AITKIN COUNTY HEALTH & HUMAN SERVICES BOARD MEETING AGENDA June 26, 2012

- 9:00 A.M. I. Call to Order
 - II. Pledge of Allegiance
 - III. Approval of Agenda
 - IV. Review May 22, 2012 Health & Human Service Board Minutes
 - V. Review Bills
 - VI. General/Miscellaneous Information
- 9:05 A.M.
- A. Economic and Workforce Program Trends Michelle Ufford (45 mins).
- B. Chappy's Golden Shores

VII. Contracts

A. Home and Community-Based Waiver Services Contract for the period July 1, 2012 through June 30, 2015, between Aitkin County Health & Human Services and Cherish Inc., Hibbing, MN. (This is a new contract with this company with the same basic format/content as all our HCBWS contracts.)

VIII. Administrative Reports:

- A. Caseload Update & Graph Eileen Foss, Income Maintenance Supervisor
- B. Financial & Transportation Reports Kathy Ryan, Fiscal Supervisor
- IX. Joint Powers Board Reports:
 - A. Tri-County Community Health Services Board (CHS) June 22nd Meeting Update
- X. Committee Reports from Commissioners
 - A. **H&HS Advisory Committee** Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Michele Plagman, Jim Carlson & Roberta Elvecrog No Minutes as the June 6th meeting was canceled.
 - B. AEOA / NEMOJT Committee Updates Commissioner Napstad
 - C. CJI (Children's Justice Initiative) Commissioner Westerlund
- XI. Adjournment: Next Meeting July 24, 2012

AITKIN COUNTY HEALTH & HUMAN SERVICES BOARD MEETING MINUTES

May 22, 2012

I. Call to Order

The Aitkin County Board of Commissioners met this 22nd day of May, 2012, at 9:15 a.m. as the Aitkin County Health & Human Services Board, beginning with the Pledge of Allegiance, with the following members present: Chairperson Commissioner Mark Wedel; Commissioners Anne Marcotte, Brian Napstad, Don Niemi and Laurie Westerlund; and others present included: County Administrator Patrick Wussow; H&HS Director Tom Burke; Staff Members Sue Tange and Susan Cebelinski, Social Service Supervisors; Eileen Foss, Income Maintenance Supervisor; Julie Lueck, Clerk to the Health & Human Services Board; and guests; DeAnn Lamke and Jane Arnold, HHS Employees; Roberta Elvecrog, DAC & HHS Advisory; Kathy Barker & Dave Leaf, HHS Advisory Committee Members; Bob Harwarth, Citizen; Theresa & Mike Olson, Chappy's; Jeanne Schram, Aitkin Independent Age; and Georgia Johnson, Citizen.

II. Pledge of Allegiance

* It should be noted that at 9:00 a.m., an EMPLOYEE RECOGNITION for those employees reaching their anniversary date during the first quarter of 2012, took place with Certificates presented by Bobbie Danielson, Human Resources Director, to Jane Arnold, Financial Worker for 10 years of Service to Aitkin County; Julie Hughes, Chief Deputy Treasurer, for 10 years of Service to Aitkin County; DeAnn Lamke, Financial Worker for 15 years of Service to Aitkin County; Cathy Olson, Secretary in the Assessor's office, for 15 years of Service to Aitkin County; Julie Lueck, Office Support Specialist Senior, for 25 years of Service to Aitkin County.

III. Approval of Agenda

Motion by Commissioner Marcotte, seconded by Commissioner Napstad, and carried; the vote was to approve the agenda as mailed/posted.

IV. Review April 24, 2012 Health & Human Service Board Minutes

Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve the April 24, 2012 Health & Human Services Board Meeting Minutes as mailed/posted.

V. Review Bills

Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve the Bills as presented this date.

VI. General/Miscellaneous Information

- & Amanda Ysen, Executive Director These ladies gave an overview of the Support Within Reach program that serves Aitkin and Itasca Counties. The services provided in both counties include: (1) Victim Support & Advocacy Services such as 24-hour Crisis line; One to One Counseling; Legal accompaniment; Medical accompaniment; and Support Groups; (2) Community Action Volunteer Program; (3) Coordinated Community Response Program which includes the "SMART" team (Sexual Assault Multi-Disciplinary Action Response Team); and (4) Prevention Education & Awareness Programs.
- B. ARMHS Certification Letter for Family Support Services & May Mental Health Month Susan Cebelinski discussed the letter to DHS for the Local Recertification Process and Application for the Family Support Services, Inc. Susan also reminded the Board that May is

Mental Health Month and due to the loss of some of the key members of the LAC they were not able to host some of the activities and events they had originally planned.

TXT4LIFE Update – Tom Burke discussed this program of suicide prevention currently for individuals under 24 years of age. The program has grown quite a bit and it will be going statewide within the next 12 months. They have found success with children using it.

VII. Contracts

- A. Administration Agreements for Purchase of Supplies & Equipment for the period July 1, 2012 to June 30, 2015 between Aitkin County Health & Human Services and:
 - 1. Aitkin Medical Supply, Aitkin, MN
 - 2. Lake Superior Medical Equipment, Inc., Duluth, MN
 - 3. Lifeline System Company dba Phillips Lifeline, Framingham, MA
 - 4. PAL Medical System, Grand Rapids, MN
 - 5. Wheelchairs Plus, Grand Rapids, MN

Motion by Commissioner Westerlund, seconded by Commissioner Marcotte, and carried; the vote was to approve and authorize the Board Chair to sign the Administration Agreements for Purchase of Supplies & Equipment for the period July 1, 2012 to June 30, 2015 between Aitkin County Health & Human Services and:

- 1. Aitkin Medical Supply, Aitkin, MN
- 2. Lake Superior Medical Equipment, Inc., Duluth, MN
- 3. Lifeline System Company dba Phillips Lifeline, Framingham, MA
- 4. PAL Medical System, Grand Rapids, MN
- 5. Wheelchairs Plus, Grand Rapids, MN
- B. Purchase of Service Agreements for the period July 1, 2012 to June 30, 2015, between Aitkin County Health & Human Services and:
 - 1. Connections FSE Services, Prior Lake, MN
 - 2. Consumer Directions, St. Cloud, MN
 - 3. Mains'l Services, Inc., Brooklyn Park, MN

Motion by Commissioner Napstad, seconded by Commissioner Niemi, and carried; the vote was to approve and authorize the Board Chair to sign the Purchase of Service Agreements for the period July1, 2012 to June 30, 2015, between Aitkin County Health & Human Services and:

- 1. Connections FSE Services, Prior Lake, MN
- 2. Consumer Directions, St. Cloud, MN
- 3. Mains'l Services, Inc., Brooklyn Park, MN
- C. Home and Community-Based Waiver Services Contract for the period July 1, 2012 through June 30, 2015, between Aitkin County Health & Human Services and:
 - 1. Access Healthcare, Inc., Grand Rapids, MN
 - 2. Access North, Center for Independent Living of NEMN, Hibbing, MN
 - 3. Aicota Health Care Center, Aitkin, MN
 - 4. ANGELS, McGregor, MN
 - 5. Golden Horizons Assisted Living, Aitkin, MN
 - 6. Grattan Private Duty Nursing, Inc., Brainerd, MN
 - 7. Lutheran Social Services Senior Companion Program, St. Paul, MN
 - 8. Oakridge Homes, Inc., Brainerd, MN
 - 9. Rocky Ridge Adult Foster Care Home, Aitkin, MN
 - 10. Jared & Crystal Stein Adult Foster Care Home, Isle, MN

Motion by Commissioner Napstad, seconded by Commissioner Westerlund, and carried; the vote was to approve and authorize the Board Chair to sign the Home and Community-Based Waiver Services Contract for the period July 1, 2012 through June 30, 2015, between Aitkin County Health & Human Services and:

- 1. Access Healthcare, Inc., Grand Rapids, MN
- 2. Access North, Center for Independent Living of NEMN, Hibbing, MN
- 3. Aicota Health Care Center, Aitkin, MN
- 4. ANGELS, McGregor, MN
- 5. Golden Horizons Assisted Living, Aitkin, MN
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- 10. Jared & Crystal Stein Adult Foster Care Home, Isle, MN

Questions arose as to the number of contracts we have in the various categories. We will research that question and provide numbers for the June meeting. Also discussed whether these contracts could be presented under a Consent Agenda. We will look at including a Consent Agenda within the Health & Human Services Board Agenda. Also a request to think about possibly making the County Agenda and H&HS Agenda more similar.

