



July 15, 2009 Comments on the July 13 CL Tool Instructions

Instructions for Use of Customized Living Tools—Component Rates

- Page 1, first bullet—change “registered nurse services” to “licensed nurse services.” Licensed nurse is the term used in the workbook since both RNs and LPNs may set up medications.
- Page 1, third bullet—we continue to object to the arbitrary limit of \$30 for summoning devices, as these charges vary depending on location and the service used. Actual cost, which can be documented by the provider, should be used. In the Twin Cities area, costs of \$45-48 per month for the service are typical.
- Page 2, first full paragraph beginning “lead agency staff. . .”—change “provider’s proposal” to “provider’s data” or “provider’s information.” The term “proposal” could be confusing.
- Page 2, third full paragraph—We recommend that language be added to indicate that the care coordinator will consult with the Customized Living provider before the service plan is completed. Providers who are serving the client every day will have considerable insight into client needs that may not be evident in a single meeting between the client and the care coordinator. In addition, if the provider is to be expected to provide the CL services, it is appropriate that the care coordinator would discuss the expectations about these services before the Individual’s plan is final.
- Page 3, first bullet, “Services Offered”—The instructions indicate that there are three options that providers can choose under “Services Offered”: 1) provide CL only; 2) provide 24-hour CL only; or 3) provide both CL and 24-hour CL. Instead of a narrative box on the form, it would be clearer if these three options were simply listed and could be checked off. If left as is, some providers may not read the instructions carefully and may provide a lot of narrative that is not necessarily relevant.
- Page 3, second bullet, “Program Name and Description”—This would seem to be where a provider with two types of programs in the same building, e.g., regular assisted living and memory care, would use program names to distinguish these distinct programs. It would be helpful to include an example like this in the directions.
- Page 5, first bullet, “Average Number of Residents Participating in Group Socialization”—It might be useful to highlight the language in bold text that says “average per-person share of one hour of staff time”.
- Page 6, 5th paragraph beginning “The case manager or care coordinator. . .”—Instead of the term “participant,” we recommend using the word “client.”
- Page 8, item #3—It is very inappropriate to include time for cutting up food, buttering bread, etc. under congregate meal preparation. This type of assistance is done only for clients who need assistance based on their needs assessment, and this is not part of the

preparation of congregate meals, which are prepared and served just like restaurant meals. Residents requiring cutting or other assistance with their meals would receive that assistance based on their individualized need—whether it’s due to a vision loss, weakness due to a stroke or other disability, etc. This should be authorized as a client-specific, individualized service.

Instructions on Use of Customized Living Rate-setting Workbook—Individual CL Plan

- Page 1, paragraph beginning “Save the workbook”—If you’re going to introduce a term like “universal workbook”, we suggest explaining it more thoroughly. For example, reword the second sentence: “When information is available for all CL providers statewide, the information will be compiled into a ‘universal’ workbook that will contain provider data for all shared services component rates for all enrolled providers and all settings where CL services are provided.”
- Page 1, paragraph beginning “Save the individual’s workbook”—the language “name the file the name of a customized living program name of the person” should be revised for clarity.
- Page 1, 4th bullet labeled “Print CSP”—In the last sentence, we recommend using “client” instead of “individual.” In the provider instructions, the term “participant” was used. We encourage you to use consistent terminology and we recommend the term “client.”
- Page 1, 5th bullet labeled “Print Customized Living Plan”—Please add, “The CL provider must be given a copy of each client’s Individual Customized Living plan.”
- Page 2, 5th bullet labeled “Hours per Month”—This is a helpful summary of the CL services for a particular client and we urge DHS to require lead agencies to share this with CL providers in addition to the detailed Individual CL plan.
- Page 2 under III—this references the statewide provider data that will be available. If the term “universal” workbook is not going to be used to refer to this compilation of statewide provider data, then we recommend that the term should not be used on page 1.
- Page 12, related to combining the time allocations for bathing, dressing and grooming—We believe it would be helpful to care coordinators in estimating time needed for these three activities to have bathing listed separately. Clients who need help with dressing and grooming will need it on a daily basis, while bathing is typically less frequent. If the bathing time is authorized separately from the time for dressing and grooming, it will be clearer to providers what the care coordinator expects in terms of these different tasks.
- Page 13, example under “verbal or visual medication reminders”—The example given—“Billy needs only occasional reminders, typically for evening medication on weekends”—is very vague and will leave the provider wondering what is expected. It’s unlikely that if reminders are needed, only a couple of nights a week would be sufficient to ensure that the client is taking his meds as scheduled. We strongly recommend that the example give care coordinators a better model to follow, e.g., “verbal reminders are needed for evening medications daily.”
- Page 14, in the text describing how clients will summon assistance—We assume that the language “can call the station” refers to a nursing station, which is an institutional term. We recommend that the term “station” be deleted from the example.

- Page 14, item 16) Active Cognitive and/or Behavioral Support—the term “qualified professional” should be defined.
- Page 16, Anticipated Days Absent Per Year—Allowing an anticipated number of days absent per year and having some recognition of fixed costs for leave days in the rates will be very helpful, but there is no description of the formula that uses leave days to “result in a higher per month rate to allow providers to capture some fixed costs over time. . .” We would appreciate receiving a detailed explanation of how these leave day allowances are translated into the rate. We would also appreciate an explanation of how 12 was selected as the maximum number of leave days.
- Page 17, first full paragraph—We recommend that the next to the last sentence be revised to read: “If the proposed monthly EW budget exceeds the EW Community Budget Cap, the care coordinator should consider whether the client’s assessment and resulting Case Mix category has accurately captured the client’s needs, consulting with the Customized Living provider’s RN as appropriate. If the assessment and Case Mix do not need any revisions, the service costs (and units of service) must be adjusted . . .”