

Exhibit 1
Attachment to Family Care – CBRF Contract Between
Milwaukee County Department on Aging
and
«Licensee Name»/«Licensee Facility Name» – CBRF

Scope of Service

Residential Care services are those services provided in a setting which provides 24 hour care in which members reside and make their home.

A Community Based Residential Facility (CBRF) is a place where 5 or more unrelated adults reside in which care, treatment, services above the level of room and board but not including nursing care are provided to residents as a primary function of the facility. (HFS 83)

CBRF's shall provide a living environment for their residents which is as homelike as possible and is the least restrictive of each resident's freedom as is compatible with the resident's need for care and services. The care and services a resident needs are provided to the resident in such a manner that the resident is encouraged to move toward functional independence in daily living or to continue functioning independently to the maximum extent possible. CBRF's shall provide, to the maximum extent possible consistent with resident desires, a single room for the resident's use. An attached bathroom is desirable, but not required.

The Care Management Organization (CMO) tracks CBRF's by the number of licensed beds the CBRF has. The CMO classification is as follows:

CBRF 1	5-8 Beds	CBRF 4	21-50 Beds
CBRF 2	9-16 Beds	CBRF 5	51-100 Beds
CBRF 3	17-20 Beds	CBRF 6	Greater than 100 Beds

All placements shall be authorized in writing, in advance, by the Care Management Organization. Failure to have proper prior authorization from the CMO will be cause for non-payment of services during the unauthorized time period. Infractions of this section may be cause for contract termination.

Documentation of Services

Unit of Service:

One month of Residential Care. Rate includes prorated costs of assessment for service, supervision, and all other fees.

Documentation:

Direct service time must be documented through an entry in the case notes or narrative for units billed. The narrative entry must include the date of contact and the length of the contact. The case narrative must be contained in the case record maintained by the agency.

Program Services

Each CBRF shall provide a full range of program services based on the needs of the resident and consistent with the requirements of HFS 83.33 "Program Services". Each CBRF program and facility shall be monitored by using the quality indicators listed below. Quality indicators shall be used by the CMO to evaluate the functioning and capability of the CBRF to provide adequate services to CMO members. Failure to adhere to quality standards shall be grounds for reducing or terminating the contract. Prior to reduction or termination, the CBRF shall have an opportunity to correct any deficiencies in a timely manner, as determined by the CMO.

Supervision and Staff

Providing protective oversight of the resident's daily functioning, keeping track of residents' whereabouts and providing guidance and intervention when needed by a resident. Each CBRF shall provide adequate staffing; i.e. the ratio of staff to residents shall be adequate to meet the needs of the residents as defined in their assessments and individual service plans and for the type of facility.

Quality Indicators:

1. Are residents treated with respect and dignity?
2. Are residents allowed to leave the facility without supervision, and if so, is there a system to ensure their whereabouts and when they will return?
3. Does the Administrator/staff call residents by name and interact warmly with them?
4. Is staff available to meet scheduled and unscheduled needs.

Information and Referral

Each CBRF shall provide information and referral and promote community integration for its residents.

Quality Indicators:

1. Does the facility provide any type of written material, such as, brochures, newsletters, to residents and/or families to services provided by the facility?
2. Does the facility participate in or offer community outings to its residents?

Leisure Time and Community Activities

Each CBRF shall provide and actively promote resident participation in a program of daily leisure activities designed to provide needed stimulation consistent with the interests of the resident. Watching television does not, by itself, meet this requirement. Each CBRF shall provide information and assistance to facilitate each resident's participation in personal and community activities outside the CBRF.