VIII. Administrative Reports:

- A. Caseload Update & Graph Eileen Foss, Income Maintenance Supervisor noted there is nothing unusual on the current report. Eileen Foss noted the Minnesota Care has a difference in numbers and that in some cases they were closed for paperwork issues and then re-opened.
- B. **Financial & Transportation Reports** Kathy Ryan, Fiscal Supervisor, was not in attendance at this meeting. Commissioner Napstad noted the efficiency and reasonable cost of the transportation we provide through volunteer drivers.

IX. Joint Powers Board Reports:

A. Tri-County Community Health Services Board (CHS) –
Cynthia Bennett / Tom Burke / Commissioner Westerlund – No Report
Next Meeting Scheduled for June 22nd.

X. Committee Reports from Commissioners

- A. H&HS Advisory Committee Commissioners Westerlund and/or Marcotte Meeting updates from Committee Members: Kathy Barker, Dave Leaf & Roberta Elvecrog No regular May meeting as committee members served the Community Meal in McGregor on May 16th. It was noted that 82 people attended the Community Meal and the committee is booked to serve the meal again in May of 2013. Roberta Elvecrog also noted that AEOA has still not updated their website or brochures for the Blue Bus. Patrick Wussow also noted they have not responded to his letter either. Discussion lead to suggested action for Patrick Wussow to send a letter to Harlan Tardy, Executive Director at AEOA with copies of the letters that have previously been sent to them, asking for corrections and updates be made to their website and brochures and noting the lack of returned phone calls from AEOA. (A copy of the letter to Mr. Tardy should be forwarded to Commissioner Napstad for further inquiry at his next AEOA meeting.)
- B. **AEOA / NEMOJT Committee Updates** Commissioner Napstad noted NEMOJT met on May 10^{th} at which time they reviewed the funding summaries as to how grants are being spent for the federal, state, and private funding. A major function is to help the unemployed get re-trained.

Economic and Workforce Program TRENDS

in Northeast Minnesota

From 1970 to 2009...

Overall, the population in the region shrank 3%

Aitkin: +37% Carlton: +22%

Cook: +59% Koochiching: -23%

Lake: -21% Itasca: +25%

St. Louis: -11%

From 2000 to 2009...0.14% increase

8.3% of population change due to migration

Aitkin: +722 Carlton: +2,156

Cook: +333 Koochiching: -889

Lake: -25 Itasca: +805

St. Louis: -1,377

By County & Composition

□ 83% increase in personal income (1970 to 2009)

Aitkin: 193% Carlton: 123% Koochiching: 61% Lake: 80%

Cook: 222% Itasca: 141% St. Louis: 67%

44% of personal income from labor earnings (2009)

Aitkin: 54% Carlton: 42% Koochiching: 44% Lake: 43%

Cook: 48% Itasca: 48% St. Louis: 43%

(60% in non-metro Minnesota; 59% in non-metro US)

■ 56% of personal income from non-labor income (2009)

Aitkin: 46% Carlton: 58% Koochiching: 56% Lake: 57%

Cook: 52% Itasca: 52% St. Louis: 57%

(40% in non-metro Minnesota; 41% in non-metro US)

Per Capita Income & Earnings per Job

1970-2009	Per Capita Income	Average Earnings per Job
Region	+88%	-1%
Aitkin	+115%	-5%
Carlton	+83%	-5%
Cook	+102%	-21%
Itasca	+92%	-16%
Koochiching	+111%	0%
Lake	+127%	-27%
St. Louis	+86%	6%

2009 Average Earnings Per Job:

✓ NE MN: \$41,317

✓ MN non-metro: \$36,716

✓ US non-metro: \$38,761

By Industry Sector

	2000	2009	
3 industry sectors	Services (27%)	Government (22%)	
with largest personal income:	Government (21%)	Hlthcare/Soc. Assist. (19%	
	Manufacturing (12%)	Manufacturing (8%)	
	1970-2000	2001 - 2009	
	1910-2000	2001 - 2009	
3 Sectors that	Services	Healthcare/Soc. Assist.	
3 Sectors that added the most new personal			

Components of Employment

From 1970 - 2009:

- NE MN Employment grew 32% vs. 81% in non-metro areas of Minnesota
- Self employment increased 158% vs. 54% non-metro MN
- Wage and salary' employment increased 32% vs. 95% in non-metro MN

From 2000 - 2009:

- Regional employment grew 1% vs. 3.2% in non-metro MN and 4% in non-metro US
- Self employment grew by 14% vs.11% in non-metro MN
- Wage and salary' employment decreased 2.5%

From 2001 - 2009

Of the 21 industry classifications, 10 lost jobs:

Farm (-28%)

Manufacturing (-27%)

Wholesale Trade (-19%)

Information (-17%)

Mining (-16%)

Construction (-2%)

Retail Trade (-5%)

Transportation & Warehousing (-7%)

Other Services, except Public Administration (-2%)

Government (-6%)

From 2001 - 2009

Of the 21 industry classifications, 11 gained jobs:

Forestry, Fishing & Related (47%)

Educational Services (39%)

Healthcare & Social Assistance (35%)

Real Estate/Rental/Leasing (31%)

Professional & Technical Services (20%)

Finance & Insurance (20%)

Arts, Entertainment & Recreation (19%)

Management of Companies & Enterprises (12%)

Administrative & Waste Services (4%)

Utilities (3%)

Accommodation & Food Services (0.2%)

Change from 2001 - 2009

Area	Overall Change	Biggest Losses	Biggest Gains
Region	1.5% (2,757 jobs)	Farming, manufacturing	Forestry, educational services, healthcare
Aitkin	5.7% (409 jobs)	Farming, manufacturing	Finance, arts & recreation, educational services
Carlton	2.8% (492 jobs)	Farming, trade, manufacturing, utilities	Real estate, educational services, arts & recreation
Cook	4.2% (167 jobs)	Manufacturing, trade, transportation, accommodation	Finance, administrative/ waste services, educational services
Itasca	2.1% (473 jobs)	Manufacturing, trade	Finance/insurance, real estate/leasing, healthcare
Koochiching	-10.2% (-763 jobs)	Administrative/waste services, manufacturing, professional & technical	Real estate/leasing, wholesale trade
Lake	-0.3% (- 18 jobs)	Farming, retail trade	Finance/insurance, arts & recreation, administrative/ waste services
St. Louis	1.7% (1,997 jobs)	Farming, mining, manufacturing, information	Real estate/leasing, professional/technical, educational svcs, healthcare

Comparative Recovery from Recessions

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January '80 – July '80: 1.3% increase in jobs (MN non-metro: +14.1%)

August '80 – June '80: 4.7% increase in jobs (MN non-metro: +3.8%)
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July '81 – November '82: 14.8% jobs lost (MN non-metro: -10.7%)

December '82 – '90: 18.5% increase in jobs (MN non-metro: +10.2%)
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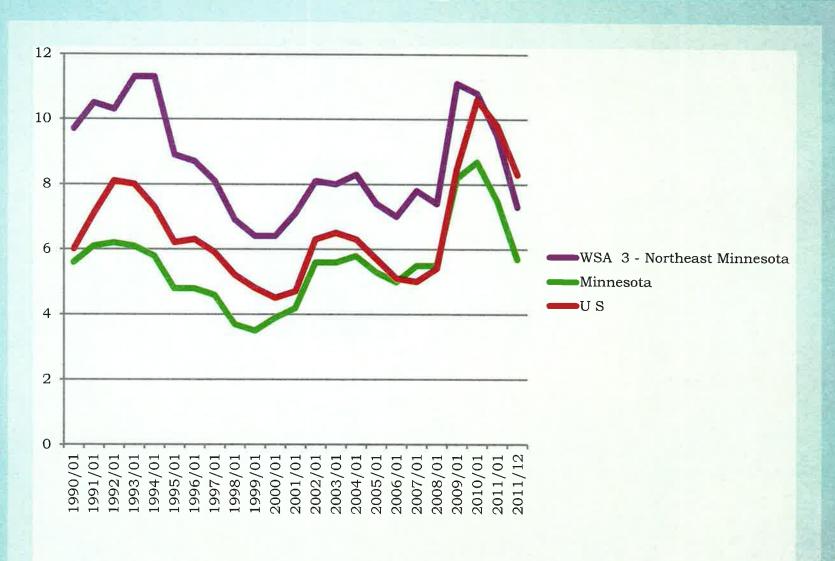
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July '90 - March '91: 4.2% jobs lost (MN non-metro: -3.9%)

