

**AMENDMENT I TO AGREEMENT**

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 24th day of August, 2021, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereafter referred to as "**COUNTY**", and each provider listed in Exhibit A, attached to this Agreement and by this reference incorporated herein, and collectively hereinafter referred to as "CONTRACTOR(S)" (collectively the "parties").

WHEREAS, the parties entered into that certain Agreement identified as COUNTY Agreement No. A-17-377, effective July 1, 2017, whereby COUNTY has identified a need for individuals with mental health conditions to be placed at licensed residential care facilities that are able to provide supplemental board and care home services, in accordance with various provisions of the California Welfare and Institutions Code; and

WHEREAS, certain CONTRACTORS have the licensed residential care facilities, staff and expertise, to provide supplemental board and care home services for COUNTY placed individuals with a mental health condition; and

WHEREAS, the parties desire to amend COUNTY Agreement No. 17-377, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, in consideration of their mutual promises, covenants and conditions, hereinafter set forth, the sufficiency of which is acknowledged, the parties agree as follows:

1. That all references in Agreement No. 17-377 to "Exhibit A", shall be changed to read "Revised Exhibit A". Revised Exhibit A is attached hereto and incorporated herein by this reference.
2. That all references in Agreement No. 17-377 to "Exhibit C", shall be changed to read "Revised Exhibit C". Revised Exhibit C is attached hereto and incorporated herein by this reference.
3. That all references in Agreement No. 17-377 to "Exhibit E", shall be changed to read "Revised Exhibit E". Revised Exhibit E is attached hereto and incorporated herein by this reference.

1           4. That all references in Agreement No. 17-377 to “Transitional Residential Services  
2 Program (TRSP), or a Specialized Transitional Residential Services Program (STRSP)”, shall be  
3 changed to read “Supplemental Board and Care Home Services”.

4           5. That the existing COUNTY Agreement No. A-17-377, Page Five (5), Section  
5 Four (4), beginning with Line Nineteen (19), with the word “COUNTY” and ending on Page six (6),  
6 Line Twenty-Seven (27), with the word “compensation” be deleted and the following inserted in its  
7 place:

8           “A. COUNTY agrees to pay and CONTRACTOR(S) agrees to receive compensation  
9 for delivering services to individuals placed by COUNTY, whether or not the individual receives  
10 Supplemental Security Income (SSI)/State Supplementary Payment (SSP) funds, has Medi-Cal,  
11 private insurance, or has no other coverage, at the rates set within each CONTRACTOR(S)  
12 Revised Exhibit C – “Description of Services & Rates”, attached hereto and by this reference  
13 incorporated herein.

14           B. The above rates identified within Revised Exhibit C include a prorated/daily  
15 SSI/SSP amount for Basic Services which includes the following components: Room and Board,  
16 and Care and Supervision (Maximum) and shall be determined by the Federal SSI  
17 Administration and the State of California Department of Health Care Services (DHCS) and may  
18 be subject to adjustment by the SSI Administration or DHCS, as appropriate, during each term  
19 of this Agreement. COUNTY agrees to pay CONTRACTOR(S) the adjusted SSI/SSP amount  
20 after the effective date of the adjustment is authorized by the Federal SSI Administration or  
21 DHCS, as appropriate, and CONTRACTOR(S) agree to accept such reimbursement as of the  
22 effective date of such adjustment, whether or not the cost of providing such services shall have  
23 exceeded the amount of the payments hereunder. COUNTY shall notify CONTRACTOR(S) in  
24 writing of any rate change within thirty (30) days of COUNTY receiving notice of any rate  
25 change from the SSI Administration or DHCS. All parties acknowledge that no additional  
26 SSI/SSP monies will be paid to the CONTRACTOR(S) by the COUNTY’s Public Guardian  
27 Office (PGO) , for authorized individuals placed in their facilities that are SSI/SSP recipients.

28           C. In addition, the COUNTY agrees to pay and CONTRACTOR(S) agree to

1 receive compensation for delivering specialized services authorization (SSA) services to  
2 augment services under this Agreement for individuals as authorized by COUNTY. An SSA  
3 Form must be used to request services for individuals who require services above and  
4 beyond Exhibit B of this Agreement. The SSA Form may be approved/denied on a case by  
5 case basis by COUNTY when necessary and applicable, and is in addition to the approved  
6 daily rate identified in Revised Exhibit C. SSA Forms will be reviewed/approved up to a  
7 maximum of 30 days with justification. CONTRACTOR(S) must submit an SSA Form, Exhibit  
8 I, attached hereto and by this reference incorporated herein, to COUNTY's DBH the day that  
9 a determination is made that SSA services are needed for an authorized individual, but no  
10 later than two business days after such determination is made. CONTRACTOR(S) shall  
11 submit SSA Forms to COUNTY's DBH electronically via email to:

12 [DBHLPSConservatorship@fresnocountyca.gov](mailto:DBHLPSConservatorship@fresnocountyca.gov).

13 D. It is acknowledged by all parties hereto that any/all rates may be changed by the  
14 Federal SSI Administration and/or DHCS during the term of this Agreement and such rate changes  
15 shall become part of this Agreement as set forth in Subsection B above. Any/all rate adjustments  
16 shall not result in an increase to the maximum compensation amount of this Agreement as  
17 stated herein. A day shall be defined as any portion of a twenty-four (24) hour day beginning at  
18 8:00 a.m. and ending at 7:59 a.m. the following day.

19 E. If a CONTRACTOR is informed that an authorized individual placed in their  
20 facility by COUNTY has access to a third-party source for reimbursement other than COUNTY,  
21 said CONTRACTOR shall attempt to obtain payment for the services (rendered by said  
22 CONTRACTOR) directly from the third-party source. In the event that CONTRACTOR(S) is paid  
23 from a third-party source for any authorized individual placed in their facility by the COUNTY  
24 from a third-party source, CONTRACTOR(S) shall deduct the amount collected from the third-  
25 party source from the amount invoiced to COUNTY for the services provided to any such  
26 individual. All amounts collected by CONTRACTOR(S) shall be deducted from the amount  
27 otherwise payable to CONTRACTOR(S) pursuant to this Agreement. CONTRACTOR(S) shall  
28

1 maintain and forward to COUNTY, monthly with their invoice, a list of all individuals who have  
2 third-party resources.

3 F. CONTRACTOR(S) understand that COUNTY may seek reimbursement from  
4 applicable third-party payors (e.g., Medicare, Medi-Cal or other insurance) for services rendered  
5 by CONTRACTOR(S) and paid for by COUNTY. Upon request by COUNTY, CONTRACTOR(S)  
6 shall prepare and submit information as it relates to authorized individuals placed by COUNTY  
7 for the COUNTY to seek reimbursement from such third-party payors.

8 G. In no event shall services performed under this Agreement for all  
9 CONTRACTOR(S) combined be in excess of Five Million and No/100 Dollars (\$5,000,000.00)  
10 for each fiscal year beginning with FY 2017-18 through FY 2019-20.

11 In no event shall services performed under this Agreement for all  
12 CONTRACTOR(S) combined be in excess of Six Million Two Hundred Seventy-Five Thousand  
13 and No/100 Dollars (\$6,275,000) for the period of July 1, 2020 through June 30, 2021.

14 In no event shall the maximum compensation under this Agreement for all  
15 CONTRACTOR(S) combined be in excess of Seven Million Five Hundred Thousand and  
16 No/100 Dollars (\$7,500,000) for the period of July 1, 2021 through June 30, 2022.

17 In no event shall the total maximum amount for the service provided by  
18 CONTRACTOR(S) collectively under the terms and conditions of this Agreement for the entire  
19 five-year term exceed Twenty-Eight Million Seven Hundred Seventy-Five Thousand and No/100  
20 Dollars (\$28,775,000.00). It is understood that all expenses incidental to CONTRACTOR(S)  
21 performance of services under this Agreement shall be borne by CONTRACTOR(S).

22 H. Payment by COUNTY shall be in arrears, based on CONTRACTOR's monthly  
23 invoice submitted for services provided during the preceding month, within forty-five (45) days  
24 after receipt, verification and approval of CONTRACTOR's monthly invoices by COUNTY's  
25 DBH. In addition, it is understood by CONTRACTOR that at the discretion of COUNTY's DBH  
26 Director or designee, COUNTY reserves the right to deny payment of any additional invoices  
27 received ninety (90) days after the expiration of each term of this Agreement or termination of  
28 this Agreement. If CONTRACTOR should fail to comply with any provision of this Agreement,

1 COUNTY shall withhold payment until such time as the non-compliance has been corrected, or  
2 COUNTY shall be relieved of its obligation for further compensation.

3 I. In the event the maximum compensation amount in any individual fiscal year as  
4 noted above, is not fully expended, said remaining unspent funding amounts shall rollover to each  
5 subsequent fiscal year's established maximum compensation."

6 6. That the existing COUNTY Agreement No. A-17-377, Page Seven (7), Section  
7 Five (5), beginning with Line One (1), with the word "CONTRACTOR" and ending on Page Seven (7),  
8 Line Seventeen (17), with the word "received" be deleted and the following inserted in its place:

9 "CONTRACTOR shall invoice COUNTY in arrears by the 15<sup>th</sup> day of each month for  
10 actual expenses incurred and services rendered in the previous month in which the services  
11 were provided via email addressed to: 1) dbhinvoicereview@fresnocountyca.gov, 2) dbh-  
12 invoices@fresnocountyca.gov; and 3) dbhcontractedservicesdivision@fresnocountyca.gov with a  
13 copy to the assigned COUNTY DBH Staff Analyst.

14 CONTRACTOR(S) shall utilize the invoice templates, Revised Exhibit E attached hereto  
15 and by this reference incorporated herein. All invoices submitted should be completed in their  
16 entirety. In no event shall CONTRACTORS submit claims to COUNTY for clients that are not  
17 duly authorized by COUNTY to receive services.