Quality Indicators:

1. Do staff have formal training in Recreation Therapy or community recreation?
2. Are activity rooms located in accessible areas and are residents able to use them?
3. Are activity calendars posted so residents are aware of what is available to them?
4. For clients not able to leave the facility, is there a good faith effort to offer other types of activities they can actively participate in?
5. Are arts/crafts, hobbies, bingo and other types of activities available to residents? If so, are these available at the facility or outside of the facility?
6. How many times per day (within a period of 1 week) are the residents able to participate in activities?
7. According to the level of care that is needed, are residents given an opportunity to participate in different types of activities?
8. Are planned activities appropriate to the age and abilities of the resident?
9. Are residents encouraged to participate in community activities?
10. Are family contacts encouraged by the facility and does the facility assist in arranging the family contacts?
11. Does the facility have a Resident Council which encourages resident input into the life of the CBRF?
12. Does the facility conduct satisfaction surveys at least on an annual basis and have the results available for inspection?

Health Monitoring/Medical Services and Personal Care

Each CBRF shall monitor the health of residents and make arrangements for needed health services. Any changes in the residents physical health or mental health status shall be documented in the resident's record according to HFS 83.19. Each CBRF shall provide help with the daily activities of daily living.

Quality Indicators:

1. Is transportation provided for medical appointments if needed?

2. Does the facility provide help with bathing, getting in and out of bed, care for hair and teeth, dressing, exercising, and other personal care needs if residents require it?
3. Does the facility teach personal care activities to improve independent functioning, such as feeding, grooming, and dressing if needed?
4. Are guidelines set for staff to follow regarding medication monitoring and/or administration?
5. Does the facility have or sponsor Wellness Programs – exercise programs; flu vaccines; fall prevention; routine doctor appointments?

Food Service

Each CBRF shall serve meals and snacks to residents that meet the nutritional needs and food preferences of individual residents.

Quality Indicators

1. Do residents enjoy their meals?
2. Are residents able to have snacks in their rooms?
3. Are provisions made for residents who are ill and unable to eat in the dining area?
4. Can residents participate in menu selection and the preparation of meals, to the extent possible by their abilities and desires?

Physical Environment Safety and Privacy

Quality Indicators:

1. Are resident's families able to help personalize their assigned room?
2. Are bathrooms, clean, well maintained and odor-free?
3. Are daily housekeeping and laundry services available?
4. Is there an evacuation plan? Is it posted? Are evacuation drills conducted on a regular basis?
5. Are private rooms available for resident living and is private space available for visiting?
6. Does the residence have a means of security if a resident wanders?

The contractor shall allow the Care Management Organization's (CMO) care manager and contract monitoring staff to visit the facility at any reasonable time, for purposes of providing case management services to CMO clients and to ensure that CBRF Contractual Services are being provided as specified in the client's care plan, the contract, and Exhibit 1. Visits may be done unannounced.

Compensation:

Each CBRF shall be compensated for services provided after the end of the billing period (one calendar month).

The CBRF shall be compensated at their negotiated rate, which is the rate paid by MCDA during calendar year 2000. (The rate includes care and supervision as well as room and board.)

Each CBRF shall submit claims for payment in a manner prescribed by the CMO.

The CBRF shall not collect any funds from the CMO member. Member cost share; contributions and other like payments shall be made to the CMO's Third Party Administrator (TPA) or such other agent that the CMO shall designate.

The Agency shall adhere to the CMO's Mission Statement:

Mission Statement:

The Supportive Options for Senior Care Management Organization of Milwaukee County Department on Aging respects the dignity, personal autonomy and cultural values of each member by honoring choice and promoting the member's continued participation in the life of their community, by providing a continuum of quality cost-effective long term care to its members and their families/caregivers.

Supportive Options of Seniors – Care Management Organization is based on values that were developed by statewide Long Term Care Redesign.

Each Care Management Agency is expected to uphold Family Care's outcomes:

- People are treated fairly.
- People have privacy.
- People are respected and have dignity.
- People choose their services.
- People choose their daily routine.
- People achieve their employment objectives.
- People choose where and with whom they live.
- People participate in the life of the community.
- People remain connected to informal support networks.
- People are free from abuse and neglect.
- People have the best possible health.
- People are safe.
- People are confident that the service system is reliable and predictable.
- People are satisfied with service.