April '91 - February '01: 14.7% jobs gained (MN non-metro: +22.9%)
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December '07 – June '09: 0.4% jobs lost (MN non-metro: -2.1%)

July '09 – October '11: 1.6% jobs gained (MN non-metro: +2.3%)
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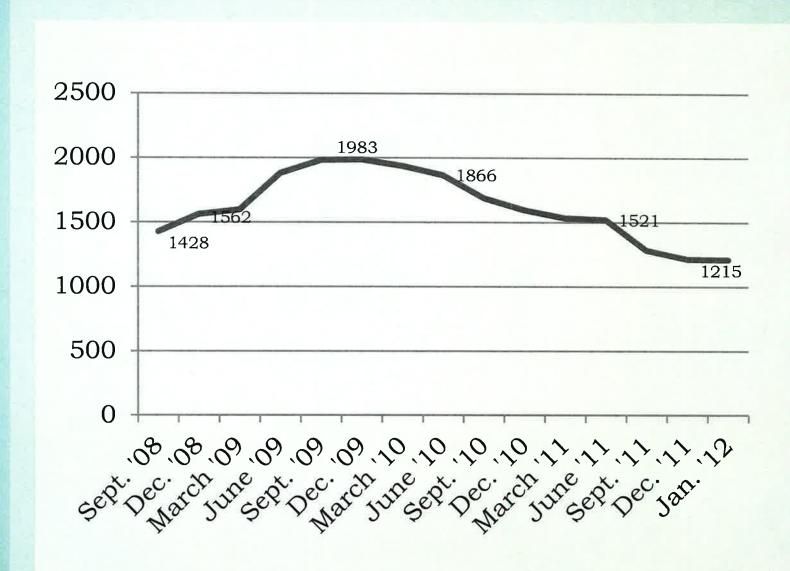
Unemployment Rate Comparison



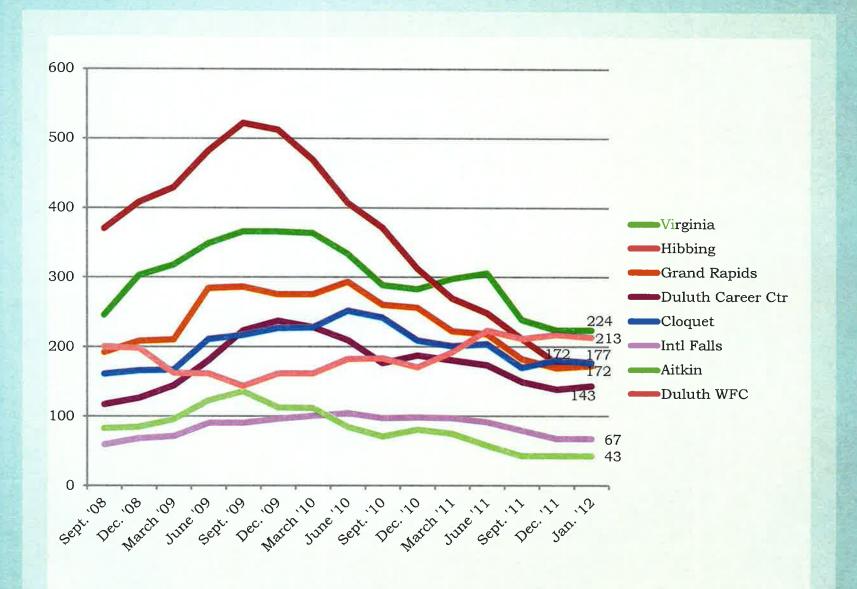
Historical Unemployment by County

Date	Aitkin	Carlton	Cook	Itasca	Kooch	Lake	St. Louis	NE MN	MN
Dec '11	8.8	7.2	6.9	7.8	7.9	5.8	6.5	7.3	5.7
Dec '10	10.4	8.1	8.1	9.4	8.5	7.4	7.5	8.4	6.8
Dec '09	10.7	9.2	7.1	10.5	9.2	9.1	8.5	9.5	7.7
Dec '08	10.6	8.1	7.5	9.5	9.6	7.2	7.7	8.8	6.6
Dec '07	8.0	6.4	5.9	7.6	6.9	4.9	5.5	6.5	4.9
Dec '06	7.0	5.2	6.1	7.0	6.8	4.5	5.1	6.0	4.4
Dec '05	7.0	5.7	5.5	6.0	6.6	4.6	5.0	5.6	4.2
Dec '04	7.7	6.4	6.5	7.1	5.9	4.5	5.2	6.2	4.3
Dec '03	8.1	6.7	6.6	7.9	5.8	4.8	6.0	6.8	4.8
Dec '02	7.1	6.2	6.2	6.4	5.8	4.6	5.1	6.0	4.3

