

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

AITKIN COUNTY

Provider Name: Cuyuna Regional Medical Center

DBA: Home Health Partnership

Address: 320 E Main Street

City and Zip: Crosby, MN 56441

Program Area: HCBS

Contract effective for the period beginning July 1, 2013 through December 31, 2013

**HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT
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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, Cuyuna Regional Medical Center doing business as Home Health Partnership at 320 East Main Street, Crosby, MN, 56441, hereafter referred to as the "Provider," enter into this Contract effective for the period beginning July 1, 2013 through December 31, 2013 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 Brain Injury (BI) 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#41-087-9376; NPI or UMPI numbers 1538143896 and 1255363438; 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:

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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

Aitkin
County Board of Commissioners

BY:

Chairperson of the County Board

DATED:

ATTESTED TO:

BY:

Director of Aitkin County Health and Human Services

DATED:

APPROVED AS TO LEGALITY AND
FORM:

BY:

Aitkin County Attorney

DATED:

Cuyuna Regional Medical Center

doing business as

Home Health Partnership

BY:

Director

DATED:

Signer's name printed or typed

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 B: "Purchased Services" for Elderly Waiver (EW) and Alternative_Care (AC)	1
3)	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 Brain Injury (BI).

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 type="checkbox"/> In-Home Family Support Services |
| <input type="checkbox"/> Adult Companion Services | <input 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 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 checked="" 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 type="checkbox"/> Supportive Living Services for Adults |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Supportive Living Services for Children |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transitional Services |
| <input checked="" type="checkbox"/> Homemaker Services | <input 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: Home Health Aide Services
- Other: Professional Nursing Services
- Other:

HOME AND COMMUNITY-BASED WAIVER SERVICES CONTRACT

Attachment B

Purchased Services

Home and community-based services administered under the Elderly Waiver (EW) and Alternative Care (AC) program.

The following are services that the Provider agrees to provide for eligible persons under contract. Descriptions for such services can be found in the Minnesota Health Care Programs (MHCP) Provider Manual, Chapter 26A. *[Please check and have both parties mark their initials next to those that apply.]*

- | | |
|--|--|
| <input type="checkbox"/> 24-Hour Customized Living | <input checked="" type="checkbox"/> Home Health Aide Services |
| <input type="checkbox"/> Adult Day Services | <input type="checkbox"/> Home Health Services |
| <input type="checkbox"/> Adult Day Services Bath | <input checked="" type="checkbox"/> Homemaker Services |
| <input type="checkbox"/> Adult Companion Services | <input type="checkbox"/> Nutrition Services (AC Program Only) |
| <input type="checkbox"/> Adult Foster Care | <input type="checkbox"/> Personal Care Assistance Services |
| <input type="checkbox"/> Chore Services | <input checked="" type="checkbox"/> Professional Nursing Services |
| <input type="checkbox"/> Consumer Directed Community Supports (CDCS) | <input type="checkbox"/> Residential Care Services |
| <input type="checkbox"/> Customized Living | <input checked="" type="checkbox"/> Respite Care |
| <input type="checkbox"/> Environmental Accessibility Adaptations | <input checked="" type="checkbox"/> Specialized Supplies and Equipment |
| <input type="checkbox"/> Family Adult Day Services (FADS) | <input type="checkbox"/> Transitional Services |
| <input type="checkbox"/> Family and Caregiver Training and Education | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Delivered Meals | |

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

Other:

Other:

Other:

Other:

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Attachment C

Rates effective 9/1/2011

RATE SCHEDULES

Service	CAC, CADI, BI & DD Waiver Rate	Elderly Waiver Rate	Alternate Care Rate
Skilled Nursing	\$69.69/visit	\$69.69/visit	\$69.69/visit \$8.49/15 min unit
Telehomecare Nursing	\$69.69/visit	\$69.69/visit	\$69.69/visit
Home Health Aide	\$53.48/visit \$7.44/15 min unit	\$53.48/visit \$7.44/15 min unit	\$53.48/visit \$7.44/15 min unit
Home Health Aide, Extended	\$5.10/15 min unit	\$7.44/15 min unit	N/A
Homemaker	\$4.28/15 min unit	\$4.28/15 min unit	\$4.28/15 min unit
Respite	\$5.03/15 min unit	\$5.03/15 min unit	\$5.03/15 min unit