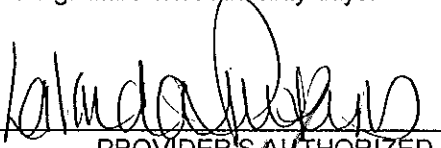


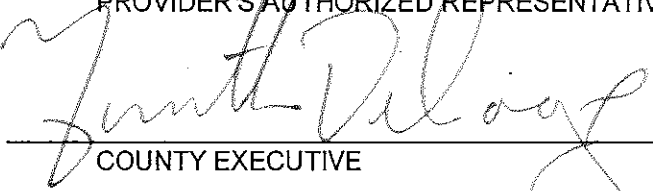
This contract is between BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403, hereinafter referred to as Purchaser, and K & D ADULT FAMILY HOME, LLC, whose principal business address is 3707 10th Avenue, Racine, Wisconsin 53402, hereinafter referred to as Provider. This contract is to be effective for the period January 1, 2016 through December 31, 2016.

The Provider employee responsible for day-to-day administration of this contract will be LaVonda Perkins, whose business address is 3707 10th Avenue, Racine, Wisconsin 53402, telephone number (262)994-8319, e-mail address gillmark30@yahoo.com. In the event that the administrator is unable to administer this contract, Provider will contact Purchaser and designate a new administrator.

The Purchaser employee responsible for day-to-day administration of this contract will be Mary Perman, (262) 638-6650, e-mail Mary.Perman@goracine.org, whose business address is 1717 Taylor Avenue, Racine, Wisconsin 53403. In the event that the administrator is unable to administer this contract, Purchaser will contact Provider and designate a new administrator.

This contract becomes null and void if the time between the Purchaser's authorized signature and the Provider's authorized signature exceeds sixty days.

(signed) 
PROVIDER'S AUTHORIZED REPRESENTATIVE
1/20/16
DATE

(signed) 
COUNTY EXECUTIVE
02-01-16
DATE


(signed) 
COUNTY CLERK
2/1/16
DATE

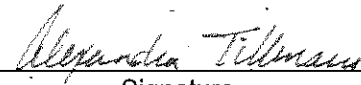
(signed) _____
COUNTY BOARD CHAIRPERSON
DATE

(Two Purchasers' signatures required for fully executed agreement.)

CERTIFIED TO BE CORRECT AS TO FORM

REVIEWED BY FINANCE DIRECTOR

By 
Racine County Corporation Counsel
1-29-16
Date


Signature
1/25/16
Date

This agreement (including the Exhibits) and the Racine County Human Services *Contract Administration Manual* (revised August 2006), which are incorporated herein by references as if set forth full herein, constitute the entire agreement of the parties and supersedes any prior understandings, agreements, or contracts in regard to the subject matter contained herein. This agreement may be amended in accordance with the Racine County *Contract Administration Manual*.

I. CERTIFICATION OF SERVICES

- A. Provider agrees to meet the program standards as expressed by State, Federal and County laws, rules, and regulations applicable to the services covered by this agreement. If the Provider obtains services for any part of this Agreement from another subcontractor, the Provider remains responsible for fulfillment of the terms and conditions of the contract. Provider shall give prior written notification of such subcontractor to the Purchaser for approval.
- B. Provider agrees to notify Purchaser immediately whenever it is unable to comply with the applicable State, Federal and County laws, rules and regulations. Non-compliance will result in termination of Purchaser's obligation to purchase those services.
- C. Provider agrees to comply with all applicable state certification and licensing requirements as well as state, local and municipal zoning laws and ordinances when applicable. The contract agency must provide copies of the current license certification and transmittal letter from the Department of health services.
- D. The authorized official signing for the Provider certifies to the best of his or her knowledge and belief that the Provider defined as the primary participant in accordance with 45 CFR Part 76, and its principles:
 - 1. Has not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency.
 - 2. Have not within a 3-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State, or local) transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property;
 - 3. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
 - 4. Have not within a 3-year period preceding this contract had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the Provider not be able to provide this certification, an explanation as to why should be included with the signed contract.

The Provider agrees that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, In-eligibility, and Voluntary Exclusion-Lower Tier Covered Transaction." Appendix B to 45 CFR Part 76 in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions.

- E. Provider agrees to follow the requirements of Administrative Code HFS 12, and Wisconsin Statute 48.685 and 50.065 regarding Caregiver Background Checks. Provider agrees to cooperate with Purchaser to implement Caregiver Background Checks, if Provider is licensed by, or certified by Purchaser. If Provider is licensed by, or certified by, the State of Wisconsin, and is required by ss 48.685 and 50.685 to perform Caregiver Background Checks, Provider will maintain the appropriate records showing compliance with the law and the Administrative Code HFS 12.

- F. Provider agrees to cooperate in site reviews and to take such action as prescribed by the Purchaser to correct any identified noncompliance with Federal, State and County laws, rules, and regulations.

II. RECORDS

- A. Provider shall maintain records as required by State and Federal laws, rules and regulations.
- B. All records of treatments provided by Provider to clients are property of the Provider, but are subject to disclosure to Purchaser, as allowed by State and Federal laws, rules and regulations on disclosure of patient treatment records. Provider will permit inspection and/or copying of patient and program records by representatives of the Purchaser and by representatives of the Department of health services. Duly authorized representatives of Purchaser shall have the right to review records relating to clinical goals and to the client's treatment progress. The parties agree to comply with State and Federal laws, rules and regulations relating to confidentiality of records.
- C. The use or disclosure by any party of any information concerning eligible clients who receive services from Provider for any purpose not connected with the administration of Provider's and Purchaser's responsibilities under this contract is prohibited except with the informed, written consent of the eligible client or the client's legal guardian.
- D. In the event that the Provider meets the criteria of a qualified service organization as defined in 42 CFR § 2.11, the Provider acknowledges that in receiving, storing, processing, or otherwise dealing with any patient records, it is fully bound by 42 CFR § 2 et. Seq. and if necessary, will resist in judicial proceedings any efforts to obtain access to patient records except as permitted by 42 CFR § 2 et. Seq. However, the parties further agree that pursuant to 42 CFR § 2.12 (c) (4) that the restrictions on disclosure in 42 CFR § et. Seq. do not apply to communications between the Racine County Section 51.42 board and the Provider regarding information needed by the Provider to provide services to the Racine County 51.42 board.
- E. Provider shall assist the Purchaser in meeting any obligations under the Public Records Law.

III. REPORTING

- A. Provider shall submit all required Evaluation and Program reports within the time frames identified in this contract. Failure to submit required reports according to identified time frames will result in Purchaser withholding pending payments until the required reports are received by Purchaser. Provider may seek an extension if it is determined the delay is a result of circumstances beyond Provider's control.
- B. Provider shall notify Purchaser of resident deaths as required by Wisconsin Statute and instructional memos from the Department of health services.

