

**INFORMATION UPDATE  
RESIDENTIAL SERVICE CONTRACTS  
ADULT FOSTER CARE  
2010 - 2011  
RICE COUNTY PUBLIC HEALTH**

**Facility Organizational Information**

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

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

Mailing address if different from above: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

How to contact owner: \_\_\_\_\_

Facility Manager(if different from owner): \_\_\_\_\_

Medical Assistance Provider Number: \_\_\_\_\_

Federal Tax ID#, if you have one: \_\_\_\_\_

Name of the person in your business with the authority to sign contract amendments: \_\_\_\_\_

Name of the person in your business who is responsible for maintaining client confidentiality and data privacy: \_\_\_\_\_

**Licenses, Registrations, Certifications Held**

Check which of the following licenses/registrations are currently held by your facility\*:

- \_\_\_ Licensed as a corporate foster care provider
- \_\_\_ Licensed as a family foster care provider
- \_\_\_ Registered as housing with services

\_\_\_ Licensed as a home care provider; if licensed, what type of license do you hold? \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**\*When you return this questionnaire, please attach a current copy of the license(s) that you checked above.**

To the best of your knowledge, are you in full compliance with all state, federal, and local laws, rules, and regulations associated with the above licenses, including but not limited to those of the Minnesota Department of Human Services and the Minnesota Department of Health (if applicable)?

\_\_\_ Yes \_\_\_ No

If no, explain: \_\_\_\_\_

**Insurance Coverage**

**Corporate foster care providers only:** Corporate providers must have insurance in the following amounts, and Rice County Public Health **and** the Minnesota Department of Human Services should be listed as an "additional insured" on the insurance certificate: \$500,000.00 for bodily injury or property damage to any one person and \$1,500,000.00 for total injuries or damages arising from any one incident. Please attach proof of current insurance to this questionnaire when you return it.

**Twenty-Four Hour Supervision**

Twenty-four hour supervision is a service which includes ongoing awareness of residents' needs and activities, which is provided by an employee of the Contractor who is not a recipient of services, and whose primary job responsibility is to provide supervision to residents of the setting. The employee must be:

- a. capable of communicating with residents; and
- b. capable of recognizing the need for assistance; and
- c. capable of providing the assistance required or summoning appropriate assistance; and
- d. capable of following directions.

The environment must provide the resident with a means to summon assistance and the employee must be able to respond, in person, to the request for assistance within a reasonable amount of time, not to exceed ten minutes, depending upon the physical plant.

Does your facility provide twenty-four hour supervision according to the above definition? \_\_\_ Yes \_\_\_ No

What options do you make available for residents to summon assistance?

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What different methods/mechanisms do you have available to ascertain when a resident needs help, but is unable to summon assistance (e.g. scheduled checks at meals, additional checks as needed, use of technology)?

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Will supervision of residents be available outside of the housing establishment?     Yes     No

If yes, please describe: \_\_\_\_\_

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Are all staff fluent in the languages of residents?     Yes     No

If not, how are communication needs addressed? \_\_\_\_\_

While it is not a requirement, we want to know, does your facility provide awake staffing twenty-four hours/day?     Yes     No

If no, be sure that your answer to the previous question thoroughly explains how clients summon assistance and how you respond on a twenty-four hour/day basis if you are a provider of twenty-four hour supervision.

\*\*Please be aware that, although your facility may meet the definition for twenty-four hour supervision, you will be reimbursed for this service only for those clients needing that level of care.

Do you normally have staff on site at your facility twenty-four hours/day?

Yes     No

If not, please state what hours you do have staff on site:

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### **Special Needs**

From time to time, Rice County seeks residential care for clients with a primary diagnosis of mental illness and/or developmental disability.

Do you have staff with specialized training to provide care to such clients? \_\_\_ Yes \_\_\_ No

If yes, please describe staff qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there a Registered Nurse working with your facility who is able to monitor clients for the signs/symptoms of tardive dyskinesia? \_\_\_ Yes \_\_\_ No

If yes, how does s/he do this? \_\_\_\_\_

\_\_\_\_\_

**Services That You Provide**

Please check those services that you offer at your facility:

- \_\_\_ Providing transportation
- \_\_\_ Arranging for transportation
- \_\_\_ Socialization
- \_\_\_ Assisting clients to arrange meetings/appointments
- \_\_\_ Assisting clients to obtain health/social services
- \_\_\_ Assisting clients with personal laundry \_\_\_ Doing client laundry
- \_\_\_ Assisting clients with dressing/grooming/bathing
- \_\_\_ Meal preparation (three/day plus snacks)
- \_\_\_ Preparing special diets (e.g. diabetic, low sodium)
- \_\_\_ Assisting clients with eating
- \_\_\_ Housekeeping
- \_\_\_ Medication storage \_\_\_ Reminders \_\_\_ Administration
- \_\_\_ Assisting with toileting \_\_\_ with bowel, bladder control devices and training programs
- \_\_\_ Assistance with ambulation and transfers \_\_\_ Bed mobility
- \_\_\_ Providing reminders, cueing, and redirection for clients with cognitive deficits

\_\_\_ Significant behavior issues

\_\_\_ Monitoring for side effects of psychotropic medications

**Resident Safeguards**

The Minnesota Department of Human Services requires that providers of residential services have a contingency plan for assuring client safety during a community emergency such as a tornado. What procedures or plans do you have in place to care for your residents during such an event?

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How do you assure that staff who provide client services remain knowledgeable regarding child and vulnerable adult abuse, neglect, and exploitation rules and laws? \_\_\_\_\_

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**Emergency Preparedness**

In case of an influenza pandemic or other communicable disease emergency, do you expect to continue providing care to waived service clients in your facility? \_\_\_ Yes \_\_\_ No

**Fee Structure**

Minnesota law does not allow government to reimburse providers more than they would charge the general public for the same services. As waived service programs are paying for services only, it is also important that you be able to differentiate the cost of services from the cost of room and board. Please complete the following information regarding your rates for the general public for the services for which you expect reimbursement from Rice County Public Health:

Private Pay Rate: Room and Board \_\_\_\_\_ + Services \_\_\_\_\_ = Total \_\_\_\_\_

Please include a copy of literature that you use to describe your **rates** to the public.

Other

Please attach a copy of literature that you use to describe your **services/programs** to the general public.

Name of person(s) completing this questionnaire: \_\_\_\_\_

Signature(s) of persons completing questionnaire: \_\_\_\_\_

Date questionnaire completed: \_\_\_\_\_

If applicable, please be sure that you have attached the following:

- \_\_\_\_\_ Copy of current foster care license
- \_\_\_\_\_ Copies of proof of current insurance (corporate foster care providers and providers requesting reimbursement for transportation)
- \_\_\_\_\_ Copy (if applicable) of Housing With Services Registration
- \_\_\_\_\_ Copy (if applicable) of home care license
- \_\_\_\_\_ Copy of information regarding rates charged to the general public
- \_\_\_\_\_ Example of literature that you use (if any) to describe your services to the public

Please return this questionnaire and the requested information by May 10, 2010 to:

Mary Ho  
Rice County Public Health  
320 Third Street NW, Suite 1  
Faribault, Minnesota 55021  
(507) 332-5961  
mho@co.rice.mn.us

*Rice County Public Health Nursing Service – April 2010*