18 Payments by COUNTY shall be in arrears, within forty-five (45) days after receipt and  
19 verification of CONTRACTOR(S)' invoices by COUNTY's DBH in an amount equivalent to the  
20 rates set in each CONTRACTOR(S) Revised Exhibit C, "Description of Services & Rates",  
21 including any rate adjustment provided for herein. However, if invoice(s) is not received in  
22 proper form or substance as stated herein, COUNTY may withhold subsequent payment(s) until  
23 such invoice(s) is received."

24 7. The parties agree that this Amendment I is sufficient to amend the Agreement; and that  
25 upon execution of this Amendment I, the Agreement and Amendment I together shall be  
26 considered the Agreement.

27 The Agreement, as hereby amended, is ratified and continued. All provisions, terms, covenants,  
28 conditions and promises contained in the Agreement, and not amended herein, shall remain in full force

1 and effect. This Amendment I shall become effective March 1, 2021.

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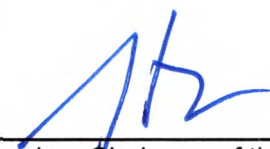
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IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to Agreement No. A-17-377 as of the day and year first hereinabove written.

**CONTRACTOR(S):**

**COUNTY OF FRESNO**

**PLEASE SEE SIGNATURE PAGES ATTACHED**

  
\_\_\_\_\_  
Steve Brandau, Chairman of the Board of Supervisors of the County of Fresno

**ATTEST:**  
Bernice E. Seidel  
Clerk of the Board of Supervisors  
County of Fresno, State of California

By:   
\_\_\_\_\_  
Deputy

**FOR ACCOUNTING USE ONLY:**  
Fund/Subclass: 0001/10000  
Organization: 56302175  
Account/Program: 7295/0

1 CONTRACTOR:

2 AK'S HOME OF CARE, LLC

3  
4 By Akwant Malhi

5  
6  
7 Print Name AKWANT MALHI

8  
9 Title: Administrator/owner

10  
11  
12 Mailing Address:  
13 122 W. San Gabriel  
14 Clovis, CA 93612  
15 (559) 708-3485  
16 Contact: Akwant Malhi



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**CONTRACTOR:**

**ANJALEONI ENTERPRISES, INC DBA LEONIE HOUSE**

By  \_\_\_\_\_

Print Name Sundari Susan Kendakur

Title: Administrator/Director

Mailing Address:  
3086 Armstrong Ave  
Clovis, CA 93611  
(559) 347-9900/779-4071  
Contact: Sundari Susan Kendakur

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**CONTRACTOR:**

**BK HOUSE OF GRACE, LLC**

By Balwinder Kaur

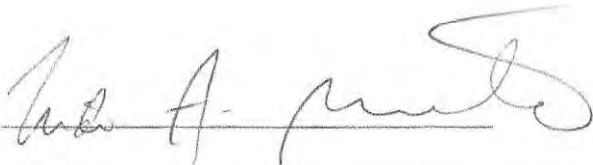
Print Name BALWINDER KAUR

Title: LICENSEE

Mailing Address:  
1463 N. Archie Ave  
Fresno, CA 93703  
(559) 244-9484  
Contact: Balwinder Kaur

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**BONAVENTE HOME FOR THE ELDERLY II**

By 

Print Name NIDA BONAVENTE

Title: LICENSEE

Mailing Address:  
2788 W. Fir Ave  
Fresno, CA 93711  
(559) 313-9052  
Contact: Nida Bonavente

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**CONTRACTOR:**

**DAILEY'S HAVEN**

By *Estelle Dailey*

Print Name Estelle Dailey

Title: Adminstrator/  
Owner

Mailing Address:  
5261 E. McKenzie Ave  
Fresno, CA 93727 (559)  
456-9940/970-1536  
Contact: Estelle Dailey

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**CONTRACTOR:**

PROVIDIAN RESIDENTIAL CARE SERVICES  
INC., DBA **FILLMORE CHRISTIAN GARDEN**

By 

Print Name **Inthone Milly**

Title: **Owner August 5, 2021**

Mailing Address:  
4826 E. Fillmore Ave  
Fresno, CA 93727  
(559) 307-4170  
Contact: Inthone Milly

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**CONTRACTOR:**

**GARDEN MANOR**

By Joan Black

Print Name JOAN BLACK

Title: Administrator

Mailing Address:  
4983 E. Olive Ave  
Fresno, CA 93727  
(559) 255-8650x201/289-3166  
Contact: Joan Black

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**CONTRACTOR:**

GAREM ASSISTED LIVING

By: \_\_\_\_\_ *J Hopper*

Print Name: JOYCELYN BARE HOPPER  
Title: Administrator

By: \_\_\_\_\_ *Gary Riemer*

Print Name: GARY RIEMER  
Title: President

By: \_\_\_\_\_ *Maxima Dionisio*

Print Name: MAXIMA DIONISIO  
Title: Vice President

Mailing Address:

4266 N 9th Street  
Fresno CA 93726  
Tel. No 559-940-9708/559-797-9284

Contact: Joycelyn Bare Hopper

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**CONTRACTOR:**

**HASKINS RESIDENTIAL CARE**

By *Donald Haskins*

Print Name Donald Haskins

Title: Owner

Mailing Address:  
1037 S. Chestnut Ave  
Fresno, CA 93702  
(559) 453-6832/352-5240  
Contact: Natalie Haskins



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**CONTRACTOR:**

**JAN-ROY PLACE OF FRESNO**

By J. Hopper

Print Name JOYCELYN BARE HOPPER

Title: ADMINISTRATOR

Mailing Address:  
4766 E. Illinois Ave  
Fresno, CA 93702  
(559) ~~453-6832/352-5240~~  
Contact: Joycelyn Hopper

940-9708 / 890-0839

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**CONTRACTOR:**

**LAKWOOD HAVEN**

By  \_\_\_\_\_  
Print Name Elsa S. Pollan

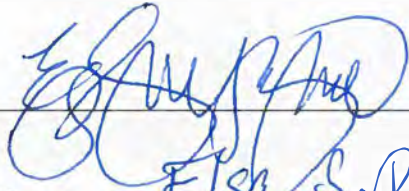
Title: Administrator

Mailing Address:  
362 Stuart Ave  
Fresno, CA 93704  
(559) 312-3510  
Contact: Elsa Pollen-Krahn

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CONTRACTOR:

LAKWOOD HAVEN 2

By 

Print Name Elsa S. Pollen-Krahn

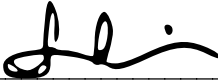
Title: Administrator

Mailing Address:  
6111 N. Palm Ave  
Fresno, CA 93704  
(559) 312-3510  
Contact: Elsa Pollen-Krahn

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**CONTRACTOR:**

**MARIAN HOMES DBA SIERRA VILLA REST HOME**

By  \_\_\_\_\_

Print Name Sundari Susan Kendakur

Title: Administrator/CEO

Mailing Address:  
3086 Armstrong Ave  
Clovis, CA 93611  
(559) 347-9900/779-4071  
Contact: Sundari Susan Kendakur

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**CONTRACTOR:**

**MODESTO RESIDENTIAL LIVING CENTER**

By 

Print Name Dennis A. Monterosso

Title: Owner / Administrator

Mailing Address:  
1932 Evergreen Ave  
Modesto, CA 95350  
(209) 530-9300  
Contact: Lena Baldwin

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**CONTRACTOR:**

**RATANAKONE HOME**

By 

Print Name Kevin Ratanakone

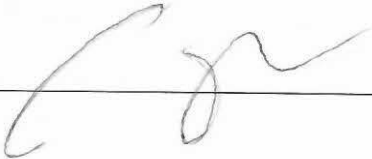
Title: Administrator

Mailing Address:  
2220 N. Prospect  
Fresno, CA 93722  
(559) 287-6366  
Contact: Kevin Ratanakone

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**CONTRACTOR:**

**ROYAL BOARD AND CARE HOME FOR THE ELDERLY**

By  \_\_\_\_\_

Print Name  Rudy Rigon

Title:  Administrator

Mailing Address:  
3407 N. Fresno Street  
Fresno, CA 93726  
(559) 903-6846  
Contact: Rudy and Aurora Rigon

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**CONTRACTOR:**

**RUBY'S VALLEY CARE HOME**

By Mark & Mary Gisler

Print Name MARK GISLER + MARY GISLER

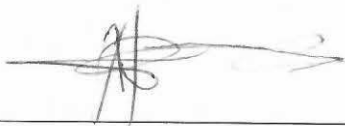
Title: OWNERS / LICENSEES

Mailing Address:  
9919 S. Elm Ave  
Fresno, CA 93706  
(209) 329-1159  
Contact: Mark and Mary Gisler



**CONTRACTOR:**

**SUNSHINE BOARD AND CARE II**

By  \_\_\_\_\_

Print Name Aurora Rigon

Title: Administrator


Mailing Address:  
1642 W. Robinson Ave  
Fresno, CA 93705  
(559) 903-2401  
Contact: Aurora and Rudy Rigon

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**CONTRACTOR:**

**THE CHIMES HOME**

By 

Print Name AMOR ALEGRE

Title: Administrator

New Mailing Address:

**Amor A. Alegre**  
2845 N. Armstrong Avenue  
Fresno, Ca 93727  
(559) 244-0479 / 369-9949

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**CONTRACTOR:**

**VALLEY COMFORT HOME, INC**

By Priscilla Quinto

Print Name PRISCILLA QUINTO

Title: ADMINISTRATOR

Mailing Address:  
6579 E. Fillmore Ave  
Fresno, CA 93727  
(559) 495-8273/454-0704  
Contact: Priscilla Quinto

