



Care Enterprise, LLC
Solutions to Complex Problems

Proposal and Agreement Contract

If you want to start and own a licensed DD group home in the State of Virginia, we can help you. Care Enterprise, LLC provides a comprehensive license package to help you get the ball rolling. Our packages include customized policy and procedure manuals, attachments, and forms; operations and new hire forms, 12-month projected budget, resident and employee handbook, group home handbook, checklist to set up home, and more. **We will send all license package documents via email in Microsoft Word and/or PDF format.**

COMPLETE THE INFORMATION BELOW TO GET YOUR GROUP HOME LICENSE STARTED!

Client Full Name: _____ Cell Phone #: _____
 Full Address: _____ Email: _____
 State to be licensed?: _____ Date to open: _____
 What will be your business legal name?: _____ County/City: _____

Virginia License Consulting Packages

Licensing documents can be purchased in packages based on what you need. All documents are customized to the state rules, regulations, codes, and standards for the State of Virginia. Even though all documents are customized, the Client will personalize the purchased documents with their own facility location's contact and facility specific information.

Initial the package you would like to Invest in.

Phase I Package: Investment - **\$5,845** / _____ Initial

1. Customized Policy and Procedure Manual - \$2,895
2. Application Attachments - \$1,700
3. Operations and New Hire Forms - \$750
4. Group Home Handbook (52 pages on operations, marketing, budget, mistakes to avoid and more) - \$500

Phase 2 Package: Investment - **\$2,200** / _____ Initial

1. Customized Human Rights Policy Manual - \$1,700
2. Human Rights Compliance Form (comes with human rights manual)
3. Human Rights Complaint Policy (comes with human right manual)
4. Employee Handbook - \$500

Phase 3 – Criminal Background Clearance (Instructions given by state licensing division)

Phase 4 Package - **\$1,462.50** / _____ Initial

Onsite inspection review checklist are documents that must be submitted on CONNECT portal before the onsite inspection can be scheduled by the state surveyor.

1. 47 Point Checklist to Set Up Home - \$50
2. Sample Staffing Schedule and Director File – (around 14 pages) - \$200
3. Sample Individual File (33 pages) - \$400
4. Sample Staff File (27 pages) - \$400
5. 1.5 hours of consulting comes with Phase 4 to be walked through the checklist documents, which are 12 documents to submit in total - \$412.50

Phase 5 and 6 – Phase 5 provider can request a Pending Letter for license from state licensing division while waiting for official letter. Phase 6 is your official letter received that you are a licensed group home provider.

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The Home and Community Based Service (HCBS) self-assessment documents can be submitted once you have the group home address, and must be approved BEFORE the Medicaid Enrollment process is started, which is done once you receive your group home license. **All documents below are required.** In addition to the required documents below, the Client will also need to submit pictures of the home, Google Map directions, self-assessment questionnaire, and the approved policy and procedure manual.

HCBS Self-Assessment Package: Investment - **\$3,825** / _____ Initial

1. Participant Handbook – (22 pages) - \$500
2. Staff Training Curriculum and Training Schedule (76 pages) - \$1,500
3. Activity Schedules (1 page) - \$50
4. Menus (8 menus) - \$200
5. Person Centered Service Plan (7 pages) - \$200
6. Documentation Records/Forms and Survey Results (60 pages) - \$1,000
7. Lease/Resident Agreement - \$100
8. NPI (Will walk Client through the process to complete while on Google Meet video call) - \$275 (one hour)

Investment TOTAL: \$ _____ Initial _____

What to know: Revisions or corrections to the policy manuals we created, and Client submitted will be done for free for a period of six-months from the date Client receives completed policy manual via email.

- After the six-month period should revisions be required by state surveyor there is a **\$1,000** fee. (IF policy manual require revisions).
- **WHY?** Because the state licensing division keep changing and adding new policies, and from the time we create it to the time they review it, it may be months or a year, or more down the road.
- **Application submission** - Application “initial” license paperwork is to be uploaded to CONNECT web portal. Client will submit the initial licensing application, policies, attachments, and forms to the online web portal.

AGREEMENT DOES NOT INCLUDE: Fees for state licensing application (if applicable); city and county fees, financial statement, background clearance, business license fee, creation of resumes, county, city, land use permit process (if applicable), policy manual revisions, Medicaid enrollment process is not included in this agreement.

2. **Term.** This Agreement shall commence on the day agreement is signed and shall continue until the Client’s scope of work has been submitted to the Client via email in Microsoft Word and/or PDF format.

The Client understands and acknowledges that the payments are non-refundable. **Payments will be made via Credit Card.** Once agreement is signed and dated by both parties you will get a scanned copy of agreement emailed. Once payment is processed and cleared, then the documents invested in will be emailed immediately.

CREDIT CARD PAYMENT INFORMATION: __ Visa __ MC __ AmerEx

Name: _____ Billing Date: _____ State: _____ Zip-code: _____
Card #: _____ Exp. Date: _____ Security Code _____ **Total: \$** _____

By signing this agreement, you agree to the terms and conditions set forth in this form. I authorize Care Enterprise, LLC to process all payment(s) with the above listed credit card. **All payments are nonrefundable. We DO NOT accept checks, money orders, western union, or other type of card payments.**

Signature: _____ Date: _____

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4. **The Client's Responsibilities.** The client, as an entity is seeking to become a **Group Home** provider, which is a group home for DD Clients. Client agrees to the following specific responsibilities:

- a. Adhere to all state regulations and laws governing the state of the Client's operations.
- b. Only use documentation provided by or approved by CELLC. The Client shall NOT create or implement forms not reviewed by CELLC prior to survey without CELLC reviewing, and both parties coming to an agreement that Client's forms will be used instead of CELLC forms.
- c. Additional work requested outside the scope of work, documents, and consulting outlined in this agreement will be conducted or purchased for an additional fee.

5. **Termination.**

- a. This Agreement will terminate after the scope of work in this agreement has been completed and satisfied by the terms and conditions. No other work product or services will be provided after completion of the scope of work, terms, and conditions under this Agreement.
- b. If the Client changes their mind to get license, complete the policy manual or Client state's rules withdrawal's manual due to factors beyond CELLC's, our company will not be held responsible and CELLC will retain all monies paid to CELLC by the Client.
- c. Upon termination under Section 5(b) above, the Client will be required to pay all unpaid sums to CELLC immediately and CELLC will have no obligation to provide any additional services to the Client. The Client is responsible for all costs, attorney's fees; expenses incurred by CELLC to obtain payment from the Client.

6. **Limitations on Liability.** CELLC's liability under this Agreement shall be limited to the amount of fees received by CELLC under this Agreement. In no event shall CELLC be liable for any special, consequential, or incidental damages, including without limitation, loss of profits, revenue, or data, even if apprised of the likelihood of such damages occurring.

7. **Counterparts.** This Agreement will be executed by signing, dating and **emailing** contact@careenterprisellc.com or **mailing** the agreement to Care Enterprise, LLC at 2105 Brimfield Court, Kennesaw, Georgia 30144. Once both parties have signed, a copy with both signatures will be emailed back to you for record keeping.

IN WITNESS WHEREOF and acknowledging the terms and conditions of this agreement to the following, the Parties affix their signatures hereto.

Client Signature	Print Name	Title	Date
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CELLC Signature	Print Name	Title	Date
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EMAIL AGREEMENT TO: CONTACT@CAREENTERPRISELLC.COM

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