IV. FISCAL RESPONSIBILITIES

- A. Charge no more than 10% for management and general expenses as defined in proposal application. The 10% costs can be computed on program expenses only.
- B. Charge no greater amount than defined in proposal application for profit which will be computed as per the Allowable Cost Policy (private for-profit provider).
- C. Provider agrees to adhere to the guidelines of the DHS or DCF *Allowable Cost Policies Manual*, Office of Management and Budget Circular A122 or A102, and the fiscal requirements of the *Contract Administration Manual*, Racine County Human Services Department.

- D. In accordance with s.s.46.036, each vendor agency must provide an annual audit to the county agency, unless the audit requirement is waived by the Department. The standards for the vendor agency annual audits vary by type of agency and amount of Federal funds received as shown below.
 - 1. Non-Profit Agencies and Institutions: audits must be completed pursuant to the *Provider Agency Audit Guide* or DHS Audit Guide and, if the vendor expends more than \$500,000 annually in Federal financial assistance, to OMB Circular A-133. See OMB Circular A-133 for the distinction between vendors and subrecipients.
 - 2. For Profit Agencies: audits must be completed pursuant to the purchase contract language, the Department's *Provider Agency Audit Guide or DHS Audit Guide* and current DHS or DCF Purchase of Service Instructions.
 - 3. Governmental Units: audits must be completed pursuant to the *State Single Audit Guidelines* and appendices and, if the governmental unit expends more than \$500,000 annually in federal financial assistance, to federal OMB Circular A-133.
- E. Maintain a uniform double entry accounting system and a management information system compatible with cost accounting and control systems. (See DHS or DCF *Allowable Costs Policy Manual*.)
- F. Transfer a client from category of care or service to another only with the approval of the Purchaser.
- G. Audits shall be due no later than June 30 following the end of the contract period, or in the case of a termination of the contract during the contract period, 120 days after effective date of termination. Audits which are not in compliance will be returned for corrective action by Provider agency, at the expense of the Provider agency. Noncompliance may result in nonpayment of current contracted services and termination of current contract.
- H. Submit a written request to Racine County to expend any reserve amounts. The request must be submitted no later than 30 days after receipt of the audit. The request for expenditure of reserve amounts must specify the proposed purpose of utilizing the reserve amount. Reserve amounts not approved by Behavioral Health Services of Racine County will be refunded to Racine County.
- I. Upon completion of the audit review by Purchaser, if Provider received funds in excess of actual allowable costs or actual unit costs, or if Purchaser has identified disallowed costs, Provider shall refund excess monies to Purchaser at the time of audit submission as per Section IV G. If Provider fails to return funds paid in excess and fails to request expenditure of any reserve amount or is denied the request to expend any reserve amount, Purchaser shall recover the money from subsequent payments made to Provider or Purchaser can use any other remedy provided by law.
- J. If the Provider requests an advance payment in excess of \$10,000.00, the Provider agrees to supply a surety bond per s. 46.036(3)(f) Wis. Stats. The surety bond must be an amount equal to the amount of the advance payment Provider has requested.
- K. Provider agrees to cooperate with the Purchaser in establishing costs for reimbursement purposes.
- L. Provider will participate in billing Title XIX for personal care services in the facility when requested by Purchaser. Responsibilities will include doing proper documentation for Title XIX, insuring staff is qualified to provide personal care, and may include working with a local personal care agency for oversight and billing purposes (refer to Exhibit A).

V. INDEMNITY AND INSURANCE

- A. To the fullest extent permitted by law, the Provider agrees to indemnify and hold harmless the Purchaser, and its officers and its employees, from and against all liability, claims, and demands, on account of any injury, loss, or damage (including costs of investigation and attorney's fees), which arise

out of or are connected with the services hereunder, if such injury, loss, or damage, or any portion thereof, is caused by, or claimed to be caused by, the act, omission or other fault of the Provider or any subcontractor of the Provider, or any officer, employee or agent of the subcontractor of the Provider, or any other person for whom Provider is responsible. The Provider shall investigate, handle, respond to, and provide defense for and defend against any such liability, claims, and demands, and to bear all other costs and expenses related thereto, including court costs and attorneys' fees. The Provider's indemnification obligation shall not be construed to extend to any injury, loss, or damage that is caused by the act, omission, or other fault of the Purchaser. Provider shall immediately notify Purchaser of any injury or death of any person or property damage on Purchaser's premises or any legal action taken against Provider as a result of any said injury or damage.

- B. Provider shall at all times during the terms of this Contract keep in force a liability insurance policy issued by a company authorized to do business in Wisconsin and licensed by the State of Wisconsin Office of the Commissioner of Insurance in an amount deemed acceptable by Purchaser. Upon the execution of this Contract and at any other time if requested by Purchaser, Provider shall furnish Purchaser with written verification of the existence of such insurance. In the event of any action, suit, or proceedings against Purchaser upon any matter herein indemnified against, Purchaser shall, within five working days, cause notice in writing thereof to be given to Provider by certified mail, addressed to its post office address.
- C. The Provider shall maintain at its own expense and provide Purchaser with Certificates of Insurance that provide the following coverage:
 - 1. Maintain worker's compensation insurance as required by Wisconsin Statutes, for all employees engaged in the work.
 - 2. Maintain general liability coverage including personal injury and property damage against any claim (s), which might occur in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) liability for each occurrence for bodily injury and property damage including product liability and completed operations and three million dollars (\$3,000,000) in the aggregate. Provide motor vehicle insurance for all owned, non-owned and hired vehicles that are used in carrying out this contract. Minimum coverage shall be one million dollars (\$1,000,000) for each occurrence combined single limit for automobile liability and property damage and three million dollars (\$3,000,000) in the aggregate.
- D. Racine County, and its officers and employees shall be named as additional insureds on Provider's general liability insurance policy for actions and/or omissions performed pursuant to this contract. All coverage enumerated above must be placed with an insurance carrier with an AM Best Rating of A-VIII or greater. Purchaser shall receive a 30-day notice of cancellation of any policy. A copy of Certificate of Insurance and the referenced policies shall be mailed to Purchaser within 60 days of the beginning of this contract.

VI. COST AND SERVICES TO BE PROVIDED

- A. Provider and Purchaser understand and agree that the eligibility of individuals to receive the services purchased under this agreement from Provider will be determined by Purchaser.
- B. Purchaser will authorize program services and room and board costs separately. Each of these will only be paid as authorized. Provider must have an approved authorization for room and board costs billed. Payment will not be made without authorization.
- C. The AFH/CBRF shall make available to each Purchaser-supported resident all services that are identified in Exhibit B and that are identified in the Purchaser's care plans for that resident. Such services shall include all those specified in applicable regulations and statutes, including those services the AFH/CBRF is required to make available to all residents and those required to be available for any specific client group to which the Purchaser-supported resident belongs. Services the AFH/CBRF is

required to make available to any Purchaser-supported resident are listed in the Service Checklist, which is attached to this contract.

