

**INFORMATION UPDATE
FOSTER CARE BASED
RESPITE SERVICES
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 family adult foster care provider
- ___ Licensed as a child foster care provider
- ___ Licensed as a corporate foster care provider
- ___ Other _____

***When you return this questionnaire, please attach a current copy of the license 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? 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 "additional insured" on the insurance certificate: \$400,000.00 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.

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?

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)?

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

If yes, please describe: _____

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.

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: _____

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 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
- Other _____

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?

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

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 the Alternative Care and 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 Respite Rate: _____

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 completing this questionnaire: _____

Signature(s) of persons completing questionnaire: _____

Date: _____

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

- _____ Copy of current foster care license(s)
- _____ Copies of proof of current insurance (corporate foster care providers)
- _____ 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**