

EW Customized Living Contract Planning Worksheet, Part I

Purpose of This Worksheet

This planning worksheet is designed to:

1. Delineate component services that can be included in EW customized living and 24 hour customized living packages.
2. Serve as a tool to help providers clarify which customized living service components they may want to make available, and to provide information about special features or any service limitations of the component services they offer.
3. Facilitate discussion between providers and lead agencies about component services that are needed in the community, that the provider may be interested in making available, and that the lead agency is interested in purchasing.

This worksheet is *not* intended to be used as marketing material nor is it required to be used as a contract addendum. Rather, it is intended to facilitate discussions that may ultimately lead to a county or tribal contract, or contract or other agreement to become part of a managed care organization's provider network.

Function of this Worksheet in the Contracting Process

- **Lead agency contract requirements:** This worksheet is designed to facilitate discussion between customized living providers and lead agencies. The use of this particular form is not required. However, lead agency contracts must include similar information about the customized living component services available from each provider. Lead agency contracts can include only allowable service components. EW policy on customized living services and components of this service are delineated in bulletins #07-25-01C and #07-25-07.
- **Community capacity:** It is the responsibility of lead agencies to assure that there is sufficient provider capacity and competency to provide EW participants access to home and community-based alternatives to nursing home care, and to assure choice among service providers. In order to meet this obligation, lead agencies need to know what service components are available from different customized living service providers.
- **Provider communication of services available:** The interest in and capacity to provide component services varies considerably across providers and housing with services settings. EW participants also have a wide range of needs. This worksheet is designed to foster a better understanding of component services that providers may be willing to offer, and that lead agencies (counties, managed care organizations and/or tribes) may be interested in purchasing for EW recipients.

Function of this Worksheet in the Individual Services Planning Process

- **Individual service planning:** Lead agency case managers and care coordinators are also responsible for assisting EW participants to develop individualized community support plans that meet their needs. Therefore, lead agencies need to know what component services each provider may have available in order to assess whether the setting can meet the person's needs, can meet *some* of their needs, or would not be an appropriate service setting for that particular person.
- **Ensuring allowable services are authorized:** Customized living service and 24 hour customized living service are packages of component services individually designed to meet the assessed needs of an EW participant living in a qualified setting. This worksheet delineates

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all of the possible components that can be included in a customized living package planned for an individual.

- **Clarification of provider service responsibility:** There are a variety of other services available to EW participants. These include other services on the EW service menu as well as those available under the Medicaid State Plan and Medicare-funded services. In addition, informal caregivers (family members, e.g.) continue to provide support in housing with services settings. Other services may be authorized by the lead agency in conjunction with customized living or 24 hour customized living to meet the individual's needs. Customized living providers are responsible for providing only those component services delineated in the individual's plan. Any individual service plan can only include those component services specifically included in the lead agency contract.

The individual EW participant's community support plan developed by the case manager and care coordinator in consultation with the person must include the components of customized living service and the amount of each component service that will be authorized, as well as all other long term care services and supports, formal and informal, that the person will receive. Providers must be willing and able to provide the care delineated in the customized living service portion of the individual's community support plan before agreeing to provide the service. Providers should notify the case manager or care coordinator immediately if they are unable to provide the services delineated and assigned to them in the individual's community support plan.

Instructions for Completion of Form

This form is being made available as a fillable Word document as feedback from lead agencies and providers indicates that most organizations will be able to use this format. To complete the form, simply hit the "tab" key to move forward to the next field. (Do not hit "enter.") There are check boxes, text entry fields and drop-down menus contained in the form. The drop-down menus are denoted by an arrow. To place a check in a box, left click on the mouse. To select an option from a drop-down menu, click on the arrow to the right of the field, and then click on your desired response.

The text entry fields are of limited size in order to maintain page integrity. The comment columns in the tables have text entry fields in which providers can enter qualifying or clarifying comments. There is also a page at the end of the form for comments for lengthier comments.

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Information Provided By:

Date this form was completed:

Person completing this form:

Name

Title

Organization

Telephone

Email

Identifying Information

Housing with Services Establishment

Name of Establishment:

Address:

Contact Person's Name:

Telephone Number:

Email Address:

Other housing-related information: *Check all that apply*

Apartments

Apartments shared by 2 or more residents

Private bedrooms

Shared bedrooms

All units w/ private bathroom

All units shared bathrooms

Housing-related licensure or certification:

Licensed Board and Lodge

Licensed Foster Care

Non-certified boarding care

Group Residential Housing Contract?

Yes

No

What are your residency requirements? (See 17 Point contract in Minnesota Statutes 144D.04, Subd 2, (13) "requirements of residency used by the establishment to determine who may reside or continue to reside in the housing with services establishment.")

