

Agency Name: _____

2010 HOME CARE CONTRACT CHECKLIST
Rice County Public Health

- ___ Copy of current home care license
- ___ General liability insurance certificate in required amounts (\$500,000.00/\$1,500,000.00) with Rice County Public Health and the Minnesota Department of Human Services listed as additional insured
- ___ Federal Tax ID# _____ (if changed since last year)
- ___ Medical Assistance Provider # _____ (if changed since last year)
- ___ Responsible Authority for data privacy _____
- ___ Results of any Medicare or home care licensure surveys since April 2009
- ___ List of the services that you want to provide through this contract and your charges to the general public for each
- ___ Your client rights brochure (if changed since last year)
- ___ Your Notice of Privacy Practices (if changed since last year)
- ___ Address to which all contract notices are to be sent:

- ___ Name/title of the person(s) with the authority to execute/approve contract amendments:

- ___ Statement regarding how you maintain staff knowledge of child and vulnerable adult rules and regulations