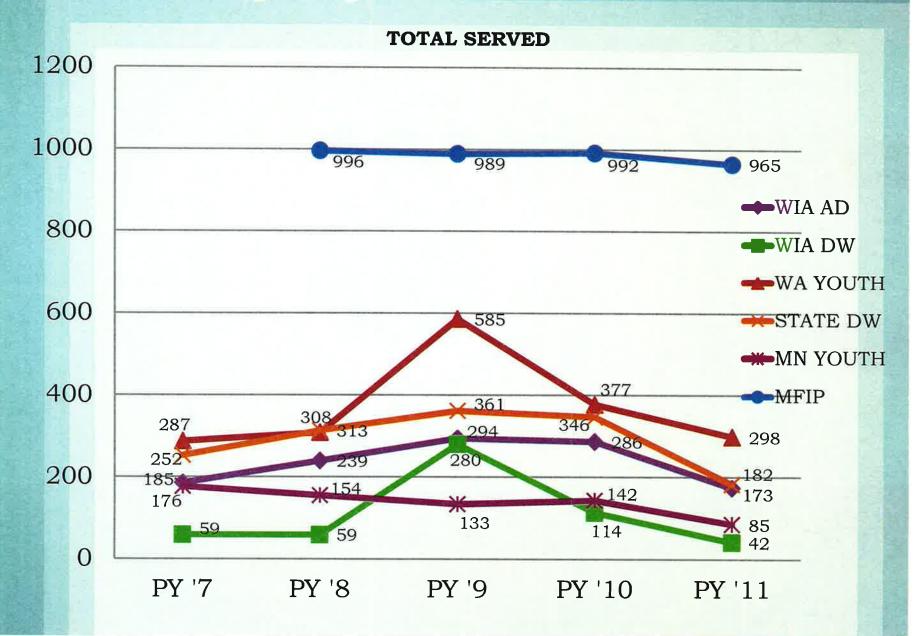
Overall Caseload Totals for Region



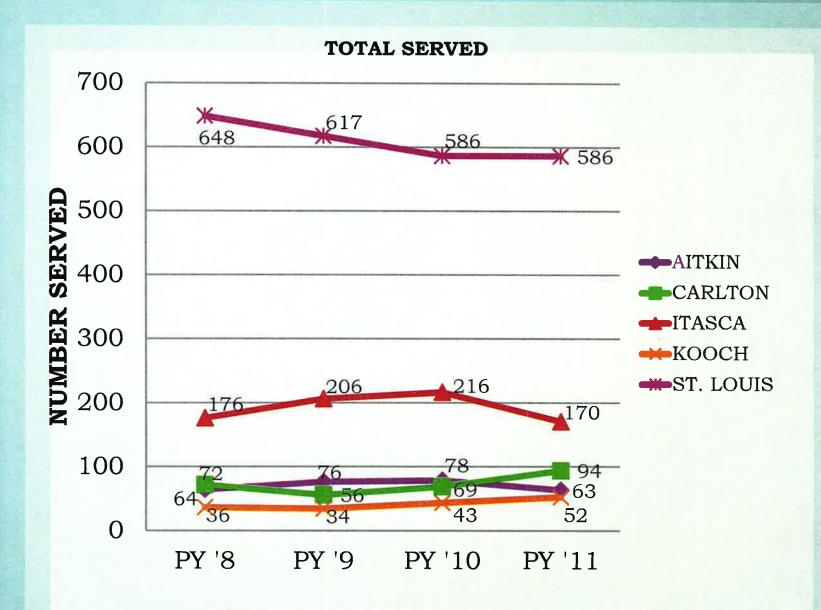
Overall Caseloads by Office Location



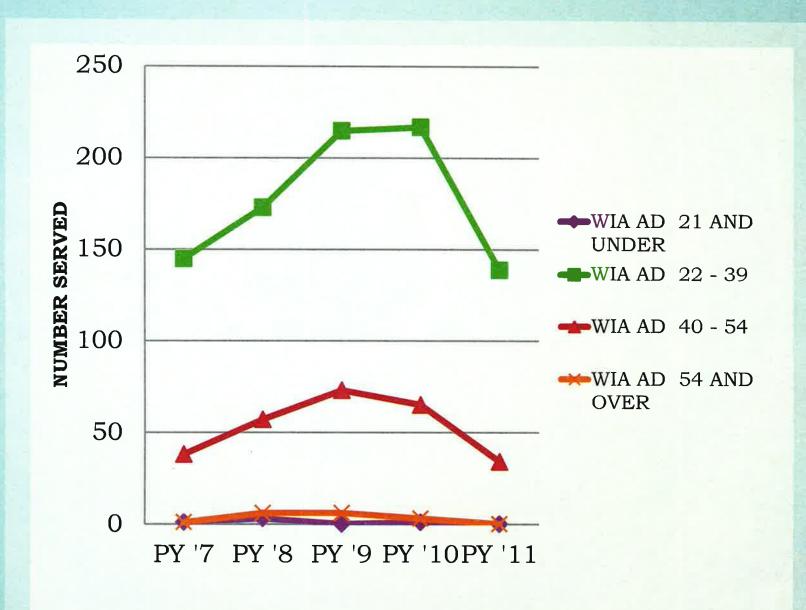
Caseloads by Program



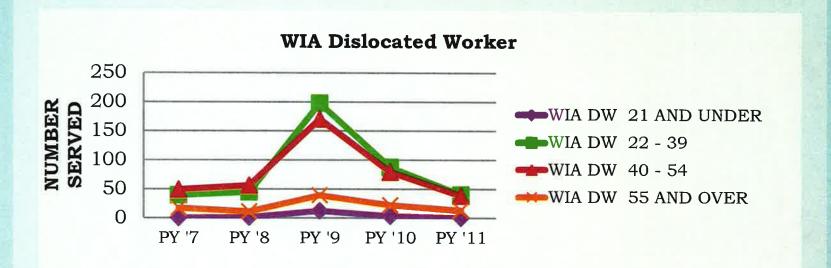
MFIP

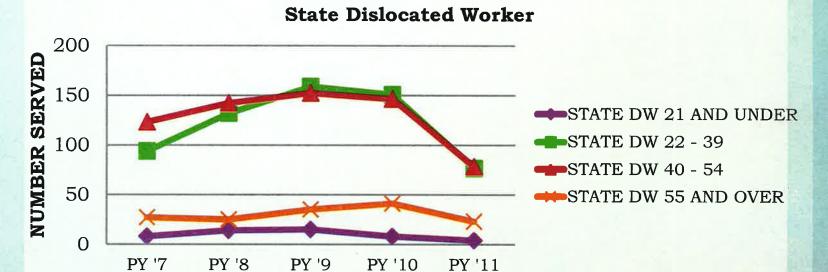


WIA Adult Program by Age Group

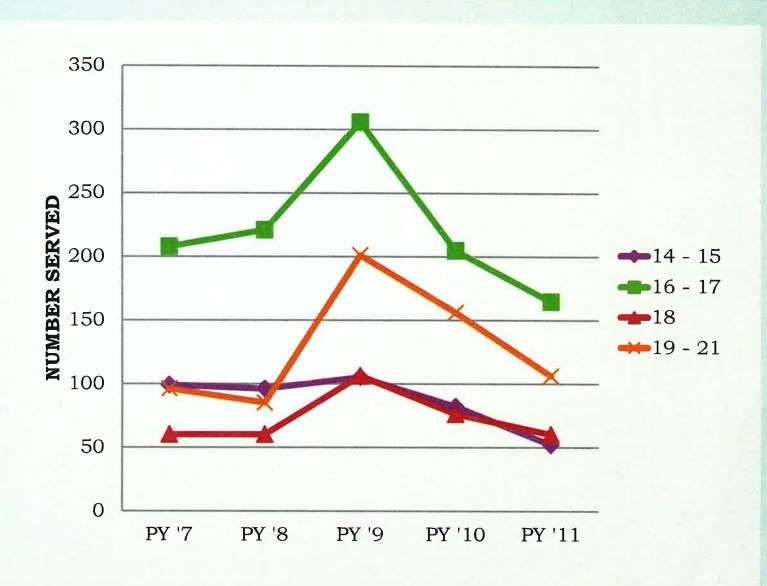


Dislocated Workers by Age Group

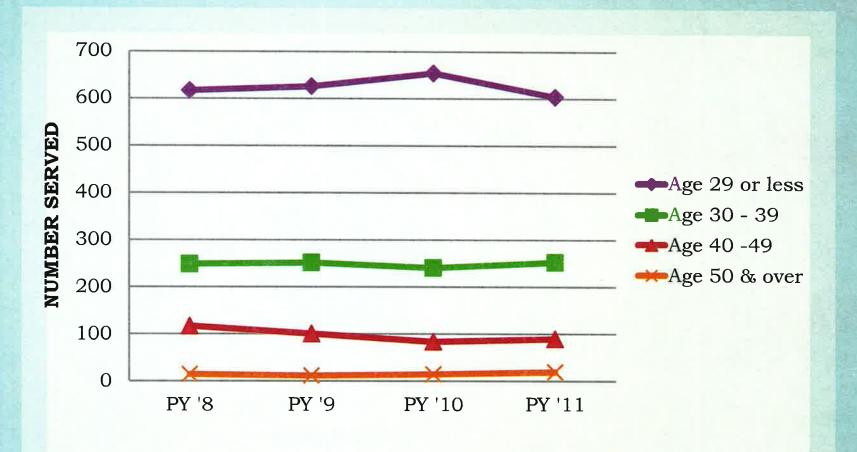




Youth Served by Age



MFIP Served by Age



Select Populations - WIA Adult, PY07 - PY11

- Males: Increase in participation, from 32% to 44%
- Females: Decline in participation, from 68% to 56%
- Minorities: Normally around 7-10%, big jump in PY11 to 22%
- Veterans: Big decrease from 6% in PY07 to 1% in PY11
- High School Diploma or less: Slight decrease but still represents the majority of participants (62% in PY07 to 56% in PY11)
- Long-term unemployed: Steady increase from 40% to 52%
- One parent family: Slight decrease from 46% to 39%
- Age 55 and older: Very small percentage traditionally, currently 1%, down from high of 2.5% in PY08

Select Populations - Dislocated Workers, PY07-11

- Males & Females: Have fluctuated but stays relatively evenly split, with the exception of PY09 where males represented 64% of dislocated worker participants
- Minorities: Slight increase from 3% to 5%
- Veterans: Remains steady around 10%
- High School Diploma or less: Decrease from about half to 43%
- Long-term unemployed: Increase from 35% to 53%
- One parent family: Steady range from 12% 15%
- Age 55 and older: Wide variation year to year, from low of 8% in PY8 to current 13%

Select Populations -Youth Programs, PY07-11

- ☐ Male: Participation increasing, from 59% to 65%
- Female: Decreased participation from 41% to 35%
- Minority: consistently 8 9% of overall population
- Drop outs: Holds steady around 2%
- Offenders: Slight decrease, from 13% to 10% currently
- Homeless: Very small segment, steady around 1%
- Recovering chemical dependency: decrease from 6% to 4%
- Foster children: decrease from high of 14% in PY8 to 7% currently

Select Populations - MFIP

- ☐ Males: consistently represent about 25% of total
- Minority: consistently 20% of total
- Age 40 or older: 10-13% of total
- High school diploma or less: consistently 80% of total

County Highlights:

- ☐ Itasca county has highest male participation (29%)
- ☐ St. Louis county has highest minority participation (23% versus 12-15% in other counties)
- Itasca and Kooch have highest age 40+ participation (15%)
- Aitkin county has highest percentage of participants without a high school degree (89%)