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
 SUPPLEMENTAL BOARD AND CARE PROGRAM SERVICES

VENDOR LIST

- |  |   |
|--|---|
| <p><b>1 AK's Home of Care, LLC</b><br/>                 6 beds<br/>                 Contact: Akwant Malhi<br/>                 (559) 708-3485</p>                                    | <p><b>9 Haskins Residential Care</b><br/>                 18 beds<br/>                 Contact: Natalie Haskins<br/>                 (559) 453-6832/352-5240</p>                        |
| <p><b>2 Anjaleoni Enterprises DBA Leonie House</b><br/>                 6 beds<br/>                 Contact: Sundari Susan Kendakur<br/>                 (559) 347-9900/779-4071</p> | <p><b>10 Jan-Roy Place of Fresno</b><br/>                 6 beds<br/>                 Contact: Joycelyn Hopper<br/>                 (559) 940-9708/890-0839</p>                         |
| <p><b>3 BK House of Grace, LLC</b><br/>                 6 beds<br/>                 Contact: Balwinder Kaur<br/>                 (559) 244-9484</p>                                  | <p><b>11 Lakewood Haven</b><br/>                 6 beds<br/>                 Contact: Elsa Pollen-Krahn<br/>                 (559) 312-3510</p>   |
| <p><b>4 Bonavente Home for the Elderly II</b><br/>                 6 beds<br/>                 Contact: Nida Bonavente<br/>                 (559) 313-9052</p>                       | <p><b>12 Lakewood Haven 2</b><br/>                 6 beds<br/>                 Contact: Elsa Pollen-Krahn<br/>                 (559) 312-3510</p>                                       |
| <p><b>5 Dailey's Haven</b><br/>                 6 beds<br/>                 Contact: Estelle Dailey<br/>                 (559) 456-9440/970-1536</p>                                 | <p><b>13 Marian Homes DBA Sierra Villa Rest Home</b><br/>                 49 beds<br/>                 Contact: Sundari Susan Kendakur<br/>                 (559) 347-9900/779-4071</p> |
| <p><b>6 Fillmore Christian Garden</b><br/>                 27 beds<br/>                 Contact: Inthone Milly<br/>                 (559) 307-4170</p>                               | <p><b>14 Modesto Residential Living Center</b><br/>                 100 beds<br/>                 Contact: Lena Baldwin<br/>                 (209) 530-9300</p>                         |
| <p><b>7 Garden Manor</b><br/>                 49 beds<br/>                 Contact: Joan Black<br/>                 (559) 255-8650 ext. 201</p>                                      | <p><b>15 Ratanakone Home</b><br/>                 6 beds<br/>                 Contact: Kevin Ratanakone<br/>                 (559) 287-6366</p>   |
| <p><b>8 Garem Assisted Living, Inc</b><br/>                 6 beds<br/>                 Contact: Joycelyn Hopper<br/>                 (559) 940-9708/797-9284</p>                    | <p><b>16 Royal Board and Care Home for the Elderly</b><br/>                 6 beds<br/>                 Contact: Rudy Rigon<br/>                 (559) 903-684</p>                      |

**17 Ruby's Valley Care Home**

50 beds  
Contact: Mark Gisler  
(209) 329-1159

**18 Sunshine Board and Care II**

6 beds  
Contact: Aurora Rigon  
(559) 903-2401

**19 The Chimes Home**

10 beds  
Contact: Amor Alegre  
(559) 244-0479/369-9949

**20 Valley Comfort Home, Inc**

6 beds  
Contact: Priscilla Quinto  
(559) 495-8273/454-0704

# Supplemental Board & Care Home Services Rates

Name of Facility: Ak's HOME OF CARE LLC  
 Facility Address: 122 W. SAN GABRIEL AVE  
 Submitted by: AKWANT MALHI  
 Approved by:

Date Submitted: 8/5/2021  
 Effective Date of Rates: 8/5/2021

## I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

## II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$15.00
2). Self-sufficiency skills	\$20.00
3). Enhancement of independent living skills	\$0.00
4). Learning groups	\$10.00
5). Emotional support to individual	\$0.00
6). 1:1 staff ratio for individual with episodes	\$5.00
7) psychological support.	\$0.00
8). Religious support	\$5.00
9). Exercise for strong mental and physical health	\$0.00
10).	\$0.00
11).	\$0.00
12).	\$0.00

13).		\$0.00
14).		\$0.00
15).		\$0.00
16)		\$0.00
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>		<b>\$ 90.49</b>
		<b>Total Supplemental Services Portion (No #1. \$ 55.00</b>

\*Care and supervision as defined in Section 87101(c)(3)

"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**

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Name of Facility: AK's HOME OF CARE LLC  
 Facility Address: 122 W. SAN GABRIEL AVE  
 Submitted by: AKWANT MALHI

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input checked="" type="checkbox"/>	Individuals with colostomy bags*

✓	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
✓	Individuals dependent on oxygen*
✓	Individuals requiring assistance with catheters *
✓	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
✓	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
✓	Individuals from acute inpatient psychiatric facilities
✓	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
✓	Individuals with a history of elopements (not returning to the facility by curfew)
✓	Individuals with a history of fire setting
✓	Individuals with previous convictions for sexual assault, or identified as sex offenders
✓	Young adults between the ages of 18 – 24 years old
	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe):
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical



FY 2021-22 Exhibit C Signature Page

1                   **CONTRACTOR:**

2                   **AK'S HOME OF CARE, LLC**

3  
4                   By Akwant Malhi

5  
6                   Print Name AKWANT MALHI

7  
8                   Title: Administrator

9  
10  
11                   Mailing Address:  
12                   122 W. San Gabriel  
13                   Clovis, CA 93612  
14                   (559) 708-3485  
15                   Contact: Akwant Malhi

## Supplemental Board & Care Home Services Rates

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Name of Facility: BK HOUSE OF GRACE LLC  
 Facility Address: 1463 N Harrison Avenue Fresno, CA 93703  
 Submitted by: ROSEMARIE H RIEMER  
 Approved by:  
 Date Submitted:  
 Effective Date of Rates:

### I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$7.00
2). Self-sufficiency skills /Continuous care and supervision	\$8.00
3). Enhancement of independent living skills /3 nutritious meals & snacks	\$10.00
4). Special meal if prescribed by a doctor	\$5.00
5). Laundering personal clothing.	\$3.00
6). Clean bed and bath linens weekly, more often as needed.	\$4.00
7). Cleaning the residents room.	\$5.00
8). Comfortable and suitable bed and bedroom furniture	\$2.00
9). Assistance with personal activities if needed, including dressing	
10). eating, toileting, bathing, grooming, and mobility tasks.	\$9.00
11). Hygiene items of general use, such as soap & toilet paper.	\$3.00
12). Arrange for transportation for Medical & Dental Appointment.	\$10.00
13). Assistance with taking prescribed and over the OTC medication in accordance with physicians's instruction unless prohibited by law or regulations. Cabale tv in each room.	\$9.00 \$2.00

Observation for changes in physical, mental, emotional and social functioning, and notification to the resident's family, physician, and other appropriate person/agency of

14). resident's needs.	\$6.00
15). Assistance with meeting medical and dental needs including	\$7.00
16) ordering and safeguarding of medications.	
<b>Total Supplemental Services Portion (No #1.</b>	<b>\$ 90.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	<b>\$ 125.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

60 years old and above, below 60 y.o.  
are welcome if they belong to the same culture.

Name of Facility: BK HOUSE OF GRACE  
Facility Address: 1463 N Archie Avenue Fresno, CA 93703  
Submitted by: ROSEMARIE H RIEMER

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:

x	Individuals dependent on wheelchairs*
x	Individuals dependent on walking devices (walkers or other walking assistance devices)*
	Individuals with amputated limbs*
	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
x	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
x	Individuals dependent on oxygen*

	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
x	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
x	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
x	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical ne

FY 2021-22 Exhibit C Signature Page

1                   **CONTRACTOR:**

2                   **BK HOUSE OF GRACE, LLC**

3  
4  
5                   By Balwinder Kaur

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7                   Print Name BALWINDER KAUR

8                   Title: LICENSEE

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11                   Mailing Address:  
12                   1463 N. Archie Ave  
13                   Fresno, CA 93703  
14                   (559) 244-9484

15                   Contact: Balwinder Kaur  
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## Supplemental Board & Care Home Services Rates

Name of Facility: BONAVENTE HOME FOR THE ELDERLY II  
 Facility Address: 6097 N Harrison Avenue Fresno, CA 93711  
 Submitted by: ROSEMARIE H RIEMER  
 Approved by:

Date Submitted: 08/05/2021  
 Effective Date of Rates:

### I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$7.00
2). Self-sufficiency skills / <del>Continuous care and supervision</del>	\$8.00
3). Enhancement of independent living skills / 3 nutritious meals & snacks	\$10.00
4). <del>Special meal if prescribed by a doctor</del>	\$5.00
5). <del>Laundering personal clothing.</del>	\$3.00
6). <del>Clean bed and bath linens weekly, more often as needed.</del>	\$4.00
7). <del>Cleaning the residents room.</del>	\$5.00
8). <del>Comfortable and suitable bed and bedroom furniture</del>	\$2.00
9). <del>Assistance with personal activities if needed, including dressing</del>	\$9.00
10). <del>eating, toileting, bathing, grooming, and mobility tasks.</del>	\$3.00
11). <del>Hygiene items of general use, such as soap &amp; toilet paper.</del>	\$10.00
12). <del>Arrange for transportation for Medical &amp; Dental Appointment.</del>	\$9.00
13). <del>Assistance with taking prescribed and over the OTC medication</del> in accordance with physicians's instruction unless prohibited by law or regulations.	\$2.00
Cable tv in each bedroom.	

Observation for changes in physical, mental, emotional and social functioning, and notification to the resident's family, physician, and other appropriate person/agency of

14). <u>resident's needs.</u>	\$6.00
15). Assistance with meeting medical and dental needs including	\$7.00
16) ordering and safeguarding of medications.	
<b>Total Supplemental Services Portion (No #1.</b>	
	\$ 90.00
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	<b>\$ 125.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**

60 years old and above, below 60 y.o.  
are welcome if they belong to the same culture.