D. Rates and Units of Service

Facility Rate. The rate, type of unit, estimated number of units and estimated number of persons served are shown in the table below entitled "Program Service Rate Based on Days or Months of Care".

Purchaser reserves the right to decrease the units of service to meet actual needs.

An increase in the units of service to be provided may be negotiated, according to procedures outlined in the *Contract Administration Manual*.

Percent Occupancy Estimate Included in Rate

| | |
|--|-------------------------------------|
| What is the licensed capacity of the facility? | 4 Beds – K&D II 3 Beds – K&D III |
| The rate structure for this contract is based on the following percent of full occupancy | 100% |

Program Service Rate Based on Days or Months of Care

| Description | Rate in Dollars | Unit Type Per day or mo. (1) | Estimated number of <u>units</u> to be purchased (2) | Total Estimated Cost of Service (3) | Estimate of persons served | Account # |
|---------------------------------------|-----------------|------------------------------|--|-------------------------------------|----------------------------|-----------|
| K&D II AFH/CBRF Room & Board Rate | \$24.93 | Per day | As Authorized | As Authorized | As Authorized | 5714202 |
| K&D II AFH/CBRF Service Rate | \$124.73 | Per day | As Authorized | As Authorized | As Authorized | 5714202 |
| K&D III AFH/CBRF Room & Board Rate | \$24.93 | Per day | As Authorized | As Authorized | As Authorized | 5714202 |
| K&D III AFH/CBRF Service Rate | \$124.73 | Per day | As Authorized | As Authorized | As Authorized | 5714202 |

Notes from table headings:

- (1) Rates may be expressed as per day, per month or both.
- (2) The Number of units shown is an estimate.
- (3) This number should not exceed Maximum Contract Amount. If all services are included in the Facility rate, this amount should equal the Maximum Contract Amount.

E. Services not included in facility rate. The rate(s), unit types and estimates of the number of units to be purchased are shown in the table below entitled "Rates for Services not included in Facility Rate".

Purchaser reserves the right to decrease the units of service to meet actual needs. An increase in the units of service to be provided may be negotiated.

VII. AUTHORIZATION PROCESS

- A. No services will be paid for unless the services are authorized by the Purchaser or the Purchaser's designee. Authorization will be determined solely on the prospective client's need for services as determined by Purchaser. Purchaser shall not be liable for payment of services rendered to potentially eligible clients unless Provider complies with the request for authorization procedures as outlined in this agreement and as may be agreed to from time to time by the parties in writing.
- B. Purchaser designates the case manager as the agent for the Purchaser in all matters regarding the care of the person for whom service is being sought. The authority of the case manager as agent includes but is not limited to the following:
 - 1. To participate in the development of and approve or disapprove the individual care plan for each authorized individual.
 - 2. To approve or disapprove the care provided.
 - 3. To visit the facility and to contact the authorized resident at any time.
 - 4. To review the records of any authorized individual during normal business hours and to monitor the performance of services provided to authorized individuals. The Provider will cooperate with the Purchaser in these efforts and will comply with the requirements of monitoring plans.
 - 5. To be notified by the Provider within one business day of any significant change in the condition of any purchaser-supported resident. Significant change includes but is not limited to:
 - a. Hospital admission
 - b. New illness, condition, or trauma requiring physician or hospital visit, or requiring attention at the AFH/CBRF of a physician or emergency personnel
 - c. Any emergency visit to hospital or physician
 - d. Loss of ability to perform an activity of daily living
 - e. Allegation of physical, sexual, or mental abuse of any purchaser-supported resident
 - f. Death of any provider-supported resident
 - 6. To undertake such quality assurance efforts relating to the care of authorized individuals as the Purchaser deems appropriate. The Provider will cooperate with the purchaser in these efforts.
- C. AFH/CBRF's receiving, or requesting payment for clients under the Community Options Program must request a pre-admission assessment by Purchaser before the client moves into the facility. The Department will not authorize funding for placements that have not complied with the pre-assessment requirement.
- D. Provider may not transfer a client from one level of care or service to another without the prior approval of the Purchaser.

VIII. PAYMENT FOR SERVICES

- A. Provider shall submit all bills (reflecting net payment due) and the Contract Information for Agencies cover sheet by the 10th day following the close of the month. Billings received by the 10th day shall be reimbursed within 15 business days.
- B. All 2016 Provider billings must be received by the Purchaser on or before January 20, 2017, or in the case of termination of contract during the contract period, 20 days after effective date of termination.

C. Purchaser shall not be held financially liable for any payment for service received from Provider if the billing for such service is received 90 days or more from the date of the service provided to the respective client.

D. Method of payment shall be:

Unit Rate Billing:

Provider shall bill per client per service on Purchaser authorization/billing form (Fiscal A-5 or A-6). Such billings will include authorized clients, authorized units per client, units of service provided per client, the unit rate, the gross monthly charge, collections, and net cost per client. Purchaser will pay the net cost for authorized only services.

The Purchaser agrees to pay a daily rate to reserve space for the resident if pre-approved by Purchaser. This daily rate will be 85% of the normal daily rate. The Purchaser will pay this rate for a period not to exceed 14 consecutive days or 14 days in a calendar month, unless extended by the Purchaser in writing. The Purchaser may terminate this payment at any time if the Purchaser determines that the resident will no longer need the space.

E. Collections

1. Residents placed and funded under this agreement and the families of individuals may be liable to pay for services under this agreement according to provisions of Chapter HSS 1 of the Wisconsin Administrative Code and forms and procedures developed under these rules which include but are not limited to the *Community Options Program Cost Sharing Guidelines* and the *Medicaid Waiver Guidelines*. Provider shall make no billing or request for funds from the resident or any relative of the resident except as required by ch. HSS 1 and approved by Purchaser.
2. Fees collected on behalf of a client from any source will be treated as an adjustment to the costs and will be deducted from the amount paid under this contract.
3. If Provider has billing responsibility under this agreement and also has control of the resident's funds, the Provider shall assure that there is informed consent to apply the resident's funds to pay the bill. Such consent should be obtained from the resident if competent, the resident's guardian of the estate or person with power of attorney to handle the resident's financial matters. The Provider shall inform the Purchaser if in the opinion of the Provider the resident is not competent to make financial decisions and does not have a guardian of the estate or a person assigned with durable power of attorney to handle financial matters.
4. If Provider has billing responsibility under this agreement, Provider shall inform Purchaser whenever a resident or spouse is more than 30 days late in making a required payment.

F. Purchaser reserves the right to decrease units of service to meet actual needs. An increase in the units of service to be provided may be negotiated at the discretion of Purchaser.