Other housing information:

Home Care Provider Information

License Agency Name:

Address:

Contact Person's Name:

Telephone Number:

Email Address:

License Class A

Next License Renewal Date

Medicare Certified

Class F

Next License Renewal Date

NPI:

Additional Information

Assisted Living (Meet minimum requirements in Minnesota Statutes 144G)

Special Memory Care (Meet Disclosure and Training Requirements related to dementia in Minnesota Statutes 144A)

Other

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Customized Living and 24 Hour Customized Living Service Components Offered

The housing establishment directly or through its arranged home care provider offers the following customized living component services:

Home Management Services

Component Service	Availability		Comments on Service Limitations or Special Features
	Yes	Days /Wk	
Food Prep Assistance			
<i>Congregate meals</i>			
Breakfast	<input type="checkbox"/>	0	
Lunch	<input type="checkbox"/>	0	
Supper	<input type="checkbox"/>	0	
Snacks	<input type="checkbox"/>	0	
Cutting up food	<input type="checkbox"/>	0	
Meal prep assistance in own apartment	<input type="checkbox"/>	0	
Deliver meal trays to apartment or room	<input type="checkbox"/>	0	
Personal laundry			
Done for the person in central laundry area	<input type="checkbox"/>	0	
Assist resident in doing own laundry	<input type="checkbox"/>	0	
Housekeeping/cleaning			
Shopping			
Special Circumstances			
Household chores under special circumstances ¹	<input type="checkbox"/>	0	
Preparation of prescribed modified diets	<input type="checkbox"/>	0	

Supportive Services

Component Service	Availability		Comments on Service Limitations or Special Features
	Yes	Days / Wk	
Assistance in setting up non-medical appointments			
Assistance with funds			
Explanation of bills	<input type="checkbox"/>	0	
Paying bills, writing checks	<input type="checkbox"/>	0	
Balancing checkbook	<input type="checkbox"/>	0	
Keep funds for resident	<input type="checkbox"/>	0	
Assist w/ filling out financial forms	<input type="checkbox"/>	0	
Other	<input type="checkbox"/>	0	

¹ Performing household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease or when the consumer's care requires the prevention of exposure to infectious disease or containment of infectious disease.

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Supportive Services - Continued

Component Service	Availability		Comments on Service Limitations or Special Features
	Yes	Days	
Supportive Services			
Assistance in setting up medical appts	<input type="checkbox"/>	0	
Transportation			
Assistance in arranging transportation	<input type="checkbox"/>	0	
Provide individual transportation (non-medical) ²	<input type="checkbox"/>	0	
Group transportation	<input type="checkbox"/>	0	
Socialization³		0	
Willing to customize to meet individual needs	<input type="checkbox"/>	0	
Group activities available ⁴	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	
	<input type="checkbox"/>	0	

² Transportation to medical services covered by Medical Assistance cannot be paid for as part of customized living. Transportation to and from covered medical services is paid for as a Medicaid State Plan service. The costs of transportation to and from covered medical services do not count towards the recipients EW individual community budget cap.

³ Socialization is an allowable component when it is designed to meet the individual's needs, it is not primarily diversional or recreational in nature, the plan is designed to support the consumer in maintaining or developing relationships or to support the individual in socially valued roles of their choice, e.g. volunteering, being a grandmother, or serving on a committee, it is specifically included in customized living plan of care by the care coordinator or case manager, and the plan has established goals and outcomes for socialization.

⁴ Activities, per se, are not covered/paid for as part of customized living. However, some of the activities offered by a provider may be appropriate to meet a consumer's socialization goals. Listing available activities will help the case manager and consumer to decide which of these, if any, will be included in the consumer's community support plan as a socialization activity within the customized living plan.

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Assistance with Activities of Daily Living

Component Service	Availability			Special Circum ⁵	Comments on Service Limitations or Special Features
	Yes	Days	Hours	Yes	
Assistance with:					
Dressing	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Bathing	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Grooming , including hair care	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Oral hygiene ⁶	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Eating:					
Supervision for choking during scheduled meals and snacks	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Physical assistance w/ eating ⁷	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Intermittent verbal cuing to eat	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Mobility					
Assistance w/ walking	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Assistance w/ use of wheel chair or walker	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Transferring⁸					
1 person assist	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
2 person assist	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Mechanical assist	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Body positioning⁹	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Toileting					
Assistance w/ managing incontinence of bladder	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Assistance w/ managing incontinence of bowel	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	
Continence training programs	<input type="checkbox"/>	0	Day Only	<input type="checkbox"/>	

Anticipated response time to respond to unscheduled requests for assistance with body positioning, transferring or toileting needs:

Less than 10 minutes (Can choose "Less than 10 minutes" or "10 minutes")

Anticipated time to respond to unscheduled requests for assistance with other ADL needs.