Credential Attainment - Adult Programs

WIA Adults enroll in training at a higher rate than dislocated workers

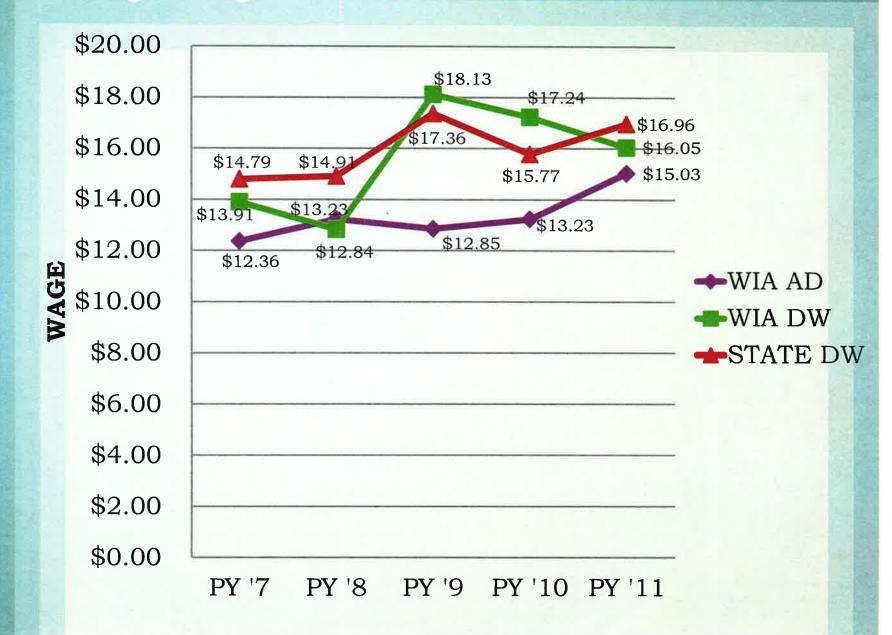
□ Dislocated workers have better completion rates than WIA Adults: 82% - 89% vs. 69% - 81%

☐ The recession lead to large increases in classroom training for dislocated workers (82% in PY09 and 90% in PY10)

Exits by Job Placement

- ☐ Dislocated Workers are more likely to exit the program due to employment than WIA Adults
- ☐ Generally, 80-85% of all adult participants (dislocated workers and WIA Adult) exit due to employment
- □ PY09 through PY11: decreasing rates of placement for WIA Adults, but not as bad for dislocated workers

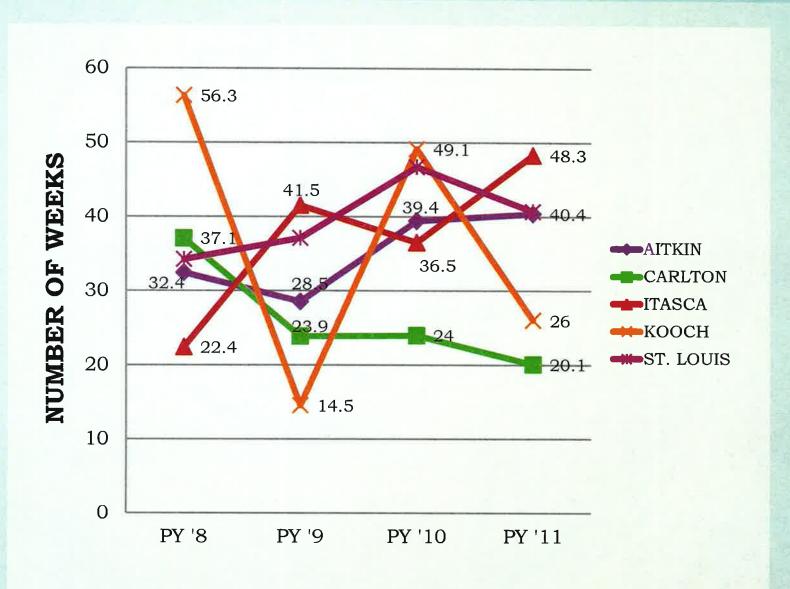
Average Wage at Placement



MFIP Wage at Placement

Area	2008	2009	2010	2011
Region	\$9.22	\$8.70	\$9.24	\$9.09
Aitkin	\$10.25	\$8.63	\$8.12	\$9.49
Carlton	\$8.77	\$8.46	\$9.38	\$8.27
Itasca	\$9.13	\$9.09	\$9.07	\$9.14
Kooch	\$9.70	\$8.12	\$10.54	\$8.58
St. Louis	\$8.27	\$9.20	\$9.07	\$9.95

MFIP - Average Weeks on Program



Aitkin County Health & Human Services

204 First St. NW
AITKIN, MINNESOTA 56431
PHONE 1-800-328-3744 or 1-218-927-7200 - FAX # 927-7210

DATE:

June 20, 2012

TO:

Aitkin County Board of Commissioners

Commissioner Wedel
Commissioner Marcotte
Commissioner Napstad
Commissioner Niemi
Commissioner Westerlund

FROM:

Tom Burke, Director

RE:

Chappy's Golden Shores

As directed, our agency met with Keith and Theresa Olson on June 14. Commissioners Marcotte and Niemi, along with Administrator Patrick Wussow were also present. Prior to the meeting it was recommended by Commissioner Marcotte that our agency prepare a document that would outline concerns that would need to be addressed if the Board was going to enter into a contract with Chappy's Golden Shores. Our agency did that and the document is attached. Also, please find attached Chappy's response to the document.

Aitkin County Health and Human Services does not recommend contracting with this provider.

This decision is based on a difficult working relationship Aitkin County Health & Human Services has had in the past along with concerns shared in recent dialogues with Cass County, Itasca County, UCARE, and the provider themselves. The areas that are most concerning to Health & Human Services include the means in which Chappy's recruit/admit, inconsistencies in their communication and lack of knowledge of their business practices. Despite operating for some 18 years, this provider lacks an expected level of understanding of the referral/admission process and an understanding of the complexities of taking residents from other counties who have not been properly reviewed/screened. This provider, who self reports to have no residents from Aitkin County, causes unnecessary stress on Aitkin County resources when incomplete admissions occur and Aitkin County staff have to scramble to complete work that should have been done prior to admission and/or by other counties. While placements should occur in a sequential fashion, placements at Chappy's consistently seemed rushed and not well planned. In comparing our working relationship with Chappy's to other providers, there is a general feeling that working with Chappy's is chaotic.

There has been an extraordinaire amount of time revisiting our decision to discontinue contracting with Chappy's. After another exhausting episode, we remain strong in our recommendation to not contract with this provider. If in the event the Board desires to enter into this contract, I will request that we fill the .5 FTE Public Health Nurse position we presently have open to assist in the extra work we will encounter in dealing with this provider.

cc: Patrick Wussow, Aitkin County Administrator

PERFORMANCE EXPECTATIONS

The terms and conditions of the Contract refer to the Chappy's Golden Shores facility in its entirety.

ADMISSIONS

- 1. The Contractor shall not allow new residents to move into their facility until an LTCC screen has been completed by the County and the placement is deemed appropriate for that client. The Contractor must contact the Aitkin County intake to request the screen prior to admittance. (Refer to previous contract Performance Expectations and contract item 4)
- 2. The Contractor shall notify the County licenser of new residents placed in the facility no longer than twenty-four (24) hours after occupancy. This notification will be in the form of a faxed document. (Refer to previous contract Performance Expectations and contract item 8-C and 9-D)
- 3. Residents moving into the Contractor facility from another facility should never be admitted as an emergency placement. The discharging facility will be the referral source and will request a screen from the appropriate County of Responsibility prior to the move rather than the Contractor.
- 4. No residents will be admitted to Contractor's facility upon leaving another facility Against Medical Advise (AMA).
- 5. When an out of county resident is preparing to move in to the Contractor's facility, the referral made to Aitkin County will be from the County of current residency.

SERVICE PROVISION

- 6. The Contractor shall notify the County HCBS Supervisor of any status changes related to a client including deaths, falls, Emergency Room visits, medication changes, new diagnosis, etc. within twenty-four (24) hours of the change. This notification will be in the form of a faxed document to the HCBS Supervisor. (Refer to previous contract Performance Expectations and contract item 3-A7)
- 7. The Contractor will provide private space for case managers, family members, advocates, etc to have private time with the residents if requested. The Contractor will be removed from the meeting space upon request.

