

COMMUNITY HOME CARE MEDICAL SERVICES
BAYCARE HOME CARE, INC.
Second and Final Option of Renewal and Amendment 3

THIS AGREEMENT made and entered into on the date below, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and BAYCARE HOME CARE, INC., a Florida Not-For-Profit Corporation, whose address is 118th Avenue North, Largo, FL 33773, hereinafter referred to as the "AGENCY", hereinafter collectively referred to as the "PARTIES".

WITNESSETH:

WHEREAS, the COUNTY is committed to assisting residents in need of medical care; and,

WHEREAS, indigent Pinellas County residents require medical services which they cannot afford; and,

WHEREAS, the PARTIES believe it is in the best interest of the residents of Pinellas County to receive home care medical services provided by our local AGENCY; and

WHEREAS, participation by the COUNTY and the AGENCY in this program will increase provision of home care medical services in Pinellas County; and

WHEREAS, the COUNTY desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the COUNTY, after full consideration, determined that the AGENCY provides the broadest geographical coverage for provision of services to residents of Pinellas County enrolled in the Pinellas County Health Program; and

WHEREAS, the AGENCY has staff and facilities available to provide home medical care

to eligible Pinellas County residents.

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

1. This Agreement is hereby renewed pursuant to Section (2) thereof, effective October 1, 2017, and continuing for a period of twelve months from that date unless terminated or cancelled as provided therein.

2. Section 1 "Scope of Services" is hereby amended to read as follows:

The **AGENCY** shall provide the following home health services to Pinellas County residents enrolled in the Pinellas County Health Program (PCHP) and/or Health Care for the Homeless (HCH) Program:

- a. Durable Medical Equipment (DME);
- b. Home Health defined as Nursing Home Visits, Occupational Therapy, Speech Therapy and/or Physical Therapy Home Visits if medically necessary;
- c. Infusion Therapy;
- d. Orthotics and Prosthetics as authorized by the County.

AGENCY shall work with the **COUNTY** to promote cost containment, to include regular and ongoing evaluation of the BayCare Home Care Home Health Care Covered Services (Attachment 1). These services will be reviewed and updated from time-to-time at the discretion of the **COUNTY** in coordination with the PCHP/HCH programs.

3. Section 3 "Compensation" of the aforesaid Agreement is hereby amended to add subsection (g) as follows:

g. **AGENCY** shall charge no copays or balance bill to any client enrolled for the services in the Pinellas County Health Program for services related to this Agreement.

4. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year first above written.

ATTEST:
Ken Burke
Clerk of Circuit Court

By: Norman D. Lory
Deputy Clerk

PINELLAS COUNTY, FLORIDA, Acting by
and through its Board of County Commissioners

By: David G. Heng
Chairman

ATTEST:

By: Kevin Duffly

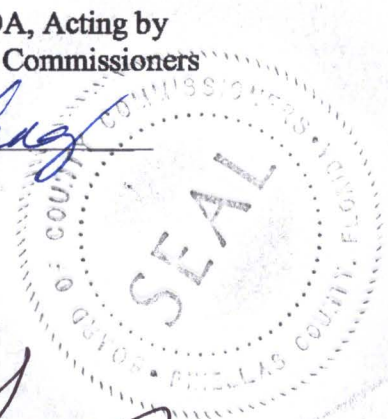
BAYCARE HOME CARE, INC.

By: Daniel Sweeney
Daniel Sweeney
Title: Vice President
BayCare Home Care, Inc.

Date: 8/18/2017

APPROVED AS TO FORM

By: [Signature]
Office of the County Attorney



BAYCARE HOME CARE

HOME HEALTH CARE COVERED SERVICES

The Home Health Care Covered Services are intended to be a dynamic listing of services that may be supplemented, amended, or reduced based on medical needs and the funding availability. These services will be reviewed and updated from time-to-time at the discretion of Pinellas County Human Services in coordination with the Pinellas County Health Program and Health Care for the Homeless.

Section 1-Current Services

The following services are currently being provided as of XX/XX/XXXX:

Skilled Nursing Visits	Infusion Therapy
Nurse Hourly Visits	DME, Medical and Ostomy Supplies
Physical Therapy Visits	
Ancillary Medical Supplies	

Section 2-Restricted Use Services

The following are restricted use services if directly requested/authorized by Pinellas County Department of Health (DOH) in advance:

Speech Therapy Visit	xx/xx/xxxx
Home Health Aide	
Home Health Social Worker	
Home Health Occupational Therapy	
Mastectomy Supplies	
Rehabilitation	

Section 3-Service Level Standards

- a. Skilled nursing visits restricted to 2 weeks or six visits pending reauthorization by DOH. Mobile clients must be evaluated in DOH medical home for requested reauthorization.
- b. Service levels will be reviewed each month to determine ongoing availability and scope. Service levels may be adjusted or capped to ensure balanced budget. Restrictions and caps will be enforced by BCHC at the point of referral, prior to accepting into service.