Name of Facility: BONAVENTE HOME FOR THE ELDERLY II  
 Facility Address: 6097 N Harrison Avenue Fresno, CA 93711  
 Submitted by: ROSEMARIE H RIEMER

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:

<input checked="" type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input checked="" type="checkbox"/>	Individuals dependent on oxygen*

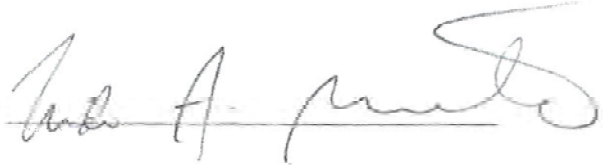
	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
x	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
x	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
x	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
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	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical ne



BONAVENTE HOME FOR THE ELDERLY II

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By 

Print Name NIDA BONAVENTE

Title: LICENSEE

Mailing Address:  
2788 W. Fir Ave  
Fresno, CA 93711  
(559) 313-9052  
Contact: Nida Bonavente

## Supplemental Board & Care Home Services Rates

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Name of Facility: Dailey's Haven  
 Facility Address: 4479 N. Eddy Ave, Fresno CA 93724  
 Submitted by: Estelle Dailey  
 Approved by:

Date Submitted: August 4 2021  
 Effective Date of Rates: 1-Jul-21

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### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming	\$0.00
2). Self-sufficiency skills	\$40.00
3). Enhancement of independent living skills	\$35.00
4).	\$0.00
5).	\$0.00
6).	\$0.00
7).	\$0.00
8).	\$0.00
9).	\$0.00
10).	\$0.00
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13).	\$0.00

14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 75.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 110.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Dailey's Haven  
 Facility Address: 4479 N. Eddy Ave  
 Submitted by: Estelle Dailey

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
	Individuals dependent on walking devices (walkers or other walking assistance devices)*
	Individuals with amputated limbs*
	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
x	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
	Individuals dependent on oxygen*

	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
x	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
x	Young adults between the ages of 18 – 24 years old
x	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical i

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**CONTRACTOR:**

**DAILEY'S HAVEN**

By 

Print Name Estelle Dailey

Title: Adminstrator/Owner

Mailing Address:  
5261 E. McKenzie Ave  
Fresno, CA 93727  
(559) 456-9940/970-1536  
Contact: Estelle Dailey

## Supplemental Board & Care Home Services Rates

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Name of Facility: Fillmore Christian Garden  
 Facility Address: 4826 E. Fillmore Avenue, Fresno CA 93727  
 Submitted by: Inthone Milly  
 Approved by:

Date Submitted: 5-Aug-21  
 Effective Date of Rates: July 1, 2021 (FY2021-22)

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### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

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### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
4). Individuals dependent on wheelchairs☐	\$20.00
5). Individuals dependent on oxygen☐	\$25.00
6). Individuals with colostomy bags☐	\$25.00
8). Individuals requiring assistance with catheters☐	\$20.00
7). Individuals with amputated limbs☐	\$20.00
6). ☐	\$0.00
7). ☐	\$0.00
8). ☐	\$0.00
9).	\$0.00
10).☐	\$0.00
11).	\$0.00
12).☐	\$0.00
13).☐	\$0.00

14).	\$0.00
15).	\$0.00
16)	\$0.00
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 110.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 145.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Fillmore Christian Garden  
 Facility Address: 4826 E. Fillmore Avenue, Fresno CA 93727  
 Submitted by: Inthone Milly

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
X	Individuals dependent on wheelchairs*
X	Individuals dependent on walking devices (walkers or other walking assistance devices)*
X	Individuals with amputated limbs*
X	Individuals with a visual impairments, including legal blindness*
X	Individuals with colostomy bags*
X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
X	Individuals dependent on oxygen*

X	Individuals requiring assistance with catheters *
X	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
X	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical



**CONTRACTOR:**

**PROVIDIAN RESIDENTIAL CARE SERVICES**

**INC., DBA FILLMORE CHRISTIAN GARDEN**

By 

Print Name **Inthone Milly**

Title: **Owner August 5, 2021**

Mailing Address:  
4826 E. Fillmore Ave  
Fresno, CA 93727  
(559) 307-4170  
Contact: Inthone Milly

## Supplemental Board & Care Home Services Rates

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Name of Facility: Garden Manor  
 Facility Address: 4983 E. Olive Ave. Fresno, CA 93727  
 Submitted by: Joan Black  
 Approved by:  
 Date Submitted:  
 Effective Date of Rates:

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### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

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### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	<b>\$14.90</b>
2). Self-sufficiency skills	<b>\$14.90</b>
3). Enhancement of independent living skills	<b>\$14.90</b>
4). Substance Abuse Program (on and off site supportive services)	<b>\$14.90</b>
5). See page 2 & 3 for Service Target Population	<b>\$14.91</b>
6).	<b>\$0.00</b>
7).	<b>\$0.00</b>
8).	<b>\$0.00</b>
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10).	<b>\$0.00</b>
11).	<b>\$0.00</b>
12).	<b>\$0.00</b>
13).	<b>\$0.00</b>

14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 74.51</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 110.00</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Garden Manor  
 Facility Address: 4983 E. Olive Ave Fresno, CA 93727  
 Submitted by: Joan Black

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
X	Individuals dependent on walking devices (walkers or other walking assistance devices)*
	Individuals with amputated limbs*
X	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
X	Individuals dependent on oxygen*

	Individuals requiring assistance with catheters *
X	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
X	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
X	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

FY 2021-22 Exhibit C Signature Page

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**CONTRACTOR:**

**GARDEN MANOR**

By Joan Black

Print Name Joan Black

Title: Administar

Mailing Address:  
4983 E. Olive Ave  
Fresno, CA 93727  
(559) 255-8650x201/289-3166  
Contact: Joan Black

Supplemental Board & Care Home Services Rates	
Name of Facility:	GAREM ASSISTED LIVING
Facility Address:	4266 N 9TH STREET FRESNO CA 93726
Submitted by:	JOYCELYN BARE HOPPER
Approved by:	
Date	08/04/2021
Effective date of rates:	03/01/2021

I. Social Security Income (SSI) Services - subject to change yearly * (rate indicated is 2021 rate)		
	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>
II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)		
	Daily	
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	<b>\$5.00</b>	
2). Self-sufficiency skills	<b>\$5.00</b>	
3). Enhancement of independent living skills	<b>\$5.00</b>	
4). Transportation to needed off site services	<b>\$10.00</b>	
5). Individual on LPS Conservatorship moving from locked out of town Institutes of Mental Disease	<b>\$9.00</b>	
6). Individual dependent on walking devices ( walkers assistance devices	<b>\$9.00</b>	
7) Individual with dementia	<b>\$10.00</b>	
8). Individual with history of elopement ( not returning to the facility on curfew )	<b>\$9.00</b>	
9). Individual with visual impairments, including legal blindness	<b>\$9.00</b>	
10).Individual with diabetes (for maintenance, including but not limited to, insulin injection and blood sugar monitoring	<b>\$9.00</b>	
11).Individual with history of aggressive behaviours such as recent physical aggressive episodes toward other & staff	<b>\$9.00</b>	
12).Individual on LPS Conservatorship moving from locked out of town Institutes of Mental Disease	<b>\$9.00</b>	
13)		
14).	<b>\$0.00</b>	
15).	<b>\$0.00</b>	
16)	<b>\$0.00</b>	
<b>Total Supplemental Services Portion (No #1. through</b>	<b>\$ 98.00</b>	
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	<b>\$ 133.49</b>	

\*Care and supervision as defined in Section 87101(c)(3)  
 "Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

(A) Assistance in dressing, grooming, bathing and other personal hygiene;  
 (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;  
 (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;  
 (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental  
 (E) Maintenance of house rules for the protection of residents;  
 (F) Supervision of resident schedules and activities;  
 (G) Maintenance and supervision of resident monies or property;  
 (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**

Clients with schizophrenia, dementia, development disability,  
nicotine dependent, history of elopement, aggressive behaviour,  
dependent on walking devices, Incontinent , diabetic

Name of Facility:	GAREM ASSISTED LIVING
Facility Address:	4266 N 9TH STREET FRESNO CA 93726
Submitted by:	JOYCELYN BARE HOPPER

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:

<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input checked="" type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input checked="" type="checkbox"/>	Individuals dependent on oxygen*
<input type="checkbox"/>	Individuals requiring assistance with catheters *
<input checked="" type="checkbox"/>	Individuals chronically inebriated (due to alcohol addiction and/or dependence)

<input checked="" type="checkbox"/>	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)		
<input checked="" type="checkbox"/>	Individuals from acute inpatient psychiatric facilities		
<input checked="" type="checkbox"/>	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff		
<input checked="" type="checkbox"/>	Individuals with a history of elopements (not returning to the facility by curfew)		
	Individuals with a history of fire setting		
	Individuals with previous convictions for sexual assault, or identified as sex offenders		
	Young adults between the ages of 18 – 24 years old		
<input checked="" type="checkbox"/>	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80		
<input checked="" type="checkbox"/>	Individual with dementia		
<input checked="" type="checkbox"/>	Nicotine dependency		
<input checked="" type="checkbox"/>	Incontinence		
	Other (please describe):		
*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.			