G. No payments shall be made to Provider for AFH/CBRF services when the participant is receiving respite services.

IX. DISCRIMINATION

A. The Provider agrees to submit to the Purchaser a Civil Rights Compliance Letter of Assurance (CRC LOA) regardless of the number of employees and the amount of funding received. A current copy of the Subrecipient Civil Rights Compliance Action plan for Meeting Equal Opportunity Requirements under Title VI and VII of the Civil Rights Act of 1964, Section 503 and 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Health Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act of 1967, the Omnibus Budget Reconciliation Act of 1981, the Americans with Disabilities Act (ADA) of 1990, and the Wisconsin Fair Employment Act is also required

if Provider employs more than 25 employees and receives more than \$25,000 in funding.. The Provider shall attach its CRC LOA and individual CRC Action Plan as part of this contract. Affirmative Action plans are required from vendors which receive \$50,000 or more in state money and have 50 or more employees as of the award date of the contract.

- B. In accordance with the terms of the contract, Provider agrees to comply with the Affirmative Action/Civil Rights Compliance incorporated in Section Three (III) of the Racine County Human Services Department *Contract Administration Manual*.
- C. The Purchaser will take constructive steps to ensure compliance of the Provider with the provisions of the subsection. The Provider agrees to comply with Civil Rights monitoring reviews performed by the Purchaser, including the examination of records and relevant files maintained by the Provider. The Provider further agrees to cooperate with the Purchaser in developing, implementing, and monitoring corrective action plans that result from any reviews.

X. GENERAL CONDITIONS

- A. This Contract is contingent upon authorization of Wisconsin and United States Law and any material amendment or repeal of the same affecting relevant funding or authority of the Department shall serve to terminate this Agreement, except as further agreed to by the parties hereto.
- B. It is agreed that the parties' obligations hereunder are conditional upon securing the approval of the necessary State authorities of this purchase Contract. It is further agreed that, in the event the State reimbursement which is contemplated under this Contract is not obtained and/or continued at a level sufficient to allow for the purchase of the indicated quantity of purchased services, the contracted obligations of each party shall be terminated, without prejudice to any obligations or liabilities of either party.
- C. Purchaser may investigate any complaint received concerning the operation and services purchased including review of clinical service records and administrative records subject to restrictions by law. This may include contacting clients both past and current as required.
- D. Purchaser shall be notified in writing of all complaints filed in writing against the Provider. Purchaser shall inform the Provider in writing with the understanding of the resolution of the complaint.
- E. Nothing contained in this Agreement shall be construed to supersede the lawful power or duties of either party.
- F. Either party may terminate this agreement by giving written notice of intent to terminate at least thirty (30) days prior to the date of termination. If the cancellation of the contract by either party results in the closing of a CBRF, Wis. Stats. 50.03(14)(1) governs the closing.
- G. All capital equipment purchased with funds from this contract may at the discretion of Racine County revert to Racine County at the termination of this contract period or subsequent contract periods. Computer equipment authorized within this contract budget will require Purchaser's approval prior to purchase and authorized payment.
- H. Provider shall acknowledge Racine County as a funding source in all manner of communication including letterhead, brochures, pamphlets, and other forms of media exposure. Racine County may at its discretion identify the type of acknowledgment necessary for recognition.
- I. Provider agrees to list all external job vacancies on Job Net.
- J. Renegotiation or termination of this contract shall be determined by procedures outlined in the Racine County *Contract Administration Manual* and Chapter 68, Wis. Stats.

XI. RESOLUTION OF DISPUTES

The Provider may appeal decisions of the Purchaser in accordance with Racine County Human Services Department *Contract Administration Manual* and Chapter 68, Statutes.

XII. HEALTH INSURANCE AND ACCOUNTABILITY ACT OF 1996 "HIPAA" APPLICABILITY

- A. The Provider agrees to comply with the federal regulations implementing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the extent those regulations apply to the services the Provider provides or purchases with funds provided under this contract.
- B. If during the contract term (Purchaser) determines that a business associate relationship exists between the parties as defined by HIPAA the (Purchaser) and (Provider) mutually agree to modify the Agreement to incorporate the terms of a Business Associate Agreement, as defined by HIPAA, to comply with the requirements HIPAA and of HIPAA's implementing regulations, Title 45, Parts 160 and 164 of the Code of Federal Regulations ("Privacy Rule"), dealing with the confidentiality of health or health-related information, and Title 45, Part 142 of the Code of Federal Regulations ("Security Rule"), dealing with the standards for the security of individual health information that is electronically maintained or transmitted, and Title 45, Part 162 of the Code of Federal Regulations ("Transaction Rule") dealing with standards for electronic transactions.

XIII. CRITERIA FOR QUALITY

That in accordance with Wisconsin State Statutes 46.27(7)(c)3.d., 46.27(11)(c)5n.d., and 46.277(5)(d) and state policy, Racine County has established criteria for quality in specified Adult Family Care Homes and Community Based Residential Facilities. The AFCH/CBRF shall adhere to the standards in order to receive funding from Racine County.

To determine that the AFCH/CBRF provides quality care services within a quality environment, AFCH/CBRF Provider shall develop provisions related to the following minimum standards or criteria:

- A. The facility allows for privacy.
- Facilities that do not offer a private room allow the person to choose with whom they share their room;
 - Residents are encouraged to invite visitors and there are areas where visits can take place with privacy;
 - Staff respect privacy of residents;
 - Confidentiality is respected.
- B. The facility has corrected any sanction, penalty, or deficiency imposed by the Department in accordance with processes outlined in HFS 83 and to the satisfaction of Racine County.
- The facility shall submit to the Purchaser a copy of the Department's survey findings;
 - The facility shall notify the Purchaser of any investigation, penalties, sanctions or deficiencies by the State of Wisconsin Bureau of Quality Assurance;
 - The facility shall submit to the Purchaser a copy of the facility's Plan of Correction;
 - The facility shall submit to the Purchaser documentation of compliance with the facility's Plan of Correction. Refer to Procedures, page 3, for timelines.
- C. Care, services, and the physical environment of the AFCH/CBRF address the individual needs of the client.
- In accordance with HFS 83.32 and 88.06 the facility will include the Purchaser's case manager in the development and/or modification of individualized service plan;
 - The individualized service plans and services evolve over time to meet the changing needs of the residents;
 - An interdisciplinary approach is used to develop the care plan;
 - Services and activities are designed according to individual needs;
 - The facility has a plan to identify and respond to medical needs and emergencies;

- Staff are well-trained and competent, and ratios are sufficient to meet the needs of clients;
- The furnishings and decorations are appropriate, respecting both the age and levels of disability;
- There is safe access to outdoor activities;
- The home appears to be safe and secure;
- Doorways, hallways, and rooms are large enough to accommodate wheelchairs if applicable;
- Architectural modifications and equipment respond to resident needs.