CONTRACTING PROCESS

- 8. The County HCBS Supervisor will make available to the Contractor, a checklist of documentation requested in the content of this contract. Upon approval of this contract, these documents will be provided to the County and kept on file with the signed contract. (Refer to previous contract Performance Expectations)
- 9. The County HCBS Supervisor will conduct on site visits during the month prior to the annual contract renewal. At the time of the site visit, the required documentation will be reviewed along with other aspects of the contract, such as Performance Expectations, facility policies, procedures and standards of practice, Contractor financial reports, and Aitkin County case manager records. (Refer to previous contract Performance Expectations and contract item 10-A, 11-A, D)

QUALITY IMPROVEMENT EXPECTATIONS

- 10. The Contractor will establish an annual training schedule for all staff. The training schedule and proof of CEU's will be made available for review by the County HCBS Supervisor. The number of hours required are to follow licensing requirements. Topics for annual training includes but not limited to: completion of documents, medications, elderly and/or aging issues such as dementia, Alzheimer's, disability issues, chronic disease, and vulnerable adult training. (Refer to contract items 8-A, B, D and 11-G)
- 11. Contractor will be knowledgeable and follow all regulations and guidelines including: Minnesota Rule, Minnesota Statutes, Federally Approved waiver plan, Department of Human Services guidelines and expectations, MDH licensing, and county policies regarding program service delivery. For example:
 - a. Visitors staying overnight, who are not a resident of the Contractor facility, must pass a background check prior to the overnight.
 - b. Contractor will not take on the role of alternative decision maker or assume responsibility to sign legal or eligibility documents for residents.

(Refer to contract items 3-A1, 8-C, and 9)

- 12. Contractor will use all resources available, (i.e. DHS web site, DSPM manual, Train Link, and DHS email list serves), to learn and keep up to date on new information about waiver program process and County operations regarding program areas that involve eligibility of Residents. (Refer to contract items 3-A1, 8-C, and 9)
- 13. Resident relatives and/or support systems will be invited to participate in a satisfaction survey about the Contractor by the County. This survey will be random and private.

TERMINATION CLAUSE

14. This contract will be terminated immediately for cause by Agency. This contract may be terminated without cause by either party upon 30 calendar days written notice by either party. *

SIGNATURES:

Chairperson, Aitkin County Board of Commissioners	Date	
v		
Chappy's Golden Shores	Date	

^{*} This document (Appendix A) must be approved by the Aitkin County Attorney prior to submission to the Aitkin County Board of Commissioners.

JUNT 1 9 20121

To the Aitkin County Commissioners:

These are the concerns of Chappy's Golden Shores, regarding the new, proposed performance expectations for the Home and Community Based Waiver contract as presented to us by Aitkin County.

1) Re: Performance Expectations. It is not within our power to force another county to do the LTCC screening on a private pay client. Neither Itasca County, nor Cass County, screen private pay clients. Chappy's is in a unique position, unlike the homes in McGregor and Aitkin, because we border the two counties. Most of our clients do come from Itasca and Cass County because of this unique position of proximity. We have a Class F license, a Board and Lodge license, an adult foster care license, a housing with services license. Our home is different than the surrounding homes in Aitkin County. That is why we must abide by more rules and regulations than surrounding homes in Aitkin County, which we have done.

Enclosed is documentation from Itasca County, and we do have a recording from Cass County that a private pay client does not need a screening done prior to placement. A private pay client has the freedom to decide which facility they wish to reside in, and if the chosen facility accepts the client, the client can then be admitted to the facility of their choice.

(Documentation regarding private pay clients.)

- A) Letter from Supervisor Barb Hayes of Itasca County Health and Human Services.
- B) Long-term Consultation Screening Rules Form that clients must sign if additional help is needed through the county. Form is given to family members from our RN at time of admit.
- C) Information from the DHS website on LTCC screenings and why they are performed. See LTCC Referrals which state "must make a referral to the county LTCC Team when." Please see guidelines subd.1a, No. 5 and No. 7. Also Subd.3a letter G and 1 and Letter 1. Also Subd.3c to show is always done since rule became effective in October of 2011. Also Subd.6d.
- D) Rules on Foster Care Side letter from Aitkin County, Licensor, Deb Jensen concerning admits to facilities for all licensed homes.

If not too much of a burden on Aitkin County, we are asking that LTCC screenings be optional for private pay clients throughout Aitkin County only if the client, and/or the legal representative so choose that the screen be completed -- this due to the fact that surrounding counties do not require LTCC screenings for their clients only in such cases where family needs help with finding placements for their loved ones.

Continued -- Page 2 Concerns to Aitkin County Commissioners June 16, 2012

- 2) Re: Submission of documents: Past practice for the Foster Care Side has been to notify Deb Jensen within 24 hours of placement of any client. Our facility has five bedrooms licensed as Foster Care. Eight other bedrooms in our facility are Board and Lodge. Ms. Deb Jensen has previously informed me that I do not need to notify of the Board and Lodge residents. (See documentation on this issue.) The change now being that written notification must be provided to the Aitkin County Licenser of new residents to the Foster Care side.
- 3) Discharges from Grand Itasca Hospital are facilitated by Head Social Worker, Ms. Darcey Moore and appropriate contacts and referrals are made by her. Discharges from Essentia Deer River Hospital are facilitated by their Social Worker, Ms. Mary Weber. Ms. Weber also follows the same procedures. At Evergreen Terrace the same policy is in place. Whereas, private pay clients are under no obligation to notify anyone, unless requested by the client or their Legal Power of Attorney.
- 4) Clients are only admitted into our facility with families consent. Then within three days of admit, clients meet with their admit doctors. During their admit visit with their doctor, all documentation is signed for the client's safety and health. As we all know, physicians can suggest, but it is still the client's decision, unless such client is incapable of such decision making where then the family would make such a decision on where they want their loved one to reside. Chappy's Golden Shores keeps all documentation concerning this decision-making process.
- 5) Re: When an out-of-county resident is preparing to move into our facility, Chappy's Golden Shores, the referral made to Aitkin County will be from the County of current residency. In reply; this can be done, if a client isn't private pay ie: past practice. The family looks at options and visits potential homes for their loved one. A county would not be involved, if private pay, nor should they be as this would be time consuming and costly to the county.
- 6) The Contractor shall notify the county HCBS Supervisor of any status changes related to a client managed by Aitkin County within 24 hours of the change. This notification will be in the form of an emailed document to the HCBS Supervisor so as to insure that Aitkin County and Chappy's Golden Shores both have a paper record. We cannot give information concerning a Medica client to the county caseworker who is not that client's case manager. Aitkin County would not know anything about that person, and they don't have a release-of-information for such client so it would not be legal according to HIPPA guidelines.

Continued -- Page 3 Concerns to Aitkin County Commissioners June 16, 2012

- 7) Chappy's Golden Shores has no problem with this suggestion as we already have a care planning area where all meetings are held, or they can go to the client's bedroom for more privacy.
- 8) No concerns.
- 9) No concerns.
- 10) The Contractor will establish an annual training schedule for all staff. The training schedule and proof of CEU's will be made available for review by the County HCBS Supervisor. The number of hours required are to follow licensing requirements. Topics for annual training includes but not limited to: completion of documents, medications, elderly and/or aging issues such as dementia, Alzheimer's, disability issues, chronic disease, and vulnerable adult training. In reply; The training schedule has been given every year to Ms. Deb Jensen. We have to have a lot more training than for Foster Care license so we make sure we meet all training requirements.
- 11) Contractor will be knowledgeable and follow all regulations and guidelines including: Minnesota Rule, Minnesota Statutes, Federally Approved waiver plan, Department of Human Services guidelines, MDH licensing, and county policies regarding program service delivery for example.
- B) Chappy's Golden Shores does not take on the role of any client to make decisions for a client. My husband has Medical Power of Attorney on one client because that client has no family, and the client has a Financial Power of Attorney through the court. The doctors and social workers needed a Health Care Power of Attorney on this particular client and put Mike on as Health Care Power of Attorney only if client was unable to speak for himself. This was okayed by the caseworker, from Itasca County, and the Financial Power of Attorney. Other than that, all families make decisions on a client, if doctors need to know what to do for that client. Most families are close by and able to be reached by telephone to make any medical changes with their loved ones.
- C) It would be my understanding that no foster care facility in Aitkin County is equipped to do background checks on anyone. Thus having a family member sitting with someone overnight would be left up to the client's judgment the same as their medical decisions are. Aitkin County can be assured that Chappy's Golden Shores, or anyone employed there, would not allow anyone to stay overnight in their facility that wasn't a family member requested by the client or that the employees were

suspicious of.

