



RICE COUNTY

Public Health Nursing Service

Government Services Building – Lower Level

320 Third Street N.W., Suite 1 - Faribault, Minnesota 55021-5194

Main Telephone: (507) 332-6111 TDD: (507) 332-6248 FAX: (507) 332-5932

Toll Free from Northfield: (507) 645-9576, ext. 6111 Toll Free from Lonsdale: (507) 744-5185, ext. 6111

INFORMATION UPDATE: Residential Service Contracts - Board and Lodge: 2010 - 2011

Facility Organizational Information

Facility Name:

Address:

Mailing address if different from above:

Telephone Number:

Owner(s):

Owner Address (if different from above):

How to contact owner:

Facility Manager (if different from owner):

Medical Assistance Provider Number:

Federal Tax ID#:

Who is the HIPAA Privacy Officer for your facility?

Name and title of person with authority to approve contract amendments:

Licenses, Registrations, Certifications Held

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

- Licensed as a Class F Home Care Provider
- Licensed as a Class A Home Care Provider
- Registered as Housing with Services
- Licensed as a Board and Lodge Provider
- Licensed as a Board and Lodge with Special Services
- Other

**When you return this questionnaire, please attach copies of all current licenses or registrations 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 and certifications, including but not limited to those of the Minnesota Department of Health and the Minnesota Department of Human Services? Yes No

If no, explain:

Rice County does not discriminate on the basis of race, color, national origin, sex, religion, age and handicapped status in employment or the provision of services.

Insurance Coverage

With the exception of family (non-corporate) foster care providers, residential service contractors 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.**

Are you providing transportation services for which you will be billing as a distinct, reimbursable service? Yes No

If yes, insurance in the following amounts is required:
automobile insurance to cover claims of up to \$500,000.00 per person and \$1,500,000.00 per each occurrence. **If this is a requirement for you, please attach proof of current insurance to this questionnaire when you return it.**

Also, if yes, does each driver providing transportation services for which you plan to request reimbursement, have a valid Minnesota driver's license? Yes No

This portion of the questionnaire is to be completed by those providers holding a Class F or Class A Home Care license:

Are you familiar with and are you in compliance with all applicable federal and state laws, rules, and regulations governing those home care services which your organization is providing? Yes No
If no, please explain: _____

Who is the Registered Nurse responsible for the home care services that your facility provides:

Name: _____ License Number: _____

How to contact: _____

Does your facility provide Home Health Aide services? Yes No

If yes, please answer the following questions:

Who supervises the patient care provided by the Home Health Aides? _____

How are the Home Health Aides trained initially, and by whom?

What kind of ongoing training is provided for the Home Health Aides and who is responsible for arranging this? _____

What is the date of your last home care survey by the Minnesota Department of Health? _____

Please attach a copy of your last home care (not board and lodge) survey results.

Twenty-Four Hour Supervision

In order to be eligible for payments as a Twenty-Four Hour Customized Living provider, you must provide twenty-four hour supervision that meets the following Minnesota Department of Human Services definition. (Even if you are not a Twenty-Four Hour Customized Living provider, please answer this part of the questionnaire.)

Twenty-four hour supervision is a service which includes ongoing awareness of residents' needs and activities. Staff providing 24-hour supervision must be working on-site 24/7, within the Customized Living program and have as their primary responsibility the provision of resident supervision. In addition, they must be able to respond to needs for assistance within time parameters established within the resident's Customized Living care plan and, in no event, in more than ten minutes. The such employees 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.

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? _____

What methods do you use to determine when a resident needs help but is unable to ask for assistance (for example, scheduled checks at meals, additional checks during the day or as needed, use of technology)?

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

If yes, please describe what you can do: _____

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

If not, how are communication needs addressed? _____

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 that need that level of care.**

Service providers located on nursing facility campuses: When answering the above question, please pay particular attention to the portion of the Customized Living requirement that the person providing the 24-hour supervision at this assisted living facility have this as a primary job responsibility.

Do you normally have staff on site at your facility twenty-four hours/day? Yes No

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

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 the Registered Nurse assigned to your facility 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

Following is a list of services reimbursable through Twenty-Four Hour Customized Living.

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
- Medication set-ups by a nurse (done or supervised by a Registered Nurse)
- Assisting with bowel, bladder control devices, and training programs
- Assisting with toileting
- Routine delegated medical, nursing, or therapy procedures
- Assistance with ambulation and transfers Bed mobility
- Providing reminders, cueing, and redirection for clients with cognitive deficits
- Working with clients with significant behavior issues
- Monitoring for side effects of psychotropic medications

Please attach to this questionnaire a copy of your facility's Notice of Privacy Practices.

(If you contracted with Rice County during 2009 – 2010 and your Notice has not changed, you do not need to include a copy.)

Please attach a copy of your client rights brochure.

(Again, if you contracted with Rice County in 2009 – 2010 and this has not changed, you do not need to include this.)

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?

Do you expect that, in case of a communicable disease outbreak, such as an influenza pandemic, that you will be able to continue providing services to residential clients living at your facility? Yes No

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

Charges for Services

Minnesota law does not allow government to reimburse providers more than they would charge the general public for the same services. **As the waived services 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/month: 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 person(s) completing questionnaire: _____

Date questionnaire completed: _____

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

- Copies of licenses, certifications, registrations**
- Copies of proof of current insurance**
(Board and Lodge providers and providers requesting reimbursement for transportation)
- Copy of the results of your most recent home care survey by the**
Minnesota Department of Health
- Copy of Notice of Privacy Practices (if changed from last year)**
- Copy of your client rights brochure (if changed from last year)**
- 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