- D. Care, services, and the physical environment provided by the AFCH/CBRF address the individual preferences of the client.
- A variety of social and recreational activities are offered in-house and in the community;
 - Efforts are made to provide a variety of nutritious and good tasting meals, while taking resident's preferences into consideration;
 - Residents are encouraged to decorate their own rooms;
 - The opinions of residents and significant others are sought and respected;
 - Choices are available about things that matter to the residents;
 - The facility schedule for daily activities allows for individual preferences.
- E. The CBRF provides opportunities for potential new residents, their families and county care managers to observe, experience and evaluate everyday activities.

METHOD TO DETERMINE ADHERENCE TO QUALITY STANDARDS:

Each CBRF shall provide a full range of program services based on the needs of the resident that are consistent with the requirements of HFS 83.33 and/or 88.07 relating to services provided. Each AFCH/CBRF shall be monitored by using the quality standards outlined above. Quality indicators shall be used by Racine County to evaluate the functioning and capability of the AFCH/CBRF to provide adequate services to program participants.

The following measures/vehicles will be used to determine compliance with the above standards:

1. Any investigation, sanction, penalty, or deficiency imposed by the State of Wisconsin Bureau of Quality Assurance;
2. Purchaser's Case Manager Evaluation and Satisfaction (including, but not limited to, the case manager's observations of the facility and the facility's adherence to the quality standards presented in this document);
3. Consumer Satisfaction (including, but not limited to, a review of the CBRF Resident Satisfaction Evaluations).

PROCEDURES:

The Provider shall provide a copy of any State of Wisconsin imposed finding of deficiency to Purchaser within two (2) working days;

When a notice of violation is issued by DHS, the Provider shall submit the Plan of Correction to the Purchaser no more than 30 days after the date of notice. If DHS requires modifications in the proposed Plan of Correction, the Provider shall submit a copy to the Purchaser;

If the Provider fails to make a correction by the date specified in the Plan of Correction, the Purchaser reserves the right to freeze new county admissions, remove consumers, require additional staff training in one or more specific areas, withhold payments, terminate or suspend contract.

This contract will be terminated by the Purchaser under the following circumstances:

- Fraudulent billing for care and services;
- Mismanagement of consumer funds;
- Resident abuse;
- Intentional violation of contract.

**RACINE COUNTY
MA PERSONAL CARE SERVICES AGREEMENT & ASSURANCES**

This agreement between the BEHAVIORAL HEALTH SERVICES OF RACINE COUNTY and the CBRF/AFCH Provider is for the provision of Medical Assistance Personal Care (MAPC) by the Provider and billed to Medical Assistance through the Medical Assistance Purchaser number of a contracted home health agency licensed under 50.49 WI Stats and HFS 133 WI Admin. Code or an independent living center as defined in s. 46.96(1) (ah) WI Stats.

General Terms and Conditions:

1. The Purchaser and the home health agency/independent living center shall have access to any and all documentation of consumers, workers, operations, and training related to the provision of MAPC for the purpose of monitoring and review. Provider will also make available the hiring procedures and personnel policies.
2. Provider will maintain employee record files, which will include time card or time sheets detailing hours worked itemized by consumer, services provided itemized by consumer with times allocated to individual services and documentation of required Personal Care Worker (PCW) training or waiver of that training. Provider insures that the Purchaser and the home health agency/independent living center will have access to MAPC worker files for review and monitoring purposes to insure training requirements and accuracy of time sheets and invoices.
3. In the event of a State Audit which results in the Purchaser or home health agency/independent living center being required to repay any recoupment amounts assessed by the State which arise out of, or are related to, in any form or manner, the performance of Provider, the Provider shall reimburse Purchaser/personal care agency for these amounts. Provider will indemnify and hold Purchaser harmless for any and all costs, expenses and attorney's fees associated with these amounts. Purchaser/personal care agency is entitled to retain MAPC funds due and owing Provider pending resolution of the request for recoupment. Upon final and binding determination, these funds may be applied to the recoupment amount due the State.

Provider agrees to provide personal care services to residents of Racine County in compliance with the Medical Assistance Certification requirements found in HFS 105.17. Specifically, Provider agrees to perform the following functions.

1. Employ or contract with personal care workers to provide personal care services;
2. Employ trained workers or train or arrange and pay for training of employed or subcontracted personal care workers as necessary;
3. Coordinate with the home health agency and/or independent living center registered nurses assigned to personal care;
4. Supervise the provision of personal care workers, with the input of the home health agency and/or independent living center nurses;
5. Document a grievance mechanism to resolve recipient's complaints about personal care services, including a personal care provider's decision not to hire a recipient's choice of a personal care worker;
6. Perform all functions and provide all services specified in a written personal care provider contract between the personal care provider and personal care workers under contract, and maintain a copy of that contract on file. Document performance of personal care workers under contract by maintaining time sheets of personal care workers which will document the types and duration of services provided by funding source;
7. Provide a written plan or operation describing the entire process from referral through deliver of service and follow-up;
8. Provide the personal care worker with the basic materials and equipment needed to deliver personal care services;
9. Cooperate with other health and social service agencies in the area and with interested community referral groups to avoid duplication of services and to provide coordination of personal care services to recipients;
10. Evaluate each personal case worker's performance on a periodic basis;
11. Personal care services are those services provided beyond the scope of basic residential care and, as such, are not a usual and expected service. On hands personal care is a support that must be contracted in addition to the basic support of room, board, care and supervision;
12. Provider recognizes that the home health agency or independent living center is a certified Personal Care Provider and that Provider subcontracts with the home health agency/independent living center and Purchaser as a provider of services.

Provider will sub-contract with a home health agency and/or independent living center for registered nursing supervision services. The personal care registered nurse supervisor listed in #3 above will have the following qualifications:

1. Be licensed as a registered nurse in the State of Wisconsin pursuant to s.441.06 Wis. Stats;
2. Be a public health nurse or employed by a home health agency, an independent living center or a hospital rehabilitation unit; and
3. Provide documentation of experience in providing personal care services in the home.

The personal care registered nurse supervisor listed in #3 above will perform the following duties:

1. Evaluate the need for service and make referrals to other services as appropriate;
2. Secure written orders from the recipient's physician. These orders are to be renewed once every three months unless the physician specifies that orders covering a period of time up to one year are appropriate, or when the recipient's needs change, whichever comes first;
3. Develop a plan of care for the recipient giving full consideration to the recipient's preferences for service arrangements and choice of personal care worker, include a copy of the plan in the recipient's health record, and review the plan at least every 50-60 days and update it as necessary;
4. Assist the supervisory staff of the Provider to interpret the plan to the personal care worker(s);
5. Assist the supervisory staff of the Provider to develop appropriate time and service reporting mechanisms for personal care workers and instruct the workers on their use;
6. Assist the supervisory staff of the Provider to give the worker written instructions about the services to be performed and demonstrate to the worker how to perform the services, and
7. Assist the supervisory staff of the Provider to evaluate the competency of the worker to perform the services;
8. Waive training requirements for personal care workers who demonstrate sufficient training and/or experience in providing personal care.