- 12) Contractor will use all resources available, (ie DHS web site, DSPM manual, Train Link, and DHS email list serves,) to learn and keep up-to-date on new information about waiver program process and County operations regarding program areas that involve eligibility of Residents. See document emails to show we are up-to-date on all new alerts.
- 13) Resident relatives and/or support systems except for client's from Medica and Ucare, do not have a release-of-information from your agency to speak to you about them. This would be a breach of confidentiality. Client managed by Aitkin County will be invited to participate in a satisfaction survey about the Contractor by the County.
- 14) The contract may be terminated immediately for just cause by either party.

Note: We, Chappy's Golden Shores, feel this is the way the performance expectations should be written and agreed to.

We have abided by all the rules and regulations of the State of Minnesota We have been proven innocent of all charges and accusations by the State of Minnesota. We should not be forced to sign a contract that does not abide by the state rules and regulations. We should still not be considered guilty. Our contract was taken for not doing a preadmission screening on a private pay client in 2010. As you can see, by our evidence, that we cannot do a private pay screening when this is not a part of the rules and regulations. If we have to sign an illegal contract which does not follow rules and regulations, we will have to sign for the wellbeing of our clients.

Most Sincerely,

Mike and Trish Olson,

Subject: RE: phone conversation about private pay screening

From: Barb Hayes (Barb.Hayes@CO.ITASCA.mn.us)

To: keitholson46@yahoo.com;

Date: Monday, June 18, 2012 12:04 PM

Hi Theresa,

There is no requirement for private pay individuals to have a Long Term Care screening prior to entrance to a customized living setting. We do offer a Long Term Care Consultation to anyone regardless of their financial status to offer options regarding their long term care needs.

Thanks, Barb

From: Keith Olson [mailto:keitholson46@yahoo.com]

Sent: Thursday, June 14, 2012 5:05 PM

To: Barb Hayes

Subject: phone conversation about private pay screening

Dear Barb.

Anne Marcotte would like to know if you can write in email form, a statement that if we were to call and ask for a screening for a private pay client, would itasca county do the screen? For a private pay client we know that we need to call senior linkage and get a verification code, and do an intake assessement of the client. This is done by our Registered Nurse and the client or legal representative. If we received a private pay client from Grand Itasca Hospital, who was private pay, and they contacted you, and explained this client was private pay, would you do a screening?

Also we know if a person had signed up for ma and hadn't been screened that we would need to have a screening completed before this client could move into our facility. If a person is already ma and has a case manager, would a screening need to be done, or could the case manager be contacted, and let them know they are moving to our facility.

I am so sorry to bother you, just need your policy and procedures and input for the commissioners to know the policy on a private pay client and how itasca county does this with a client.

Print Page 2 of 2

thank you for your time in answering my question and talking with me today.

Theresa Olson

Chappy's Golden Shores

218*697*8145

Important Notice - Confidential Material-Private Communication This email message, including any attachments, may be confidential information subject to protection by law. If you are not the person to whom this message is addressed, or the employee or agent responsible to deliver it to the intended recipient, be advised that you have received this email in error and you are hereby notified that any dissemination, distribution, copying or use of this email is strictly prohibited. If you have received this email in error, please notify the sender immediately by replying to this email and then delete this email and any attachments from your computer system. If our business rules identify sensitive information, you will receive a ZixMail Secure Message with a link to view your message. First-time recipients will be asked to create a password before they are granted access. To learn more about ZixMail, ZixCorp Secure Email Message Center, and other ZixCorp offerings, please go to http://userawareness.zixcorp.com/sites/index.php?b=652&type=1&p=2

CHAPPY'S GOLDEN SHORES LONG TERM CARE CONSULTATION SCREENING RULES HOUSING WITH STREET OF ASS F

Chappy's Golden Shores is informing you of the availability of a Long term care Consultations Screening done by Aitkin County Health and Human Services telephone number 1-800-328-3744. The purpose of a long term care consultation is to support you with current or anticipated long term care needs in making informed choices among options that include the most cost effective and lest restrictive setting and to delay spend down to eligibility for publicly funded programs by connecting people to alternative services in their homes before transition to housing with services. Regardless of the consolation screening you maintain the right to choose housing with services or assisted living if that option is your preference. This is provided to you at no charge from the county. You will be visited by the Long Term Care consolation team within 15 calendar days after the date on which an assessment is requested or recommended. LTCC screening may completed in a hospital nursing facility intermediate care facility for persons with developmental disability, regional treatment centers or the persons current or planned residence. To initiatate LTCC services a person or their representative with the persons consent may contact the LTCC team in the county which they are located at the time of their request. The county where their person is located at the time of request of referral for LTCC service is responsible to provide the LTCC services.

Provider of the housing with services license

Signed by:

Client or legal representative for client

care consolation rules and regulations.

This is signed on Admit. to any client.

2011 Minnesota Statutes

256B.0911 LONG-TERM CARE CONSULTATION SERVICES.

Subdivision 1. Purpose and goal. (a) The purpose of long-term care consultation services is to assist persons with long-term or chronic care needs in making long-term care decisions and selecting options that meet their needs and reflect their preferences. The availability of, and access to, information and other types of assistance, including assessment and support planning, is also intended to prevent or delay certified nursing facility placements and to provide transition assistance after admission. Further, the goal of these services is to contain costs associated with unnecessary certified nursing facility admissions. Long-term consultation services must be available to any person regardless of public program eligibility. The commissioner of human services shall seek to maximize use of available federal and state funds and establish the broadest program possible within the funding available.

(b) These services must be coordinated with long-term care options counseling provided under section 256.975, subdivision 7, and section 256.01, subdivision 24, for telephone assistance and follow up and to offer a variety of cost-effective alternatives to persons with disabilities and elderly persons. The county or tribal agency or managed care plan providing long-term care consultation services shall encourage the use of volunteers from families, religious organizations, social clubs, and similar civic and service organizations to provide community-based services.

Subd. 1a. Definitions. For purposes of this section, the following definitions apply:

- (a) "Long-term care consultation services" means:
- (1) assistance in identifying services needed to maintain an individual in the most inclusive environment;
- (2) providing recommendations on cost-effective community services that are available to the individual;
 - (3) development of an individual's person-centered community support plan;
 - (4) providing information regarding eligibility for Minnesota health care programs;
- (5) face-to-face long-term care consultation assessments, which may be completed in a hospital, nursing facility, intermediate care facility for persons with developmental disabilities (ICF/DDs), regional treatment centers, or the person's current or planned residence;
- (6) federally mandated screening to determine the need for an institutional level of care under subdivision 4a;
- (7) determination of home and community-based waiver service eligibility including level of care determination for individuals who need an institutional level of care as determined under section 256B.0911, subdivision 4a, paragraph (d), or 256B.092, service eligibility including state plan home care services identified in sections 256B.0625, subdivisions 6, 7, and 19, paragraphs (a) and (c), and 256B.0657, based on assessment and support plan development with appropriate referrals, including the option for consumer-directed community supports;
- (8) providing recommendations for nursing facility placement when there are no costeffective community services available; and

AITKIN COUNTY

Provider Name:

Cherish Inc.

