	% of Total Revenue
Federal	CMS, Federal Match	\$ 1,184,750	15
State	State of Missouri Medicaid	\$ 6,388,032	80
Jackson County	Outside Agency Funding	\$ 100,000	1
Other Counties		\$ -	0
City	City of Kansas City Health Department	\$ 168,528	2
Charity/Donations		\$ -	0
Fundraisers		\$ -	0
Other	Misc Income(United Way,Licensing space etc.)	\$ 123,696	2
2011 Total Projected Revenue		\$ 7,965,006	

Agency's 2010 Revenue Information

Funding Entity	Agency's 2010 Total Revenue Source You Received Funding From	Amount	% of Total Revenue
Federal	CMS, Federal Match	\$ 1,170,882	15
State	State of Missouri Medicaid	\$ 5,978,794	79
Jackson County	Outside Agency Funding	\$ 101,194	1
Other Counties		\$ -	0
City	City of Kansas City Health Department	\$ 172,580	2
Charity/Donations		\$ 22,343	0
Fundraisers		\$ -	0
Other (please list)	Misc Income(United Way, Licensing Space etc)	\$ 157,614	2
2010 Total Revenue		\$ 7,603,407	

If your agency received funding from Jackson County in 2010, please identify the funding source, amount and program name below.

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	
SEP 16 2010			2010 Total Jackson County Funding	\$ 94,573

Did your agency receive funding or resources in 2010 from either of the following?

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

Section C: Individual Program Budget
 Complete a separate program budget for each program your agency is applying for funding.
 Program Name, Priority, and Total Program Request Amount from this sheet must match
 information entered under Page 1, Section A.

Agency Name: Swope Ridge Geriatric Center
 Program Name: long term care for medically indigent Priority: _____

Personal Services
 For each salary request below, please attach a job description or duties.

Position	No. of Hours		FTE	Rate	Annual Hours x Rate
	Per Week	or Annually			
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
			-		\$ -
Total Salaries					\$ -
Total Benefits					\$ -
Total Personal Services					\$ -

Contractual Services

Solely for the purpose of providing 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	\$	-

RECEIVED
 JAN. 20 2011
 JACKSON COUNTY
 AUDITOR'S OFFICE
 KANSAS CITY, MISSOURI

Total Program Request \$ 94,573

Section D: 2011 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

Proposed Program

Detail functions to be performed by each program.

The purpose of this program is to provide long term care services for the medically indigent citizens of Jackson County.

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Section D: 2011 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

Participants								
Identify the number of participants by County that each program serves.								
Jackson, MO		112						
Clay, Platte, Cass, MO		3						
Wyandotte, Johnson, KS								
Other Missouri		2						
Target Population								
Describe target population and demographics to be served by each program.								
<p>Target Population to be served are current and future residents who are Medicaid recipients who reside as citizens in Jackson County Missouri. Currently, 34% of our residents are clients of the Public Administrator.</p>								
<p>Would you provide these services to anyone at your door? Yes</p> <p>Is anyone denied services? Yes if we cannot meet residents needs. Answer <u>Yes</u> or No</p> <p>What level of indigents (below poverty level) do you serve? 99%</p> <p>Please classify your program from the following types by percentage of your agency's overall service</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 70%;">Senior Program</td> <td style="width: 30%; text-align: right;">%</td> </tr> <tr> <td>Indigent Program (Below Poverty Level)</td> <td style="text-align: right;">99 %</td> </tr> <tr> <td>Senior Indigent Program</td> <td style="text-align: right;">%</td> </tr> </table> <p>What criteria do you have for the clients you serve?</p> <p>We must be able to meet their healthcare needs as regulated by Medicare and Medicaid.</p>			Senior Program	%	Indigent Program (Below Poverty Level)	99 %	Senior Indigent Program	%
Senior Program	%							
Indigent Program (Below Poverty Level)	99 %							
Senior Indigent Program	%							
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Section D: 2011 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

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 codes to ensure compliance.

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Section D: 2011 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

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 predominately single mothers.

Detail specific methods you will use to achieve these objectives.

Continue to promote our services to area hospitals and community promoting our mission of serving the medically indigent.

Continue to stay up to date on all regulations and update to ensure compliance.

Continue to provide coaching, training and skills for our employees.

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Section D: 2011 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

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 will be evaluated by our census numbers. We want to make sure we continue to admit residents based on their health care needs and not on their economic status. The percentage of medically indigent that 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 Financial Statements are public information. We have our profile including funding on the Greater Kansas City Community Foundation. Our Board of Directors and Executive staff continue to speak of our support from Jackson County.

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