All personal care workers employed by the Provider to serve residents will meet the following qualifications:

1. Be trained in the provision of personal care services. Training shall consist of a minimum of 40 class room hours, at least 25 of which shall be devoted to personal and restorative care, or 6 months of equivalent experience. Training shall emphasize techniques for and aspects of caring for the population served by the Provider;
2. Document successful completion or required training to the personal care provider for the Provider's records;
3. Be a person who is not a legally responsible relative of the recipient under s.s. 49 through 90 (1), Wis. Stats.; and
4. Be a person who has not been convicted of a crime which directly relates to the occupation of providing personal care or other health care services.

All personal care workers employed by the Provider to serve residents will perform the following duties assigned by their supervisor with the input of the personal care RN:

1. Perform tasks as assigned;
2. Report in writing on each assignment;
3. Report any changes in the recipient's condition to their supervisor; and
4. Confer as required regarding the recipient's progress.

This agreement shall continue in affect until amended or terminated by the parties. The agreement can only be amended in writing and agreed to by both parties. Purchaser reserves the right to terminate the agreement immediately upon receipt of evidence of inappropriate care being provided by Provider, or of fraudulent billing by the same. Otherwise, the agreement may be terminated by giving the other party 30 days written notice.

ADULT FAMILY CARE HOME

PROGRAM REQUIREMENTS

1. Facility must be in compliance with all AFH/CBRF licensing requirements of the Department of health services.
2. Facility must meet the appropriate local zoning and occupancy ordinance prior to implementation and secure occupancy permit prior to contracting.
3. Facility must have capacity to generate first or third-party collections.
4. Facility must include most recent copy of State of Wisconsin Department of health services Application for AFH/CBRF Licensing, including the Program Statement per HFS 83.33 and Personnel Policies per HFS 88.13.
5. Facility must maintain accurate financial records of the AFH/CBRF and resident accounts, including personal funds and belongings.
6. Facility shall receive prior written authorization for any client specific cost not identified in the unit rate approval.
7. Room and board costs should not exceed 20% of total per day costs. Rates in excess of these amounts must be justified with verifiable financial data and program criteria.

The Provider must detail the level of services to be provided in each facility including: shift scheduling, daily scheduling of activities, level of supervision of medical care to be provided, activity schedules including staff ratios, planned activities involved in personal care, and a program summary of behavioral management activities planned for the level of client proposed.

8. Building costs (rental) shall not exceed the fair market costs for the specific location of each facility. Costs in excess of fair market will be denied by RCHSD. RCHSD will be the final determiner on fair market rates for each facility.

BASIC PROGRAM SPECIFICATIONS:

All AFH/CBRF's will coordinate with RCHSD to ensure that clients receive a Community Options Program assessment before being admitted to the facility. This is in accordance with new state Community Options rules and guidelines, effective July 1, 1998.

All AFH/CBRF's should provide the following minimum program requirements:

1. Services

- a. 24-hour per day coverage

There shall be sufficient staff and facilities to provide services and supervision including getting client to work and other activities, and helping them plan and execute leisure activities.

Room, board and supervision shall be provided to all residents during those hours when the resident is under the direction of AFH/CBRF staff.

At least one staff person is to be present during the hours when residents are home, and will leave a number where they or a responsible party can be reached at the school, workshop, place of employment in case of emergency, if staff are not on premises when residents are out of facility.

Provide appropriate supervision, housing, nutrition, clothing, recreational opportunities for each resident.

b. Health and medication monitoring

Routine medical care: yearly physicals, sick visits and follow-up assistance with ongoing medication for controlled conditions (seizures, blood pressure).

Supervision and monitoring of daily medications. Notify HSD Case Management staff of medications refused, missed or any other related problems.

Report all significant illness/accidents which require a physician's attention to HSD or its designated representative within 24 hours of the onset of same.

As necessary, arrange for annual medical and dental examinations with copies of the results to be filed with HSD or its designated representative.

Record significant events (illnesses, behavioral changes, school/day program achievements, etc.) for each resident and make these records available to HSD or its designated representative.

c. Information & referral

Work with other agencies and organizations involved in the provision of services to their residents. This includes schools, day programs, supported work programs, leisure time providers, medical and dental providers. This is to be done with the recognition that all residents should be considered as potential independent living residents and a support network to work toward independent living shall be a factor in programming.

d. Insure recreation & leisure time services are available

Provide adequate and appropriate leisure time activities using community-based resources.

e. Daily living skills

Develop skill attainment levels with regard to entry or reentry into the community. It shall be at the discretion of HSD case manager to determine if appropriate day programming within the facility meets individual client needs or whether additional outside services need to be authorized.

Routine personal care: monitoring, reminders, and some hands-on assistance with grooming, dressing, bathing.

Minor behavioral management: occasional upsets or tantrums, normal emotional traumas, unusual mannerisms (minor compulsive behaviors, repetition).

f. Transportation services

Provide transportation to medical appointments, job placements, workshops, day care centers, *court hearings, court-related appointments*, recreational, and social activities.

2. Treatment records shall be maintained and shall include:

- a. Admission data
- b. Physical/medical data
- c. Medication data
- d. Progress notes
- e. Development of individualized treatment plans and goals
- f. Provisions of a grievance procedure

3. The owners, administrators, operators and staff members shall comply with the following requirements:

- a. Enable HSD or its designated representative access to the resident upon the request of HSD or its designated representative or the resident.
- b. Respect the resident's need for privacy in respect to mail, telephone calls, personal needs, etc.
- c. Respect the resident's religious and cultural beliefs.
- d. Permit visitation by family and friends of the residents at reasonable and appropriate times. (AFH/CBRF operators will receive at least 24-hour notification from resident's natural family of on or off premises visitation.)
- e. Notify HSD or its designated representative when any resident is to be away from the premises for 24 hours or more or is to leave the State of Wisconsin.
- f. Notify HSD or its designated representative when the resident leaves the AFH/CBRF without the approval or consent of the operator.
- g. Refer all inquiries regarding the resident placements (respite and long-term) to HSD or its designated representative.
- h. Notify HSD or its designated representative with respect to problems with the resident.
- i. The AFH/CBRF operator shall not provide or disseminate any information regarding any resident without the prior consent of HSD.
- j. The AFH/CBRF administrator will be responsible for the staff's adherence to the above.

