

**HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT
AITKIN COUNTY**

Provider Name: Mystic Meadow Homes, Inc.

Address: 545 – 6th Avenue SE

City and Zip: Aitkin, MN 56431

Program Area: HCBS

Contract effective for the period beginning January 1, 2012 through December 31, 2014

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

The Aitkin County Board of Commissioners, located at 204 1st Street NW, Aitkin, MN 56431 acting through Health and Human Services, hereafter referred to as the “Lead County” and, Mystic Meadow Homes, Inc. doing business as Same at 545 6th Avenue SE, Aitkin, MN, 56431, hereafter referred to as the “Provider,” enter into this Contract effective for the period beginning January 1, 2012 through December 31, 2014 regardless of the date of the signatures hereunder, unless sooner terminated or unless extended, as provided herein.

WHEREAS, pursuant to the Children and Community Services Act, Minnesota Statutes, Chapter 256.0112, now in force or as hereafter enacted or amended, the Lead County has identified certain populations within the County who are eligible for specific home and community-based waiver services or other services as identified in the attached Attachments A and B; and

WHEREAS, federal and state funds are available for the purchase of Title 19 home and community-based services through the State of Minnesota pursuant to U.S. Code, Title 42, sections 1396 through 1396P, and Minnesota Statutes, Chapters 245B and 256B now in force or as hereafter enacted or amended. Home and community-based waiver services include the Community Alternative Care (CAC) Waiver, the Community Alternatives for Disabled Individuals (CADI) Waiver, the Developmental Disabilities (DD) Waiver, the Traumatic Brain Injury (TBI) Waiver, the Elderly Waiver (EW), and Alternative Care (AC); and

WHEREAS, the Lead County wishes to purchase services from the Provider and the Provider agrees to furnish services to persons in accordance with Minnesota Statutes, Chapters 245A, 245B, 256B and 256.0112; Minnesota Rules, Chapter 9525, and in accordance with the type, amount, frequency and duration stated in each person’s Community Support Plan (CSP) under this Contract; and

WHEREAS, the Provider represents that it is duly qualified and willing to perform such services; and has submitted the following identification numbers: Federal Tax ID# 26-0436402; NPI 1861683138; and

WHEREAS, the Lead County and the Provider, according to Minnesota Statutes, section 256B.092, subdivision 8a or section 256.0112, subdivision 6, understand that this Contract serves as a Lead County contract for services purchased by other Financially Responsible Agencies;

NOW THEREFORE, in consideration of the mutual understandings and agreements set forth, the Provider and the Lead County agree as follows:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

IN WITNESS WHEREOF, Aitkin County and the Provider have executed this Contract as of the day and year first written above:

The Provider, having signed this contract, and the Aitkin County Board of Commissioners having duly approved this Contract on _____, and pursuant to such approval and the proper County officials having signed this Contract, the parties hereto agree to be bound by the provisions herein set forth. Minnesota Statutes 256.0112.

COUNTY OF AITKIN
STATE OF MINNESOTA

MYSTIC MEADOW HOMES, INC.

Aitkin
County Board of Commissioners

BY: _____
Director

BY: _____
Chairperson of the County Board

Signer's name printed or typed

DATED: _____

DATED: _____

ATTESTED TO:

BY: _____
Director of Aitkin County Health and Human Services

DATED: _____

APPROVED AS TO LEGALITY AND
FORM:

BY: _____
Aitkin County Attorney

DATED: _____

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

ATTACHMENTS

A) The following list of documents herein referred to as “Attachments.” There may be amendments that address changes or addenda that address additions to the terms of this Contract. All properly executed attachments are incorporated by reference and are deemed a part of this Contract:

<u>Attachment Number</u>	<u>Title of Document to be Attached</u>	<u>Number of Pages</u>
1)	Attachment A: “Purchased Services” for Disability Waivers	1
2)	Attachment C: Rate Schedules	1

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Attachment A

Purchased Services

Home and community-based services administered under the following waivers: Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), Development Disabilities or Related Conditions (DD), and Traumatic Brain Injury (TBI).

The following are services that the Provider agrees to provide for eligible persons under contract. Descriptions for such services can be found in the Disability Services Program Manual (DSPM). *[Please check and have both parties mark their initials next to those that apply.]*

- | | |
|--|---|
| <input type="checkbox"/> 24-Hour Emergency Assistance | <input checked="" type="checkbox"/> In-Home Family Support Services |
| <input type="checkbox"/> Adult Companion Services | <input checked="" type="checkbox"/> Independent Living Skills Services |
| <input type="checkbox"/> Adult Day Care Services | <input type="checkbox"/> Independent Living Skills– TBI Therapies |
| <input type="checkbox"/> Adult Day Care Services Bath | <input type="checkbox"/> Live-in Personal Caregiver Expenses |
| <input type="checkbox"/> Assisted Living | <input type="checkbox"/> Modifications and Adaptations |
| <input type="checkbox"/> Assisted Living Plus | <input type="checkbox"/> Night Supervision Services |
| <input type="checkbox"/> Assistive Technology | <input checked="" type="checkbox"/> Personal Support Services |
| <input type="checkbox"/> Behavioral Programming | <input type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Chore Services | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input checked="" type="checkbox"/> Respite Care |
| <input type="checkbox"/> Consumer Training and Education | <input type="checkbox"/> Specialist Services |
| <input type="checkbox"/> Crisis Respite | <input type="checkbox"/> Specialized Supplies and Equipment |
| <input type="checkbox"/> Day Training and Habilitation (DT&H) | <input type="checkbox"/> Structured Day Program |
| <input type="checkbox"/> Extended Home Care Services | <input type="checkbox"/> Supportive Employment Services |
| <input type="checkbox"/> Family Training, Education and Counseling | <input checked="" type="checkbox"/> Supportive Living Services for Adults |
| <input checked="" type="checkbox"/> Foster Care | <input type="checkbox"/> Supportive Living Services for Children |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transitional Services |
| <input type="checkbox"/> Homemaker Services | <input checked="" type="checkbox"/> Transportation |
| <input type="checkbox"/> Housing Access Coordination | |

[If there are other services to be provided that are not listed above, check and describe the services below.]

Other:

Other:

Other:

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Effective 1/1/2012

Attachment B

RATE SCHEDULES

SERVICES	CCT WAIVER	DD WAIVER
Adult Foster Care	Negotiated	N/A
In Home Family Supports	N/A	\$7.89/15 min
In Home Family Supports	N/A	Daily/Negotiated
Respite, in Home	Negotiated/15 min	Negotiated/15 min
Respite, in Home	\$90.70/Daily	\$89.84/Daily
Respite, out of Home	Negotiated/15 min	Negotiated/15 min
Respite, out of Home	\$90.70/Daily	\$89.84/Daily
Supportive Living Services for Adults	N/A	Daily rate is negotiated based on a rate tool and staffing patterns
Supportive Living Services for Adults	N/A	\$7.89/15 mins
Transportation/mileage rate	\$.55 @ mile	\$.55 @ mile
Transportation/per trip rate	\$18.78/One Way Trip	\$18.78/One Way Trip standard rate unless special circumstances exist warranting negotiation.