DBA:

Cherished Home Management

Address:

1903 E 31st Street

City and Zip:

Hibbing, MN 55746

Program Area:

HCBS

Contract effective for the period beginning July 1, 2012 through June 30, 2015

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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, Cherish Inc., doing business as Cherished Home Management, at 1903 E 31st Street, Hibbing, MN, 55746, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning July 1, 2012 through June 30, 2015 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# 41-1876392; NPI or UMPI numbers 1356663074 and A709430000; 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:

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

	I the Aitkin County Board of Commissioners, and pursuant to such approval and the
proper County officials having signed this Co	ntract, the parties hereto agree to be bound by the
provisions herein set forth. Minnesota Statute	S 230.0112.
COUNTY OFAITKIN	Cherish Inc.
STATE OF MINNESOTA	Doing business as Cherish Home
Aitkin	Management
County Board of Commissioners	
BY:	BY:
	Owner/Director
Chairperson of the County Board	
DATED:	Signer's name printed or typed
ATTESTED TO:	Owner/Director
BY:	
Director of Aitkin County Health and Human Services	Signer's name printed or typed
DATED:	
	DATED:
APPROVED AS TO LEGALITY AND	
FORM:	
BY:	
Aitkin County Attorney	
DATED:	

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:

Attachment Number Title of Document to be Attached	Number of Pages
1) Attachment A: "Purchased Services" for Disability Waivers	1
2) Attachment B: "Purchased Services" for Elderly Waiver (EW) (AC)) and Alternative_Care
3) Attachment C: Rate Schedules	1
4) Attachment D: Performance Expectations	1

	Attachment A
Purchased	Services
Home and community-based services administered und Care (CAC), Community Alternatives for Disabled Ind Related Conditions (DD), and Traumatic Brain Injury (ividuals (CADI), Development Disabilities or
The following are services that the Provider agrees to property descriptions for such services can be found in the Disacheck and have both parties mark their initials next to	bility Services Program Manual (DSPM). [Please
24-Hour Emergency Assistance	☐ In-Home Family Support Services
Adult Companion Services	☐ Independent Living Skills Services
Adult Day Care Services	☐ Independent Living Skills—TBI Therapies
Adult Day Care Services Bath	Live-in Personal Caregiver Expenses
Assisted Living	☐ Modifications and Adaptations
Assisted Living Plus	☐ Night Supervision Services
Assistive Technology	Personal Support Services
Behavioral Programming	Prevocational Services
⊠ Chore Services	Residential Care Services
Consumer Directed Community Supports (CDCS)	Respite Care
Consumer Training and Education	Specialist Services
Crisis Respite	Specialized Supplies and Equipment
Day Training and Habilitation (DT&H)	Structured Day Program
Extended Home Care Services	☐ Supportive Employment Services
Family Training, Education and Counseling	☐ Supportive Living Services for Adults
Foster Care	☐ Supportive Living Services for Children
Home Delivered Meals	☐ Transitional Services
Homemaker Services	☐ Transportation
Housing Access Coordination	
If there are other services to be provided that are not below.]	listed above, check and describe the services
Other: Personal Care Assistance Services	
Other:	

28

Other:

	Attachment B
Purchased	Services
Home and community-based services administered und (AC) program.	der the Elderly Waiver (EW) and Alternative Care
The following are services that the Provider agrees to properties of the Provider agrees to provide the Minimus Provider 26A. <i>[Please check and have both page 25]</i>	nesota Health Care Programs (MHCP) Provider
24-Hour Customized Living	☐ Home Health Aide Services
Adult Day Services	☐ Home Health Services
Adult Day Services Bath	
Adult Companion Services	☐ Nutrition Services (AC Program Only)
Adult Foster Care	Personal Care Assistance Services
	Professional Nursing Services
Consumer Directed Community Supports (CDCS)	Residential Care Services
Customized Living	Respite Care
Environmental Accessibility Adaptations	Specialized Supplies and Equipment
Family Adult Day Services (FADS)	☐ Transitional Services
Family and Caregiver Training and Education	☐ Transportation
Home Delivered Meals	
If there are other services to be provided that are not below.]	listed above, check and describe the services
Other:	
Other:	
Other:	
Other:	

Attachment C

RATE SCHEDULES

Service	CAC/CADI, TBI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
Chore	\$3.48/15 min unit CADI & DD only	\$3.48/15 min unit	\$3.48/15 min unit
Homemaker	\$4.28/15 min unit	\$4.28/15 min unit	\$4.28/15 min unit
PCA	\$3.90/15 min unit	\$3.90/15 min unit	\$3.90/15 min unit
Extended PCA	\$3.90/15 min unit	\$3.90/15 min unit	N/A
RN Supervision of PCA	\$6.86/15 min unit	\$6.86/15 min unit	\$6.86/15 min unit

April 2009

Attachment D

PERFORMANCE EXPECTATIONS

- 1. The Provider will immediately notify the Agency when a client is not receiving services, such as when absent for hospitalizations, vacations, etc. Should the client have frequent and/or scheduled home visits, that schedule will be provided to the Agency.
- 2. The Provider will not charge a program or service fee to clients eligible for services through the Agency except those established by the Agency
- 3. The Provider will have a supervisory nurse on call to handle problems anytime a Home Health Aide or PCA is on duty.
- 4. On site supervision of Home Health Aides, PCA's and Homemakers will include observation of skills and care provided by the aide or homemaker, as well as assessment of client status. Initial onsite supervision of home health aides and PCA's will include observation of skills necessary to meet client needs. The Provider will list and document all observations in the Provider's chart.
- 5. The Provider will provide a written progress report to the Agency on clients receiving services every sixty- (60) days. Such reports will include information about the client's health and/or physical problems, report any noted changes toward improvement or deterioration, the type of service provided by the Provider, the frequency of client contact and any other observation the Provider may deem pertinent to report.
- 6. The Provider will maintain a current plan of care in the client's home and in the Provider's client record and send a copy of the plan to the Agency Case Manager.
- 7. The Provider will notify the Agency within two (2) working days of receiving a referral if unable to provide services for a particular client. The Agency may reduce this period in the case of emergency referrals. The Provider will begin services within five (5) working days of receipt of a referral or as deemed necessary by the Agency Case Manager. The Provider will call the client prior to the initiation of services. Failure to provide service might necessitate the immediate reassignment of a particular client to another provider.
- 8. The Provider will serve clients in the areas specified in the provider application. The Provider will provide a thirty- (30) day notice of termination of services and/or continue to provide services until a new Provider is established.

INCOME MAINTENANCE CASELOAD HISTORY

2012	MAXIS MNCare Day Care Totals Applications-MAXIS	Jan 1813 341 72 2226 91	Feb 1819 346 70 2235 62	Mar 1820 368 73 2261 77	Apr 1832 345 72 2249 71	May 1848 309 72 2229 94	June	July	Aug	Sep	Oct	Nov	Dec
2011		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	MAXIS	1727	1748	1784	1827	1848	1847	1837	1843	1802	1823	1822	1827
	MNCare	521	532	442	381	354	354	336	346	350	343	347	347
	Day Care	72	71	71	80	72	80	87	82	84	81	80	74
	Totals	2320 84	2351 79	2297	2288	2274	2281	2260	2271	2236	2247	2249	2248
	Applications-MAXIS	04	19	115	100	84	92	73	100	62	96	84	65
2010		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	MAXIS	1686	1675	1705	1694	1686	1668	1676	1664	1665	1671	1695	1703
	MNCare	408	417	419	442	439	439	451	477	490	502	522	513
	Day Care	77	74	68	67	67	67	67	63	62	62	67	72
	Totals	2171	2166	2192	2203	2192	2174	2194	2204	2217	2235	2284	2288
	Applications-MAXIS	76	52	75	90	68	64	73	82	68	88	85	73
2009		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	MAXIS	1556	1578	1611	1628	1627	1620	1636	1629	1638	1644	1658	1687
	MNCare	308	318	322	343	349	356	374	398	400	403	402	399
	Day Care	80	81	82	85	83	83	80	84	82	80	81	78
	Totals	1944	1977	2015	2056	2059	2059	2090	2111	2120	2127	2141	2164
	Applications-MAXIS	93	93	98	91	66	78	89	72	81	84	67	91
2008		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
	MAXIS	1451	1474	1472	1469	1488	1492	1477	1465	1482	1496	1509	1532
	MNCare	238	241	245	256	265	270	286	289	292	295	301	307
	Day Care	52	53	54	58	65	67	69	70	72	77	78	78
	Totals	1741	1768	1771	1783	1818	1829	1832	1824	1846	1868	1891	1917
	Applications-MAXIS	113	68	75	69	86	62	71	79	78	109	62	109

Number of unduplicated cases open for all programs except MNCare & Child Care can be open on multiple programs per case.

Program that Aithin County manages. Residents do have the option of having their MNCare cases **MAXIS Cases:

MNCare:

managed at the State Level.

Day Care: Number of day care cases open.

Total: Total cases open.

Applications - MAXIS: New applications taken during month for MAXIS programs only. Does not include MN Care or Day Care.