For residents in need of a more structured hands-on level of care, the Provider would need to provide:

- More supervision of medical care: frequent illnesses, medical conditions that need ongoing care (special diets, diabetes) that are partially controlled or intense needs for ongoing conditions (uncontrolled seizures, skin conditions, positioning, dialysis, use of psychotropic drugs);
- Expanded supervision of activities: requires staff to plan, accompany and execute the activities with residents and to work with resident input to the extent possible;
- More intense personal care: staff must usually assist in dressing, feeding, grooming, bathing, but client can partially do it themselves, or there is total or near total care for bathing, grooming, toileting, feeding, etc.;
- Behavioral management: outbursts can occur 1-2 times per week, may purposefully break rules, use street drugs or alcohol inappropriately, soil bed, be inappropriate sexually, require a formal behavioral program, or behavioral management is a daily need due to ongoing emotional distress, mental illness, aggression, criminal behaviors.

Emergency Preparedness/Disaster Planning

1. The Provider shall develop a written disaster plan to address all hazards planning (fire, flooding, hazardous materials release, weather, cold/heat emergencies, health emergencies, terrorist acts, etc.). The plan shall identify specific procedures and resources required for both sheltering-in-place and evacuation from the facility to an alternate site(s) should evacuation be necessary to provide for the safety and well being of individuals placed in the care of the facility.
2. The disaster plan will be updated annually and a copy shall be provided to Racine County Human Services Department by February 5th of each year for which the vendor agency is under contract.

3. If the individual placed by Racine County Human Services Department in the care of the CBRF/AFH is residing in another county, Provider will provide a copy of the written disaster plan to the Human Services Department in the county of the individual's residency.
4. Staff employed by Provider shall receive training on the disaster plan as part of their orientation and annually thereafter. Documentation of such training will be maintained by the agency.
5. Upon admission to the CBRF/AFH the individual (if appropriate) and his/her caseworker will be provided information addressing the facility disaster plan, including contact information and evacuation location(s). Provider shall provide documentation of this in the individual's file.
6. Provider shall maintain a roster of phone/pager numbers to be used in an emergency to contact agency staff, the individual's legal guardian, and Racine County Human Services to advise them of the emergency. Contact numbers shall also include local law enforcement and emergency numbers for fire and rescue.
7. Provider understands that in the event of an evacuation there are critical items that must be taken to include agency contact information; individual's medical information (e.g. prescriptions, recent medical reports, physician's name and immunization history); identifying information for the individual including citizenship information; any court orders that may be involved in the placement of the individual; guardian information, etc. at time of the event. Provider further understands that in the event of an emergency they should call the Racine County Human Services Department Information and Assistance Line at 262-638-6321 or 800-924-5137. Should any information included in the emergency evacuation plan change, Provider will update the Racine County Human Services Department within 14 days of the change.

EXPECTATIONS REGARDING RESIDENT CARE
COST OF CARE - RESIDENT CONTRIBUTIONS/ALLOCATIONS

The following table will be used to determine each resident's allowance on a monthly basis. The new guidelines were developed by Human Services staff based on State guidelines published in "The Collection Users Manual". According to the manual,

"When a person enters a residential facility, he or she is considered a one person family for purposes of figuring his or her ability to pay... Under Wisconsin law, the clients is responsible to pay for the full cost of care. (If the client is married, the spouse is also responsible.)"

The manual goes on to describe three sources of funds that are considered when determining a resident's budget:

1. Unearned Income
2. Earned Income
3. Other Funds Available to the Client

When more than one source of funding is available, a combined billing amount will be determined.

For residents living in an Adult Family Home, the following table will be used:

1. The client receiving any type of government benefits but no other source of income may keep:
 - \$65.00/month for personal allowances
 - Any needs beyond the \$65.00/month must be approved by the case manager (i.e. transportation waivers)
2. The client with government benefits and earned income will keep:
 - \$65.00/month for personal allowances from government benefits
 - The first \$65.00 of earned income (net)
 - 50 cents on the dollar beyond the \$65.00

Example:

| | Income | Cost of Care | Client Allowance |
|---------------------|-----------------|-----------------|------------------|
| Unearned Income | \$300.00 | \$250.00 | \$ 65.00 |
| Earned Income | \$400.00 | | \$ 65.00 |
| 50¢ / dollar earned | | \$167.50 | \$167.50 |
| Total: | \$700.00 | \$417.50 | \$297.50 |

3. The client with no government benefits but is competitively employed may keep:
 - The first \$65.00 of net income
 - 50 cents on the dollar beyond the \$65.00/month

Example:

| | Income | Cost of Care | Client Allowance |
|---------------------|-----------------|-----------------|------------------|
| Unearned Income | \$0 | \$0 | \$0 |
| Earned Income | \$500.00 | \$0 | \$ 65.00 |
| 50¢ / dollar earned | \$0 | \$217.50 | \$217.50 |
| Total: | \$500.00 | \$217.50 | \$282.50 |

If a resident in this category has needs beyond what can reasonably be covered, the County may pick up that expense providing the item and amount is authorized by the case manager.

In all three instances it is expected that residents will save as much money as possible for his or her personal needs, i.e. winter jackets, special requests, camp, recreational activities, etc. Remember, all your residents' financial activities are subject to audit by the Federal, State, or County government depending upon the source of funds.

SERVICE CHECKLIST

Specification of Services required by statute and administrative rule (to be provided at a level and frequency needed by each resident). CBRF/AFH provider shall indicate which of the following is applicable to the respective facility. If you have multiple facilities and services vary, you must complete one for each facility.