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**CONTRACTOR:**

**GAREM ASSISTED LIVING**

By: *J Hopper*

Print Name: JOYCELYN BARE HOPPER  
Title: Administrator

By: *Gary Riemer*

Print Name: GARY RIEMER  
Title: President

By: *Maxima S. Dionisio*

Print Name: MAXIMA S DIONISIO  
Title: Vice President


Mailing Address:

4266 N 9th Street  
Fresno CA 93726  
Tel No. 559-940-9708/559-797-9284

Contact: Joycelyn Bare Hopper



# Supplemental Board & Care Home Services Rates

Name of Facility: **HASKINS RESIDENTIAL CASE**  
 Facility Address: **1037 S. CHESTNUT AVENUE, FRESNO CA, 93702**  
 Submitted by: **DONALD HASKINS**  
 Approved by: **DONALD HASKINS** 

Date Submitted: **8/4/2021**

Effective Date of Rates:

**March 1, 2021**

## I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

## II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required	\$ 11.14
2). Self-sufficiency skills	\$ 11.14
3). Enhancement of independent living skills	\$ 11.14
4). Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*	\$ 11.14
5). Individuals chronically inebriated (due to alcohol addiction and/or	\$ 11.14
6). Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)	\$ 11.14
7). Individuals from acute inpatient psychiatric facilities	\$ 11.14
8). Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80	\$ 11.14
9). Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)	\$ 11.14
10). Individuals dependent on oxygen	\$ 11.14
11). Individuals requiring assistance with catheters	\$ 11.14
12). Individuals chronically inebriated (due to alcohol addiction and/or dependence)	\$ 11.14
13). Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)	\$ 11.14
14). Individuals from acute inpatient psychiatric facilities	\$ 11.14
15). Individuals with previous convictions for sex offenders	\$ 11.14
16) Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80	\$ 11.14
<b>Total Supplemental Services Portion (No #1. through No #16.)</b>	<b>\$ 178.24</b>

**III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental Services)** **\$ 213.73**

*\*Care and supervision as defined in Section 87101(c)(3)*

*“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:*

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;*
- (B) Assistance with taking medication, as specified in Section 87465, Incidental*
- (C) Central storing and distribution of medications, as specified in Section 87465,*
- (D) Arrangement of and assistance with medical and dental care. This may include*
- (E) Maintenance of house rules for the protection of residents;*
- (F) Supervision of resident schedules and activities;*
- (G) Maintenance and supervision of resident monies or property;*
- (H) Monitoring food intake or special diets.*

**Supplemental Board & Care Home Services Target Populations**

**HASKINS RESIDENTIAL CARE**

**1037 S CHESTNUT AVE., FRESNO CA, 93702**

**DONALD HASKINS**

Name of Facility:

Facility Address:

Submitted by:

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:

<b>X</b>	Individuals dependent on wheelchairs*
<b>X</b>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<b>X</b>	Individuals with amputated limbs*
<b>X</b>	Individuals with a visual impairments, including legal blindness*
<b>X</b>	Individuals with colostomy bags*
<b>X</b>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<b>X</b>	Individuals dependent on oxygen*
	Individuals requiring assistance with catheters *
<b>X</b>	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
<b>X</b>	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
<b>X</b>	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
<b>X</b>	Individuals with a history of elopements (not returning to the facility by curfew)

	Individuals with a history of fire setting
<b>X</b>	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
<b>X</b>	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe):
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.

FY 2021-22 Exhibit C Signature Page

1           **CONTRACTOR:**

2           **HASKINS RESIDENTIAL CARE**

3  
4           By *Ronald Haskins*

5  
6           Print Name Donald Haskins

7  
8           Title: Owner

9  
10  
11           Mailing Address:  
12           1037 S. Chestnut Ave  
13           Fresno, CA 93702  
14           (559) 453-6832/352-5240  
15           Contact: Natalie Haskins

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Supplemental Board & Care Home Services Rates	
Name of Facility:	JAN-ROY PLACE OF FRESNO
Facility Address:	4766 E ILLINOIS AVE FRESNO 93702
Submitted by:	JOYCELYN BARE HOPPER
Approved by:	
Date	08/04/2021
Effective date of rates:	03/01/2021

I. Social Security Income (SSI) Services - <b>subject to change yearly * (rate indicated is 2021 rate)</b>		
	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>
II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)		
	Daily	
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	<b>\$5.00</b>	
2). Self-sufficiency skills	<b>\$5.00</b>	
3). Enhancement of independent living skills	<b>\$5.00</b>	
4). Transportation to needed off site services	<b>\$10.00</b>	
5). Individual on LPS Conservatorship moving from locked out of town Institutes of Mental Disease	<b>\$9.00</b>	
6). Individual dependent on walking devices ( walkers assistance devices	<b>\$9.00</b>	
7) Individual with dementia	<b>\$10.00</b>	
8). Individual with history of elopement ( not returning to the facility on curfew )	<b>\$9.00</b>	
9). Individual with visual impairments, including legal blindness	<b>\$9.00</b>	
10).Individual with diabetes (for maintenance, including but not limited to, insulin injection and blood sugar monitoring	<b>\$9.00</b>	
11).Individual with history of aggressive behaviours such as recent physical aggressive episodes toward other & staff	<b>\$9.00</b>	
12).Individual on LPS Conservatorship moving from locked out of town Institutes of Mental Disease	<b>\$9.00</b>	
13)		
14).	<b>\$0.00</b>	
15).	<b>\$0.00</b>	
16)	<b>\$0.00</b>	
<b>Total Supplemental Services Portion (No #1. through</b>	<b>\$ 98.00</b>	
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	<b>\$ 133.49</b>	

\*Care and supervision as defined in Section 87101(c)(3)  
 "Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

(A) Assistance in dressing, grooming, bathing and other personal hygiene;  
 (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;  
 (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;  
 (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental  
 (E) Maintenance of house rules for the protection of residents;  
 (F) Supervision of resident schedules and activities;  
 (G) Maintenance and supervision of resident monies or property;  
 (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**  
Clients with schizophrenia, dementia, development disability,  
nicotine dependent, history of elopement, aggressive behaviour, \_\_\_\_\_  
dependent on walking devices, Incontinent , diabetic

Name of Facility:	JAN-ROY PLACE OF FRESNO
Facility Address:	4766 E ILLINOIS AV ENUE FRESNO CA 93702
Submitted by:	JOYCELYN BARE HOPPER

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input checked="" type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input checked="" type="checkbox"/>	Individuals dependent on oxygen*
<input type="checkbox"/>	Individuals requiring assistance with catheters *
<input checked="" type="checkbox"/>	Individuals chronically inebriated (due to alcohol addiction and/or dependence)

<input checked="" type="checkbox"/>	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)		
<input checked="" type="checkbox"/>	Individuals from acute inpatient psychiatric facilities		
<input checked="" type="checkbox"/>	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff		
<input checked="" type="checkbox"/>	Individuals with a history of elopements (not returning to the facility by curfew)		
	Individuals with a history of fire setting		
	Individuals with previous convictions for sexual assault, or identified as sex offenders		
	Young adults between the ages of 18 – 24 years old		
<input checked="" type="checkbox"/>	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80		
<input checked="" type="checkbox"/>	Individual with dementia		
<input checked="" type="checkbox"/>	Nicotine dependency		
<input checked="" type="checkbox"/>	Incontinence		
	Other (please describe):		
*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.			

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**CONTRACTOR:**

**JAN-ROY PLACE OF FRESNO**

By J. Hopper

Print Name JOYCELYN BARE HOPPER

Title: Administrator

Mailing Address:  
4766 E. Illinois Ave  
Fresno, CA 93702  
(559) 940-9708/559-797-9284  
Contact: Joycelyn Hopper

## Supplemental Board & Care Home Services Rates

Name of Facility: Lakewood  
Haven  
Facility Address: 362 W. Stuart  
Ave., Fresno, CA, 93704

Submitted by: Elsa Pollan

Approved by: Elsa Pollan

Date Submitted: August 5, 2021

Effective Date of Rates: \_\_\_\_\_

### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

		Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$ 34.00	
2). Self-sufficiency skills	\$ 32.00	
3). Enhancement of independent living skills	\$ 30.00	
4).	\$ -	
5).	\$ -	
6).	\$ -	
7).	\$ -	
8).	\$ -	
<b>Total Supplemental Services Portion (No #1. through No #8.)</b>	<b>\$ 96.00</b>	

**III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental Services) \$ 131.49**

\*Care and supervision as defined in Section 87101(c)(3)



“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Lakewood  
 Facility Address: 362 W. Stuart  
 Ave Fresno CA 93704  
 Submitted by: Elsa Pollan

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input checked="" type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input checked="" type="checkbox"/>	Individuals dependent on oxygen*
<input type="checkbox"/>	Individuals requiring assistance with catheters *
<input type="checkbox"/>	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
<input checked="" type="checkbox"/>	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
<input type="checkbox"/>	Individuals from acute inpatient psychiatric facilities
<input type="checkbox"/>	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff

	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
✓	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

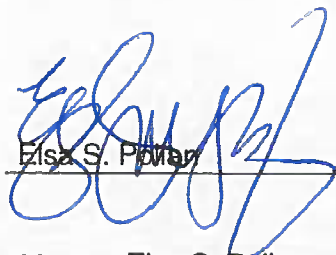
\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized

FY 2021-22 Exhibit C Signature Page

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**CONTRACTOR:**

**LAKWOOD HAVEN**

By  \_\_\_\_\_  
Elsa S. Pollan

Print Name Elsa S. Pollan

Title: Administrator

Mailing Address:  
362 Stuart Ave  
Fresno, CA 93704  
(559) 312-3510  
Contact: Elsa Pollen-Krahn

## Supplemental Board & Care Home Services Rates

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Name of Facility: Lakewood Haven 2  
 Facility Address: 6111 N. Palm Ave., Fresno, CA, 93704

Submitted by: Elsa Pollan

Approved by: Elsa Pollan

Date Submitted: August 5, 2021

Effective Date of Rates: \_\_\_\_

### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

		Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$ 34.00	
2). Self-sufficiency skills	\$ 32.00	
3). Enhancement of independent living skills	\$ 30.00	
4).	\$ -	
5).	\$ -	
6).	\$ -	
7).	\$ -	
8).	\$ -	
<b>Total Supplemental Services Portion (No #1. through No #8.)</b>	<b>\$ 96.00</b>	

### III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental) **\$131.49**

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Lakewood  
Haven 2  
Facility Address: 6111 N. Palm  
Ave Fresno CA 93704  
Submitted by: Elsa Pollan

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input checked="" type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input checked="" type="checkbox"/>	Individuals dependent on oxygen*
<input type="checkbox"/>	Individuals requiring assistance with catheters *
<input type="checkbox"/>	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
<input checked="" type="checkbox"/>	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
<input type="checkbox"/>	Individuals from acute inpatient psychiatric facilities

	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
✓	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.

