

This GERIATRIC CARE AGREEMENT (“Agreement”) is entered into by Karen A. Wolfrom, Registered Nurse Certified in Gerontologic Nursing (RN,C), Masters of Science in Administration-Health Services (MSA), Certified Care Manager (CMC) doing business as **Holistic Elder Services®** (HES)

_____ and _____
the Responsible Party(ies) or Power of Attorney (POA) for the Client

In consideration of the mutual benefits to be derived from the agreement, it is understood and agreed as follows:

Holistic Elder Services® shall provide the Responsible Party (ies) or POA (s) and the Client the Services indicated below:

Meet with Responsible Party(ies) and/or Client to:

- obtain background information to determine the needs and goals of the Client and parties involved.
- determine who will be on *The Caring Team*. *The Caring Team* may consist of those individuals who have an emotional, personal, or financial interest in the welfare of the Client and are willing to commit time, energy, or financial assistance to help the Client on a short-term or long-term basis, which will impact the Plan of Care.
- educate about resources offered by HES which may include advisory for : care management and care planning; physical, mental, social, and spiritual assessments; financial planning & budgeting; Medicare, Medicaid and health insurance assistance; arrangement & coordination of services – meals, transportation, home maintenance, appointments; referrals to local physicians, specialists, and to other resources and providers; recommendations for care options-adult day care, home care, assisted living & skilled nursing home.

Perform assessments, as needed, which may include; spiritual, physical, mental, and social

Refer to other professionals in HES network as needed: financial advisors, attorneys, accountants, social workers, and/or clergy.

Prepare a preliminary Plan of Care.

Review Plan of Care with Client, Responsible Party(ies) or those holding a POA.

Make any necessary changes to Plan of Care due to changes in condition, environment, etc. since time original Plan drafted.

Implement Plan of Care.

Evaluate Plan of Care in regard to progress in well-being of Client and satisfaction of Responsible Party(ies) or POA.

Monitor the Client's progress as necessary.

The Client, Responsible Party(ies) and/or POA recognize the value and usefulness of the Plan of Care of Holistic Elder Services® will be dependent upon information that is provided by those involved, and upon active participation in the formulation of the Plan of Care objectives or goals and in the implementation of plans to attain those objectives. The Client, Responsible Party(ies) or POA shall provide copies of requested insurance policies, wills, medical and other information the professionals working for or with HES may reasonably request in order to permit complete evaluation and prepare his/her recommendations to the Client, Responsible Party(ies) and/or POA. **The Client, Responsible Party(ies) or POA understands that the Geriatric Care Manager* is not on-call twenty-four (24) hours/day and may not be available for emergency situations. Therefore, the Client, Responsible Part(y)ies understand that they may need to be available for such emergencies to support the Client.**

All information given to HES or HES' associates will be kept strictly confidential with the understanding that those working for, or with, HES ascribe to the philosophy of maintaining dignity, protecting confidentiality, and achieving quality of life for all of those involved.

The Client, Responsible Party(ies) and/or POA shall pay to Holistic Elder Services® \$270 for initial Care plan and Summary; ongoing monitoring hours will be billed at \$60/hr. Mileage (0.55/mi.) and travel time (\$30/hr.) will be charged for service more than 10 miles from the office. Payment is due net 15 days upon receipt of billed invoices. Accounts over 15 days will accrue an interest charge of 1% per month compounded, or applicable state law maximum. The Client/Responsible Party(ies) determine how and when services required.

The Client, Responsible Party(ies) and/or POA may terminate this Agreement in writing without penalty if received by the Geriatric Care Manager of Holistic Elder Services® within ten (10) days from the date set forth below. Thereafter, the Client, Responsible Party(ies) and/or POA may terminate this Agreement; but, any request for refunds will be made pro-rata only for pre-paid services not yet rendered. Also after ten (10) days, fee billing will be incurred and due immediately from the Client, Responsible Party(ies) or POA for all previously contracted services completed but not yet paid.

At reasonable frequencies, such as quarterly, Holistic Elder Services® agrees to contact the Client, Responsible Party(ies) and/or POA to review the status of the Client and to determine if additional geriatric care management services are needed (i.e. Plan of Care adjustments, new referrals available) if the Client so desires.

It is expressly understood and agreed among the parties of this Agreement that the Geriatric Care Manager (GCM) will be the coordinator of *The Caring Team* and the GCM may make suggestions and recommendations that should be considered rationally based on the more than fifteen (15) years of experience of the GCM, although initially these suggestions and recommendations may be uncomfortable or foreign to the lay persons involved. The GCM will strive to make suggestions and recommendations as consistent as possible with the comfort level of the Client and *The Caring Team*.

The Geriatric Care Manager will not work outside of her professional boundaries and will follow the Professional Nurse Practice Act guidelines. All of those in the HES network who provide services shall provide evidence of his/her credentials and experience to the Client, Responsible Party(ies) and/or POA upon request.

No fees collected by HES will be offset by any commissions generating products sold or fees for services as solicited by any associates or the referrals of HES. HES associates may bill separately for services rendered. Disclosure of these services and fees will be provided in the form of an Agreement or contract prior to delivery by the appropriate associate or referral.

Dated this _____ day of _____ 2018

At _____

The Client X _____

Responsible Party X _____

Responsible Party X _____

Geriatric Care Manager: Karen A. Wolfrom, RN,C, MSA, CMC dba Holistic Elder Services ® By: _____

To be prepared in triplicate:

Original- Holistic Elder Services

Copy – Client

Copy – Responsible Party(ies) and/or POA

*Geriatric Care Manager & Aging Life Care™ Consultant titles may be used interchangeably.