Less than 10 minutes (Can choose "10 minutes" or "More" or "Less than 10 minutes")

⁵ Providing personal assistance in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease or when the consumer's care requires the prevention of exposure to infectious disease or containment of infectious disease.

⁶ Oral hygiene means care of teeth, gums, and oral prosthetic devices.

⁷ Includes feeding of individuals who, because of their condition, are at risk of choking, unless otherwise specified.

⁸ Includes transferring of people who are non-ambulatory. Limitations should be delineated in the comment section.

⁹ Includes body positioning of people who are non-ambulatory

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Medication

Component Service	Availability			Comments on Service Limitations or Special Features
	Yes	Days	Hours	
Medication Related Tasks Performed by Unlicensed Staff				
Assisting with self-administration of medications ¹⁰	<input type="checkbox"/>	0	Day Only	
Reminding consumers to take regularly scheduled medications ¹¹	<input type="checkbox"/>	0	Day Only	
Administration of medications ¹²	<input type="checkbox"/>	0	Day Only	
Insulin injections delegated to unlicensed staff	<input type="checkbox"/>	0	Day Only	

Component Service	Availability			Comments on Service Limitations or Special Features
	Yes	Days	Hours	
Incidental Nursing Services¹³ provided by licensed nurse				
Medication set ups	<input type="checkbox"/>	0	Day Only	
Insulin Draws	<input type="checkbox"/>	0	Day Only	

10 MN Rule 4668:003 Subp. 2a. "Assistance with self-administration of medication" means performing a task to enable a client to self-administer medication, including: a. bringing the medication to the client; b. opening a container containing medications set up by a nurse, physician, or pharmacist; c. emptying the contents from the container into the client's hand; d. providing liquids or nutrition to accompany medication that a client is self-administering; or e. reporting information to a nurse regarding concerns about a client's self-administration of medication.

11 MN Rule 4668.003 Subp. 21b. "Medication reminder" means providing a verbal or visual reminder to a client to take medication.

12 MN Rule 4668.003 Subp. 21a. "Medication administration" means performing a task to ensure a client takes a medication, and includes the following tasks, performed in the following order: A. checking the client's medication record; B. preparing the medication for administration; C. administering the medication to the client; D. documenting after administration, or the reason for not administering the medication as ordered; and E. reporting information to a nurse regarding concerns about the medication or the client's refusal to take the medication. When basing authorization of 24 hour customized living on a person's need for medication administration (in addition to at least 50 hours of service delivery per month), the provider must be able to administer medication across 24 hours.

13 A Note About Medical Assistance Home Care Services Under the State Plan: All Medicaid participants have access to a package of services or benefits, regardless of their eligibility for home and community-based waiver programs. Nursing services other than those listed under "incidental nursing" above needed by an individual cannot be provided within a customized living service package of services. These, and other state plan home care services, must be authorized and purchased according to Medicaid state plan home care requirements, including the requirement that these services are to be provided by a Medicare-certified home care agency, and that Medicare is to be billed as applicable. State plan home care services will be authorized and purchased fee-for-service or authorized and paid for by the person's health plan if they are enrolled in Medicaid managed care. For more information see bulletin #07-25-01C or the MHCP Manual at

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000103

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Storage of Medication	Yes	Days	Hours	Comments on Service Limitations or Special Features
Central storage available	<input type="checkbox"/>	NA	NA	
Central storage required	<input type="checkbox"/>	NA	NA	
Use of medication admin. devices	<input type="checkbox"/>	NA	NA	
Local storage in own apartment or room allowed	<input type="checkbox"/>	NA	NA	

Component Service	Availability			Comments on Service Limitations or Special Features
	Yes	Days	Hours	
Delegated tasks performed by unlicensed staff¹⁴				<i>Footnote 14 below applies to this entire table of services.</i>
Assistance with therapeutic or passive range of motion exercises	<input type="checkbox"/>	0	Day Only	
Reminders to do prescribed exercises	<input type="checkbox"/>	0	Day Only	
Wound care	<input type="checkbox"/>	0	Day Only	
Blood pressure checks	<input type="checkbox"/>	0	Day Only	
Blood glucose	<input type="checkbox"/>	0	Day Only	
Oxygen management	<input type="checkbox"/>	0	Day Only	
Nebulizer treatments	<input type="checkbox"/>	0	Day Only	
Routine foot care	<input type="checkbox"/>	0	Day Only	
Nutrition documentation	<input type="checkbox"/>	0	Day Only	
Provide delegated clinical monitoring ¹⁵	<input type="checkbox"/>	0	Day Only	
Other				
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	

Anticipated response time in assisting resident with unscheduled home health care need:
10 minutes (“Less than 10 minutes” or “10 minutes”)

¹⁴ It is recognized that Registered Nurses will delegate tasks to unlicensed personnel, only when appropriate. Responding , “yes” is an indication that the home health care agency is willing to allow delegation of the task, if the Registered Nurse deems it appropriate.