FY 2021-22 Exhibit C Signature Page

1 CONTRACTOR:

2 LAKEWOOD HAVEN 2

3  
4  
5 By 

6  
7 Print Name Elsa S. Pollen-Krahn

8  
9 Title: Administrator

10  
11 Mailing Address:  
12 6111 N. Palm Ave  
13 Fresno, CA 93704  
14 (559) 312-3510  
15 Contact: Elsa Pollen-Krahn

## Supplemental Board & Care Home Services Rates

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Name of Facility: Leonie House  
 Facility Address: 2931 Caesar Avenue, Clovis, CA 93611  
 Submitted by: Sundari Susan Kendakur  
 Approved by:  
 Date Submitted: 4-Aug-21  
 Effective Date of Rates: 1-Apr-20

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### I. Social Security Income (SSI) Services - **subject to change yearly \*** (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

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### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming; Self-sufficiency; Enhancement of independent living; Personal needs access	<b>\$91.67</b>
2). Reasonable access to required medical treatment (will be arranged)	<b>\$0.00</b>
3). Transportation to needed off-site services (will be arranged)	<b>\$0.00</b>
4).	<b>\$0.00</b>
5).	<b>\$0.00</b>
6).	<b>\$0.00</b>
7).	<b>\$0.00</b>
8).	<b>\$0.00</b>
9).	<b>\$0.00</b>
10).	<b>\$0.00</b>
11).	<b>\$0.00</b>
12).	<b>\$0.00</b>
13).	<b>\$0.00</b>



14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 91.67</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 127.16</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Leonie House  
 Facility Address: 2931 Caesar Avenue, Clovis, CA 93611  
 Submitted by: Sundari Susan Kendakur

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
Yes	Individuals dependent on wheelchairs*
Yes	Individuals dependent on walking devices (walkers or other walking assistance devices)*
Yes	Individuals with amputated limbs*
Yes	Individuals with a visual impairments, including legal blindness*
Yes	Individuals with colostomy bags*
Yes	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
Yes	Individuals dependent on oxygen*

Yes	Individuals requiring assistance with catheters *
Yes	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
Yes	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
Yes	Individuals from acute inpatient psychiatric facilities
Yes	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
Yes	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
Yes	Individuals with previous convictions for sexual assault, or identified as sex offenders
Yes	Young adults between the ages of 18 – 24 years old
Yes	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

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**CONTRACTOR:**

**ANJALEONI ENTERPRISES, INC DBA LEONIE HOUSE**

By  \_\_\_\_\_

Print Name Sundari Susan Kendakur

Title: Administrator/Director

Mailing Address:  
3086 Armstrong Ave  
Clovis, CA 93611  
(559) 347-9900/779-4071  
Contact: Sundari Susan Kendakur

## Supplemental Board & Care Home Services Rates

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Name of Facility: Marian Homes Inc., dba Sierra Villa Rest Home  
 Facility Address: 175 W. Sierra Avenue, Clovis, CA 93612  
 Submitted by: Sundari Susan Kendakur  
 Approved by:

Date Submitted: 4-Aug-21  
 Effective Date of Rates: 23-Sep-19

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### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

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### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming; Self-sufficiency; Enhancement of independent living; Personal needs access	<b>\$91.67</b>
2). Reasonable access to required medical treatment (will be arranged)	<b>\$0.00</b>
3). Transportation to needed off-site services (will be arranged)	<b>\$0.00</b>
4).	<b>\$0.00</b>
5).	<b>\$0.00</b>
6).	<b>\$0.00</b>
7).	<b>\$0.00</b>
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9).	<b>\$0.00</b>
10).	<b>\$0.00</b>
11).	<b>\$0.00</b>
12).	<b>\$0.00</b>
13).	<b>\$0.00</b>

14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 91.67</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 127.16</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Sierra Villa Rest Home  
 Facility Address: 175 W. Sierra Avenue, Clovis, CA 93612  
 Submitted by: Sundari Susan Kendakur

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
Yes	Individuals dependent on wheelchairs*
Yes	Individuals dependent on walking devices (walkers or other walking assistance devices)*
Yes	Individuals with amputated limbs*
Yes	Individuals with a visual impairments, including legal blindness*
Yes	Individuals with colostomy bags*
Yes	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
Yes	Individuals dependent on oxygen*

Yes	Individuals requiring assistance with catheters *
Yes	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
Yes	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
Yes	Individuals from acute inpatient psychiatric facilities
Yes	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
Yes	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
Yes	Individuals with previous convictions for sexual assault, or identified as sex offenders
Yes	Young adults between the ages of 18 – 24 years old
Yes	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

**CONTRACTOR:**

**MARIAN HOMES, INC.**

**DBA SIERRA VILLA REST HOME**

By  \_\_\_\_\_

Print Name Sundari Susan Kendakur

Title: Administrator/CEO

Mailing Address:

3086 Armstrong Ave

Clovis, CA 93611

(559) 347-9900/779-4071

Contact: Sundari Susan Kendakur

## Supplemental Board & Care Home Services Rates

Name of Facility: MODESTO RESIDENTIAL LIVING CENTER  
 Facility Address: 1932 EVERGREEN AVENUE, MODESTO, CA, 95350  
 Submitted by: LENA BALDWIN, FACILITY/ CONTRACTS MANAGER  
 Approved by:

Date Submitted: 8/4/2021  
 Effective Date of Rates: 1-Jul-21

### I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$0.00
2). Self-sufficiency skills	\$10.00
3). Enhancement of independent living skills	\$10.00
4). Access to enhanced medical treatment	\$12.00
5). Access to enhanced psychiatric treatment	\$20.00
6). Behavior Management	\$15.00
7).	\$0.00
8).	\$0.00
9).	\$0.00
10).	\$0.00
11).	\$0.00
12).	\$0.00



13).	<b>\$0.00</b>
14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 67.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 102.49</b>

*\*Care and supervision as defined in Section 87101(c)(3)*

*"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:*

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;*
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;*
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;*
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental*
- (E) Maintenance of house rules for the protection of residents;*
- (F) Supervision of resident schedules and activities;*
- (G) Maintenance and supervision of resident monies or property;*
- (H) Monitoring food intake or special diets.*

### Supplemental Board & Care Home Services Target Populations

Name of Facility:                   MODESTO RESIDENTIAL LIVING CENTER  
 Facility Address:                   1932 EVERGREEN AVENUE, MODESTO, CA, 95350  
 Submitted by:                      LENA BALDWIN, FACILITY/ CONTRACTS MANAGER

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
X	Individuals dependent on walking devices (walkers or other walking assistance devices)*
X	Individuals with amputated limbs*
X	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*

X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
X	Individuals dependent on oxygen*
	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
X	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
X	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
X	Other (please describe): Individuals who use tobacco/tobacco products
X	Other (please describe): Individuals who require CPAP machine
X	Other (please describe): Individuals who require routine psych injections
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical ne

1                   **CONTRACTOR:**

2                   **MODESTO RESIDENTIAL LIVING CENTER**

3  
4                   By 

5  
6  
7                   Print Name Dennis A. Monterosso

8                   Title: Owner / Administrator

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11                   Mailing Address:  
12                   1932 Evergreen Ave  
13                   Modesto, CA 95350  
14                   (209) 530-9300  
15                   Contact: Lena Baldwin

<b>Supplemental Board &amp; Care Home Services Rates</b>			
Name of Facility:		Ratanakone Home	
Facility Address:		2220 N. Prospect Ave Fresno, CA 93722	
Submitted by:		Kevin Ratanakone	
Approved by:			
Date Submitted:		August 5, 2021	
Effective Date of Rates:		July 1, 2021	
<b>I. Social Security Income (SSI) Services - subject to change yearly * (rate indicated is 2021 rate)</b>			
		<b>Monthly</b>	<b>Daily</b>
1) Room and Board		\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*		\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>		<b>\$ 1079.37</b>	<b>\$ 35.49</b>
<b>II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)</b>			
			<b>Daily</b>
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment			<b>\$8.00</b>
2). Self-sufficiency skills			<b>\$6.00</b>
3). Enhancement of independent living skills			<b>\$5.00</b>
4). Reasonable access to required medical treatment			<b>\$5.00</b>
5) Basic Care and tray service for minor temporary illnesses or recovery from surgery			<b>\$5.00</b>
6) Clean bed and both linens weekly, or more often as needed			<b>\$35.00</b>
7). Laundering personal clothing and hygiene			<b>\$36.00</b>
8).			<b>\$0.00</b>
9).			<b>\$0.00</b>
10).			<b>\$0.00</b>
11).			<b>\$0.00</b>
12).			<b>\$0.00</b>
13).			<b>\$0.00</b>

14).	\$0.00
15).	\$0.00
16)	\$0.00
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 100.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 135.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

(A) Assistance in dressing, grooming, bathing and other personal hygiene;

(B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;

(C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;

(D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental

(E) Maintenance of house rules for the protection of residents;

(F) Supervision of resident schedules and activities;

(G) Maintenance and supervision of resident monies or property;

(H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations


Name of Facility:	Ratanakone Home
Facility Address:	2220 N. Prospect Ave Fresno, CA 93722
Submitted by:	Kevin Ratanakone

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:

<input checked="" type="checkbox"/>	Individuals dependent on wheelchairs*
<input checked="" type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input checked="" type="checkbox"/>	Individuals with amputated limbs*
<input type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*
<input checked="" type="checkbox"/>	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
<input type="checkbox"/>	Individuals dependent on oxygen*

	Individuals requiring assistance with catheters *	
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)	
x	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)	
	Individuals from acute inpatient psychiatric facilities	
x	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff	
x	Individuals with a history of elopements (not returning to the facility by curfew)	
x	Individuals with a history of fire setting	
	Individuals with previous convictions for sexual assault, or identified as sex offenders	
x	Young adults between the ages of 18 – 24 years old	
x	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80	
	Other (please describe):	
	Other (please describe):	
	Other (please describe)	
	Other (please describe):	

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

**CONTRACTOR:**

**RATANAKONE HOME**

By  \_\_\_\_\_

Print Name Kevin Ratanakone

Title: Administrator

Mailing Address:  
2220 N. Prospect  
Fresno, CA 93722  
(559) 287-6366  
Contact: Kevin Ratanakone

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## Supplemental Board & Care Home Services Rates

Name of Facility: Royal Board and Care Home for the Elderly

Facility Address: 3407 N Fresno St. Fresno, CA 93726

Submitted by: Aurora Rigon

Approved by:

Date August 5, 2021

Effective Date of March 2021

Rates: \_\_\_\_\_

### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$0.00
2). Self-sufficiency skills	\$0.00
3). Enhancement of independent living skills	\$0.00
4). Transport to doctor's appointments, Physictrist, shopping, and activities	\$0.00
5). Assist with travel activites	\$0.00
6). Assistance with diabetes maintainence, insulin injection, blood glucose monitoring	\$0.00
7). Meal and snack preperation	\$0.00
8). Assistance w/ weekly laundry	\$0.00
9). Assistance with prescribed medications	\$0.00
10). Assistance with income management	\$0.00
11).	\$0.00
12).	\$0.00
13).	\$0.00
14).	\$0.00
15).	\$0.00
16)	\$0.00
<b>Total Supplemental Services Portion (No #1. through</b>	<b>\$ 90.00</b>



**III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental Services) \$ 125.49**

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**

Name of Facility: Royal Board anc Care Home for the Elderly

Facility Address: 3407 N Fresno St. Fresno, CA 93726

Submitted by: Aurora Rigon

Max Capacity: 6

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
	Individuals dependent on walking devices (walkers or other walking assistance devices)*
X	Individuals with amputated limbs*
X	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
	Individuals dependent on oxygen*
	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)

X	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.

