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Care Management Agreement

This is an agreement between arrangeCARE pc and _____
("Responsible Party") for care management services for the following person (referred to as "Client"):

Responsible Party _____

Services Available

ArrangeCARE agrees to provide the services described below for the benefit of Client, if and to the extent such services are requested by Responsible Party:

- Initial assessment and evaluation of Client to advise as to care needs. The assessment will include a visit to Client's home, an interview with Client and any family members and/or non-family caregivers present, conferring with medical personnel and others as needed, and reviewing medical records.
- Continuing care management, including setting up in-home services, home visits to monitor Client's functioning and medication use, supportive counseling, errands, transportation and accompanying Client to medical appointments.
- Intermittent care management can be arranged for planned events, such as when a caregiver goes on vacation or Client has surgery, provided arrangeCARE has seen Client at least quarterly or has done a new assessment.
- Arranging regular errands, such as weekly grocery shopping (services billed separately by the provider)
- Privately assessing whether the Client may meet the "medical necessity" standard for Medicaid, which is required for eligibility in nursing homes and for Star+Plus Waiver home care. Although the arrangeCARE assessment does not replace the Texas-required determination of medical necessity, it can be useful for planning and advocacy purposes. ArrangeCARE can provide an estimate of what services should be available to Client under Medicaid Waiver programs, including the possible range of hours of attendant care.
- Guardian of the Person services. A guardian of the person is appointed by a court to make non-financial decisions for a person who does not have the capacity to do that. Those would include, for example, medical decisions and decisions as to housing and care arrangements. ArrangeCARE sometimes does that when, for example, no family member is available or there is a need to preserve family relationships by having decisions made by someone outside the family. That would not include making financial decisions that can be made only by a guardian of the estate or trustee. However, arrangeCARE can serve as representative payee to manage only Social Security income.

Agreements Applying to All Services

Unless otherwise agreed, arrangeCARE is to be compensated at \$135 per hour for our services. A \$500 retainer is required upon signing this Agreement. Alternatively, a one-time 90-minute consultation is available for \$350.

Billable time includes travel time. Travel that involves spending the night is to be compensated at \$1,200 per day plus expenses.

ArrangeCARE will also be reimbursed for its actual and reasonable expenses, including, for example, Client meals, postage, groceries and medical supplies; and arrangeCARE meals, mileage, lodgings, airfare, etc., required for travel on Client’s behalf. All invoices are due upon receipt.

Other than clerical staff in our office, arrangeCARE employs only licensed and/or certified professionals. When it arranges for services by persons not employed by arrangeCARE, they are not employees or agents of arrangeCARE.

All information about Client will be held in confidence unless disclosure is required by law or its release is authorized by Client or Client’s legal representative.

Either party may terminate this agreement with reasonable written notice to the other party. Unless Client or Client’s legal representative objects, termination will occur only after arrangeCARE has prepared a plan of action for safe transfer of responsibility to another care manager, with that service to be compensated as provided in this agreement.

Responsibility for Payment

Client is responsible for paying for arrangeCARE’s services under this agreement.

Responsible Party does does not agree to guarantee payment by Client and to indemnify arrangeCARE for any failure of Client to make timely payment as provided in this agreement.

Signed the _____ day of _____, 20____.

arrangeCARE pc

Name printed: _____

Title: _____

Signed the _____ day of _____, 20____.

Name printed: _____

Responsible Party and (check any and all that may apply)

- Client
- Agent under General Power of Attorney for Client
- Guardian of the Person Estate Person and Estate of Client