¹⁵ Clinical monitoring is defined on DHS Form 3428B.
DHS 06/16/2008

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Supervision of Residents by Unlicensed Staff¹⁶

Component Service	Availability			Comments on Service Limitations or Special Features
Supervision	Yes	Days	Hours	
Individual health and safety plans designed and implemented for people with:				
Dementia or other cognitive or orientation impairments	<input type="checkbox"/>	0	Day Only	
Mental illness	<input type="checkbox"/>	0	Day Only	

Develop and implement individual plans to respond to, reduce, or prevent:				
Wandering	<input type="checkbox"/>	0	Day Only	
Orientation issues	<input type="checkbox"/>	0	Day Only	
Anxiety	<input type="checkbox"/>	0	Day Only	
Verbal aggression	<input type="checkbox"/>	0	Day Only	
Physical aggression	<input type="checkbox"/>	0	Day Only	
Repetitive behavior	<input type="checkbox"/>	0	Day Only	
Agitation	<input type="checkbox"/>	0	Day Only	
Self-injurious behavior	<input type="checkbox"/>	0	Day Only	
Property destruction	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	
	<input type="checkbox"/>	0	Day Only	

Anticipated response time in providing assistance to residents due to cognitive, behavioral, orientation, or mental health needs: Less than 10minutes (“Less than 10 minutes” or “10 minutes”)

¹⁶ Supervision of residents must meet the service definitions and provider standards found in bulletins #07-25-01C and #07-25-07.

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Description of “Available” Supervision of Residents by Unlicensed Staff

Describe the frequency and mode of contact between residents and the unlicensed staff providing supervision.

What options do you make available for residents to summon assistance?

What different methods/mechanisms do you have available to ascertain when a resident needs help, but is unable to summon assistance? (e.g. scheduled checks at meals, additional checks as needed, use of “smart house” technology)

Will supervision of residents be available outside of the housing establishment?

Yes No

If yes, please describe limitations:

Are all staff fluent in the languages of residents? Yes No

If not, how are communication needs addressed?

Additional comments:

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Please use this space to provide additional clarification of customized living component services.

Special Needs:

To request this form in an alternative format, contact Darlene Schroeder at 651 431-2575 or 1 800 627-3527, email darlene.schroeder@state.mn.us, or contact us through the Minnesota Relay Service at 1 (800) 627-3529 (TTY), 7-1-1, or 1 (877) 627-3848 (speech-to-speech relay service).

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Home care aide-like tasks (Minnesota Rules, part. 4668.0110)

- Preparing modified diets such as diabetic or low sodium diets
- Reminding consumers to take regularly scheduled medications or perform exercises
- Performing household chores in the presence of technically sophisticated medical equipment or episodes of acute illness or infectious disease
- Performing household chores when the consumer's care requires the prevention of exposure to infectious disease or containment of infectious disease
- Assisting with dressing, oral hygiene, hair care, grooming and bathing, if the person is ambulatory, and has no serious acute illness or infectious disease. Oral hygiene means care of teeth, gums, and oral prosthetic devices.

Home health aide-like tasks (Minnesota Rules, part 4668.0100)

- Administration of medications, per Minnesota Rules, chapter 4668 (Home Care License)
- Performing routine delegated medical or nursing or assigned therapy procedures, per Minnesota Rules, chapter 4668^{17[1]}
- Assisting with body positioning or transfers of consumers who are not ambulatory
- Feeding of individuals who, because of their condition, are at risk of choking
- Assisting with bowel and bladder control, devices, and training program
- Assisting with therapeutic or passive range of motion exercises
- Providing skin care, including full or partial bathing and foot soaks
- During episodes of serious disease or acute illness, providing services performed for a person or to assist a person to maintain the hygiene of their body and immediate environment, to satisfy nutritional needs, and to assist with the person's mobility, including movement, change of location and positioning, bathing, oral hygiene, dressing, hair care, toileting, bedding changes, basic housekeeping, and meal preparation. Oral hygiene means care of teeth, gums, and oral prosthetic devices.

17[1] For clarification on nurse delegation under Class A or Class F Home Care Licenses, contact the Minnesota Department of Health at FPC-CMR@health.state.mn.us or call 651 201 4302.