FY 2021-22 Exhibit C Signature Page

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**CONTRACTOR:**

**ROYAL BOARD AND CARE HOME FOR THE ELDERLY**

By 

Print Name Rudy Rigon

Title: Administrator

Mailing Address:  
3407 N. Fresno Street  
Fresno, CA 93726  
(559) 903-6846  
Contact: Rudy and Aurora Rigon

## Supplemental Board & Care Home Services Rates

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Name of Facility: Ruby's Valley Care Home  
 Facility Address: 9919 South Elm Ave., Fresno, CA 93706  
 Submitted by: Mark & Mary Gisler  
 Approved by:  
 Date Submitted: 5-Aug-21  
 Effective Date of Rates:

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### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

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### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). All inclusive rate for enhanced programming to develop independent living skills and vocational training, manage clients clients with difficult behaviors and special needs as indicated below, and other needs as outlined in attached exhibit D.	<b>\$142.11</b>
	<b>\$0.00</b>
4).	<b>\$0.00</b>
5).	<b>\$0.00</b>
6).	<b>\$0.00</b>
7).	<b>\$0.00</b>
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13).	<b>\$0.00</b>

14).	<b>\$0.00</b>
15).	<b>\$0.00</b>
16)	<b>\$0.00</b>
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 142.11</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 177.60</b>

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

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Name of Facility: Ruby's Valley Care Home  
 Facility Address: 9919 South Elm Ave., Fresno, CA 93706  
 Submitted by: Mark & Mary Gisler

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
X	Individuals dependent on wheelchairs*
X	Individuals dependent on walking devices (walkers or other walking assistance devices)*
X	Individuals with amputated limbs*
	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
X	Individuals dependent on oxygen*

	Individuals requiring assistance with catheters *
X	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
X	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)
X	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
X	Young adults between the ages of 18 – 24 years old
	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

Exhibit D  
SPECIALIZED TRANSITIONAL RESIDENTIAL SERVICES PROGRAM  
SCOPE OF WORK AND RATES

In the event clients fall under more than one category as set forth below, COUNTY shall pay only one rate which is to be mutually agreed upon by COUNTY'S Department of Behavioral Health (DBH) and CONTRACTOR(S).

RESIDENT CATEGORY

I. CHRONIC INEBRIATES: dual diagnosis residents needing controlled community access.

Services provided will include:

- a. 15 minute visuals, 24/7, 365 days;
- b. In-house psychiatrist with assessments done on site;
- c. On call 24/7 psychiatrist with standing orders for PRN & injectables;
- d. Prevocational job training on site with a community re-entry based philosophy;
- e. On-site Drug & Alcohol counselors;
- f. Day Treatment: Recovery models: WRAP & Wellness;
- g. On-site dietician to provide healthy diets.

[ RATE: 142<sup>00</sup> /day ]

II. SPECIAL NEEDS

- a. Diabetic – trained staff (incl. LVN, dietary) available to meet CCL Title 22 Section 80092.8.

Services provided will include:

- i. Insulin shots;
- ii. On-site dietician to provide special diet (sugar free menu);
- iii. Blood sugar monitoring by licensed, qualified staff;
- iv. 50% of staff shall be certified Medical Assistants;
- v. 15 minute visuals, 24/7, 365 days a year;
- vi. On call 24/7 psychiatrist with standing orders for PRN & injectables;
- vii. Prevocational job training on site with a community re-entry based philosophy;
- viii. Day Treatment: Recovery models: WRAP & Wellness.

[ RATE: 142<sup>00</sup> /day ]

- b. Conditions of Life – facility upgrades & trained staff available to meet CCL Title 22 Section 80077.2-3, 80001d.(2) for clients who rely on others to assist with most activities of daily living, clients with lack of hazard awareness/impulse control or clients with medical conditions for which they need assistance/observation;

Services provided will include:

- i. 15 minute visuals 24/7 365 days a year
- ii. on-site dietician to provide special diets as required;

MAN ACTURED ON OCR BASED BOUND PAPER

Exhibit D

- iii. 50% staff are certified Medical Assistants to monitor health conditions;
- iv. On call 24/7 Psychiatrist with standing orders for PRN & injectables;
- v. Prevocational job training on-site with a community re-entry based philosophy;
- vi. Day Treatment: Recovery models: WRAP & Wellness;
- vii. CCL waiver for clients needing oxygen;

RATE: 142<sup>00</sup> /day

- c. **Non-Ambulatory** (10 beds maximum): all the above facility services shall be available to non-ambulatory residents. In addition to diabetic, dual-diagnosis and other conditions of life services, the facility shall provide:
  - i. Trained staff available to assist non-ambulatory residents with ADL's. Facility-wide training shall be rendered to ensure the safety of non-ambulatory residents with regards to egress, mobility and emergency procedures.
  - ii. Transportation to allow non-ambulatory residents to participate in community outings;

RATE: 142<sup>00</sup> /day

III. RAPID STABILIZATION

One-on-one care and supervision of client to achieve stabilization and prevent hospitalization; care not to be provided without prior authorization from the Specialized Transitional Residential Services Program Coordinator.

RATE: ~~142~~ /hour <sup>min-wage (hour)</sup>

Minimum Wage/hourly

IV. BED HOLDS

In the event that COUNTY clients are away from the facility due to special circumstances including, but not limited to, attending a day program, court, AA meeting, or other required service engagement, or are Away With Out Leave (AWOL), the COUNTY 's DBH's placement staff will communicate with CONTRACTOR to review whether a bed hold rate is authorized. In the event a bed hold is authorized by COUNTY's DBH's placement staff, the bed hold rate shall be applied per each day the COUNTY client is away from the facility. The COUNTY is required to review and approve all bed hold rate requests.

RATE: SSI /day <sub>Rate</sub> CURRENT SSI Rate /Daily

V. WELLNESS AND RECOVERY

- a. CONTRACTOR will help placed-clients discover early in their recovery process what services, activities, and behavioral health help is available to them as members of the community and link them to those services.
- b. CONTRACTOR shall develop strategies which include client self-directed care plans (e.g. Wellness Recovery Action Plans or other similar models).



Exhibit D

- c. CONTRACTOR shall provide alcohol, tobacco and drug abuse services as needed, in accordance with harm reduction principles. This will include, but is not limited to, individual and group interventions to assist clients in:
- i. Identifying alcohol, tobacco and drug abuse effects and patterns;
  - ii. Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
  - iii. Developing motivation for decreasing alcohol, tobacco and drug use;
  - iv. Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;
  - v. Achieving periods of abstinence and stability;
  - vi. Attending appropriate recovery or self-help meetings; and
  - vii. Achieving an alcohol and drug free lifestyle, if at all possible.
- d. CONTRACTOR shall promote the integration of mental health recovery principles and practices promoting employment; and facilitation of a client-centered approach in all treatment services.
- VI. **REPORTING:** CONTRACTOR shall provide at COUNTY's request, any required reports to COUNTY which may include performance outcome measurement reports as communicated by the COUNTY to CONTRACTOR.

(RATE: 142.11 / Day)

DETACH BEFORE MAILING  
MANUFACTURED ON OCR LASER BOND PAPER USING HEAT RESISTANT INKS

FY 2021-22 Exhibit C Signature Page

1                   **CONTRACTOR:**

2                   **RUBY'S VALLEY CARE HOME**

3  
4                   By 

5  
6  
7                   Print Name MARK GISLER/MARY GISLER

8  
9                   Title: OWNER(S)/LICENSEE(S)

10  
11                   Mailing Address:  
12                   9919 S. Elm Ave  
13                   Fresno, CA 93706  
14                   (209) 329-1159  
15                   Contact: Mark and Mary Gisler

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## Supplemental Board & Care Home Services Rates

Name of Facility: Sunshine Board and Care II  
 Facility Address: 1642 W Robinson ave. Fresno CA 93705  
 Submitted by: Aurora Rigon  
 Approved by:

Date August 4, 2021  
 Effective Date of March 2021

Rates: \_\_\_\_\_

### I. Social Security Income (SSI) Services - **subject to change yearly \* (rate indicated is 2021 rate)**

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$0.00
2). Self-sufficiency skills	\$0.00
3). Enhancement of independent living skills	\$0.00
4). Transport to doctor's appointments, Physciatrist, shopping, and activities	\$0.00
5). Assist with travel activites	\$0.00
6). Assistance with diabetes maintainence, insulin injection, blood glucose monitoring	\$0.00
7). Meal and snack preperation	\$0.00
8). Assistance w/ weekly laundry	\$0.00
9). Assistance with prescribed medications	\$0.00
10). Assistance with income management	\$0.00
11).	\$0.00
12).	\$0.00
13).	\$0.00
14).	\$0.00
15).	\$0.00
16)	\$0.00
<b>Total Supplemental Services Portion (No #1. through</b>	<b>\$ 90.00</b>

**III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental Services) \$ 125.49**

\*Care and supervision as defined in Section 87101(c)(3)

“Care and Supervision” means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. “Residents. “Care and Supervision” shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

**Supplemental Board & Care Home Services Target Populations**

Name of Facility: Sunshine Board and Care Home II  
 Facility Address: 1642 W Robinson Ave. Fresno, CA 93705  
 Submitted by: Aurora Rigon

Max Capacity: 6

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
	Individuals dependent on walking devices (walkers or other walking assistance devices)*
X	Individuals with amputated limbs*
X	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
	Individuals dependent on oxygen*
	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)


X	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical needs.