| Program services listed in HFS 83.33, HFS 83.35, & HFS 88.07 | Name of facility: <u>K&D Adult Family Care Home</u> The service will include these activities: | Yes or No |
|--|---|-----------|
| Supervision [as defined in HFS 83.04(64), 88.06 (3)(c)] | <ul style="list-style-type: none"> • Supervision during day-time hours • Supervision will include overnight staff who may sleep when not needed to monitor or tend to resident needs • Supervision will include overnight awake staff | Yes |
| Information and referral | <ul style="list-style-type: none"> • Information about community activities • Information and referral for appropriate health and social services | Yes |
| Leisure time activities | <p>The AFH/CBRF will promote resident participation in a program of daily activities designed to provide needed stimulation and variety consistent with the interests of the resident. Specific activities include:</p> <ul style="list-style-type: none"> • Choice of an array of individual activities (e.g. books & magazines, cards, sewing, crafts) • Choice of an array of social activities (e.g. conversation, group projects, games, cards, crafts) • Choice of outdoor activities (e.g. sitting, walking, social events) • Participation in planning and taking outings • Opportunities for indoor and outdoor exercise • Activities to accommodate needs and disabilities of residents (e.g. large print books, books on tape, phone adapters, adaptive utensils, and other equipment, etc.) | Yes |
| Community activities | <ul style="list-style-type: none"> • Inform residents about community activities consistent with their personal interests; allow choice (e.g. clubs, sports, religious events, entertainment) • Arrange/provide for participation • Involve community in AFH/CBRF; host social events • Allow use of phone for planning/ arranging events | Yes |
| Family Contacts | <ul style="list-style-type: none"> • Assist family contacts through resident phone calls, letter writing, visits, and special occasion events • Arrange contacts (in or out of facility) • Provide family with information about the resident (as authorized by resident) | Yes |
| Health Monitoring & Medical Services | <p>Monitor health and make arrangements for health care appointments as needed or support resident to make own arrangements (includes physical health, mental health, and dental care)</p> | Yes |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|---|--|------------------|--|------------------------|-----------------------------------|--|--------------------|-----------------------------------|--|-------------------------|-----------------------------------|--|----------------------|-----------------------------------|--|------------------------|--|--|------------|-----------------------------------|--|-----------|-----------------------------------|--|-------------|-----------------------------------|--|------------------------|-----------------------------------|--|-----------------------|-----------------------------------|--|----------|-----------------------------------|--|------------------------------|-----------------------------------|--|----------------------------|-----------------------------------|--|--|
| <p>Medications</p> | <ul style="list-style-type: none"> The AFH/CBRF medication program for all medications controlled by the AFH/CBRF is supervised by an RN or an RPh as described in HSS 83.33(3)(e)3 The AFH/CBRF has all medications controlled by the AFH/CBRF prepackaged by an RPh as described in s. HSS 83.33(3)(e)4 | <p>Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <ul style="list-style-type: none"> Resident controls and self-administers medications Resident controls and AFH/CBRF provides supervision of medications; resident self-administers medications AFH/CBRF manages and resident self-administers medication AFH/CBRF provides supervision and assistance AFH/CBRF manages and administers medications AFH/CBRF provides medication administration instruction to residents AFH/CBRF supervises/administers controlled substances/psychotropic medications AFH/CBRF coordinates medication orders with prescribing physician and pharmacy AFH/CBRF orders refills of medications from pharmacy when refills are authorized AFH/CBRF picks up medications from pharmacy for resident | <p>Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Meals</p> | <p>AFH/CBRF provides:</p> <ul style="list-style-type: none"> 3 meals a day 2 meals a day Accommodation for special diets Nutritious snacks <ul style="list-style-type: none"> - morning - afternoon - evening Opportunities for resident food selection/menu planning | <p>Yes</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Transportation to/for</p> | <table border="0"> <tr> <td>To / for:</td> <td>Provider:</td> <td></td> </tr> <tr> <td>• Medical appointments</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>• Work/day program</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>• Education or training</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>• Religious services</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>• Community activities</td> <td></td> <td></td> </tr> <tr> <td>- Shopping</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Banking</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Hair care</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Religious activities</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Government meetings</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Voting</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Social/recreational events</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> <tr> <td>- Visits to family/friends</td> <td><input type="checkbox"/> Arranges</td> <td><input checked="" type="checkbox"/> Provides</td> </tr> </table> | To / for: | Provider: | | • Medical appointments | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | • Work/day program | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | • Education or training | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | • Religious services | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | • Community activities | | | - Shopping | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Banking | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Hair care | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Religious activities | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Government meetings | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Voting | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Social/recreational events | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | - Visits to family/friends | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | |
| To / for: | Provider: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Medical appointments | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Work/day program | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Education or training | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Religious services | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • Community activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Shopping | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Banking | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Hair care | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Religious activities | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Government meetings | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Voting | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Social/recreational events | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| - Visits to family/friends | <input type="checkbox"/> Arranges | <input checked="" type="checkbox"/> Provides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Other services required by purchaser

| Specific Services | Optional detail about included activities: | Yes or No |
|---|---|-----------|
| Personal care | Provide training, prompts, or transitional services for, or assistance with: <ul style="list-style-type: none"> · Eating · Toileting · Personal hygiene · Dressing · Grooming · Bathing · Transferring · Mobility | Yes |
| Independent living skills | <ul style="list-style-type: none"> · Arrange for assistive devices to foster independence · Teach/support maintaining skills related to: <ul style="list-style-type: none"> - Education - Money management - Food preparation - Shopping - Use of public transportation - Vocational activities - Seeking and retaining employment - Laundry care - Cleaning the resident's living area · Provide assistance with self-direction | Yes |
| Communication skills | <ul style="list-style-type: none"> · Speech therapy · Interpreter services · TDD | Yes |
| Socialization | <ul style="list-style-type: none"> · Dealing with anger · Conflict resolution · Strengthening personal relationships | Yes |
| Activity programming for persons with irreversible dementia (in addition to activities listed in Attachment 1) | <ul style="list-style-type: none"> · Participation in household tasks · Activities for sensory stimulation · Activities to stimulate memory and retrieve information from the past · Activities based on earlier life experiences | Yes |
| Nursing care | <ul style="list-style-type: none"> · Provided by the facility · Arranged by the facility · Hospice care provided under s. HSS 83.34 | Yes |
| Monitoring symptom status | <ul style="list-style-type: none"> · Keep the following persons informed of changes in symptom status in areas specified by the following persons: <ul style="list-style-type: none"> - Case manager - Physical therapist - Occupational therapist - Mental health therapist | Yes |
| Telephone access | <ul style="list-style-type: none"> · Local · Long-distance | Yes |

PROGRAM REPORTING AND EVALUATION

| Outcome | Methodology For Determining Whether Outcome Is Achieved | Completion Date |
|---------|--|--------------------|
|---------|--|--------------------|

1. 75% of the clients will not move to a more restrictive living arrangement.
2. 80% of the clients will show improvement in their skill level (i.e., self-care, daily living skills, behavior, self-management) as reflected in their goals.

An Annual Evaluation Outcome Report must be provided to the HSD Contract Coordinator by 2/1/17.

2016 VENDOR AGENCY AUDIT CHECKLIST

A copy of this document must be completed, signed, and included in the audit submitted by your independent auditor.

Summary of Audit Results

Name of Agency _____

Period of Audit _____

1. The type of opinion issued on the financial statements of the auditee (i.e., unqualified opinion, qualified opinion, adverse opinion, or disclaimer of opinion). _____

2. Does the auditor have substantial doubt about the auditee's ability to continue as a going concern? Yes / No

3. Does the audit report show material non-compliance? Yes / No

4. Does the audit report show material weakness(es) or other reportable conditions? Yes / No

5. Does the audit report show audit issues (i.e. material non-compliance, non-material non-compliance, questioned costs, material weakness, reportable condition, management letter comment) related to grants/contracts with funding agencies that require audits to be in accordance with the *Provider Agency Audit Guide*:

- Department of health services Yes / No / NA
- Department of Workforce Development Yes / No / NA
- Department of Corrections Yes / No / NA
- Other funding agencies (list) Yes / No

6. Was a Management Letter or other document conveying audit comments issued as a result of this audit? Yes / No

7. Signature of Partner in Charge: _____

Date of report: _____