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**CONTRACTOR:**

**SUNSHINE BOARD AND CARE II**

By  \_\_\_\_\_

Print Name Aurora Rigon

Title: Administrator

Mailing Address:  
1642 W. Robinson Ave  
Fresno, CA 93705  
(559) 903-2401  
Contact: Aurora and Rudy Rigon

## Supplemental Board & Care Home Services Rates

Name of Facility: THE CHIMES  
 Facility Address: 3041 E. CLINTON AVE., FRESNO, CA 93703  
 Submitted by: AMOR A. ALEGRE  
 Approved by: AMOR A. ALEGRE  
 Date Submitted: 3-Aug-21  
 Effective Date of Rates: 1-Mar-21

### I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

		Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$	-
2). Self-sufficiency skills	\$	-
3). Enhancement of independent living skills	\$	-
4).	\$	-
5).	\$	-
6).	\$	-
7).	\$	-
8).	\$	-
<b>Total Supplemental Services Portion (No #1. through No #8.)</b>	<b>\$</b>	<b>90.00</b>

**III. Total Daily Rate for Services (Room & Board, Care & Supervision, and Supplemental Services)** \$ 125.39

\*Care and supervision as defined in Section 87101(c)(3)

"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

Name of Facility: THE CHIMES  
 Facility Address: 3041 E.CLINTON AVE., FRESNO, CA93703  
 Submitted by: AMOR A. ALEGRE

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
	Individuals dependent on wheelchairs*
	Individuals dependent on walking devices (walkers or other walking assistance devices)*
	Individuals with amputated limbs*
	Individuals with a visual impairments, including legal blindness*
	Individuals with colostomy bags*
	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
	Individuals dependent on oxygen*
	Individuals requiring assistance with catheters *
X	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
X	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff



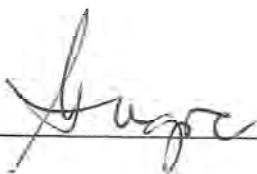
X	Individuals with a history of elopements (not returning to the facility by curfew)
X	Individuals with a history of fire setting
X	Individuals with previous convictions for sexual assault, or identified as sex offenders
X	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical ne

FY 2021-22 Exhibit C Signature Page

1 **CONTRACTOR:**

2 **THE CHIMES HOME**

3  
4  
5 By 

6  
7 Print Name AMOR ALEGRE

8  
9 Title: Administrator

10  
11 New  
12 Mailing Address: \_\_\_\_\_  
13 2845 N. Armstrong Avenue  
14 Fresno, Ca 93727  
15  
16 (559) 244-0479/369-9949  
17  
18 Contact: Amor Alegre  
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## Supplemental Board & Care Home Services Rates

Name of Facility: VALLEY COMFORT HOME, INC.  
 Facility Address: 6579 E. FILLMORE AVE, FRESNO, CA 93727  
 Submitted by: PRISCILLA QUINTO  
 Approved by: PRISCILLA QUINTO  
 Date Submitted: 8/5/2021  
 Effective Date of Rates: 3/1/2021

### I. Social Security Income (SSI) Services - subject to change yearly \* (rate indicated is 2021 rate)

	Monthly	Daily
1) Room and Board	\$ 525.37	\$ 17.27
2) Care and Supervision (maximum)*	\$ 554.00	\$ 18.21
<b>Total SSI Portion</b>	<b>\$ 1,079.37</b>	<b>\$ 35.49</b>

### II. Supplemental services in addition to the SSI Care and Supervision listed above (per RFSQ 17-067)

	Daily
1). Bilingual/bicultural programming \$ Reasonable access to required medical treatment	\$0.00
2). Self-sufficiency skills	\$0.00
3). Enhancement of independent living skills	\$0.00
4). Maintainance of house rules for the protection of residents	\$42.00
5). Supervision of residents schedules and activities	\$50.00
6).	\$0.00
7).	\$0.00
8).	\$0.00
9).	\$0.00
10).	\$0.00
11).	\$0.00
12).	\$0.00

13).	\$0.00
14).	\$0.00
15).	\$0.00
16)	\$0.00
<b>Total Supplemental Services Portion (No #1.</b>	
	<b>\$ 92.00</b>
<b>III. Total Daily Rate for Services (Room &amp; Board, Care &amp; Supervision, and Supplemental Services)</b>	
	<b>\$ 127.49</b>

\*Care and supervision as defined in Section 87101(c)(3)

"Care and Supervision" means those activities which if provided shall require the facility to be licensed. It involves assistance as needed with activities of daily living and the assumption of varying degrees of responsibility for the safety and well-being of residents. "Residents. "Care and Supervision" shall include, but not be limited to, any one or more of the following activities provided by a person or facility to meet the needs of the residents:

- (A) Assistance in dressing, grooming, bathing and other personal hygiene;
- (B) Assistance with taking medication, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (C) Central storing and distribution of medications, as specified in Section 87465, Incidental Medical and Dental Care Services;
- (D) Arrangement of and assistance with medical and dental care. This may include transportation, as specified in Section 87465, Incidental
- (E) Maintenance of house rules for the protection of residents;
- (F) Supervision of resident schedules and activities;
- (G) Maintenance and supervision of resident monies or property;
- (H) Monitoring food intake or special diets.

### Supplemental Board & Care Home Services Target Populations

Name of Facility: VALLEY COMFORT HOME, INC.  
 Facility Address: 6579 E. FILLMORE AVE, FRESNO, CA 93727  
 Submitted by: PRISCILLA QUINTO

Please indicate if you are capable of serving the following individuals in your facility(ies) by placing a check in the appropriate boxes below:	
<input type="checkbox"/>	Individuals dependent on wheelchairs*
<input type="checkbox"/>	Individuals dependent on walking devices (walkers or other walking assistance devices)*
<input type="checkbox"/>	Individuals with amputated limbs*
<input type="checkbox"/>	Individuals with a visual impairments, including legal blindness*
<input type="checkbox"/>	Individuals with colostomy bags*

X	Individuals with diabetes (for maintenance, including but not limited to, insulin injections and blood sugar monitoring)*
	Individuals dependent on oxygen*
X	Individuals requiring assistance with catheters *
	Individuals chronically inebriated (due to alcohol addiction and/or dependence)
X	Individuals on a LPS Conservatorship moving from locked out of town Institutes of Mental Disease (IMD)
X	Individuals from acute inpatient psychiatric facilities
X	Individuals with a history of aggressive behaviors such as recent physical aggressive episodes toward others, including staff
X	Individuals with a history of elopements (not returning to the facility by curfew)
	Individuals with a history of fire setting
	Individuals with previous convictions for sexual assault, or identified as sex offenders
X	Young adults between the ages of 18 – 24 years old
X	Individuals with mild development delays, such as borderline intellectual functioning with an IQ of just below 80
	Other (please describe):
	Other (please describe):
	Other (please describe)
	Other (please describe):

\*Please note: possession of care exemptions approved by Community Care Licensing (CCL) will be required to provide services to individuals with specialized medical

FY 2021-22 Exhibit C Signature Page

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**CONTRACTOR:**

**VALLEY COMFORT HOME, INC**

By Priscilla Quinto

Print Name PRISCILLA QUINTO

Title: ADMINISTRATOR

Mailing Address:  
6579 E. Fillmore Ave  
Fresno, CA 93727  
(559) 495-8273/454-0704  
Contact: Priscilla Quinto

## Supplemental Board & Care Home Services Monthly Billing Invoice

Billing Month: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Capacity: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Vacancy(ies): \_\_\_\_\_

Please Remit To: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Contract Daily Rate \$ \_\_\_\_\_ -

	Resident Name	Admit Date	Discharge Date	# Days in Facility	Total Charge (# Days x Contract Rate)	Minus Third Party Revenue Collected by Facility	Net Charge	Comments
1					\$ -	\$ -	\$ -	
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				TOTAL	\$ -	\$ -	\$ -	

### Supplemental Board & Care Home Services Monthly Specialized Services Authorization (SSA) Billing Invoice

Billing Month: \_\_\_\_\_

Invoice Date: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Capacity: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Vacancy(ies): \_\_\_\_\_

Please Remit To: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Contract Daily Rate \$ \_\_\_\_\_ -

	Resident Name	Admit Date	Discharge Date	# Days in Facility	Approved Special Services Rate/Day*	Minus Third Party Revenue Collected by Facility	Total Supplemental Charge	Comments
1					\$ -	\$ -	\$ -	
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				TOTAL	\$ -	\$ -	\$ -	





# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## SPECIAL SERVICES AUTHORIZATION FORM

Date: \_\_\_\_\_

Whereas the Fresno County Client:

Name: \_\_\_\_\_

Has exhibited the following behaviors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fresno County hereby authorizes:

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

To provide the following special services on behalf of this client:

Service: \_\_\_\_\_

Daily Duration: \_\_\_\_\_

For the period of time (please fill by month):

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

The treatment strategy upon completion of these services will be:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In consideration of these services, Fresno County agrees to pay this Facility the additional amount of:

\$ \_\_\_\_\_ Per: \_\_\_\_\_

This agreement is authorized by:

\_\_\_\_\_  
Division Manager (Print Name): Signature Date

\_\_\_\_\_  
Supervisor (Print Name): Signature Date

This Facility agrees to provide these special services and to abide by the term of Agreement 17-377, as amended, and this Authorization Form.

\_\_\_\_\_  
Authorized Person (Print Name): Signature Date