



RFP Name: Nursing Home For Individuals In State Care Who Are Difficult To Place

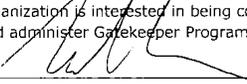
V. ATTACHMENTS

ATTACHMENT 1

Connecticut Department of Mental Health and Addictions Services

Request for Proposals - Nursing Homes for Individuals who are Transitioning from a Correctional Facility or Receiving Services from the Department of Mental Health and Addiction Services

Submission Cover Sheet

Name of Organization (Fiduciary for funding) NEWCO in care of iCare Management, LLC	
Address of Organization: 341 Bidwell Street, Manchester, CT 06040	
Organizational information: Year Incorporated: <u>2001</u> Is your organization tax exempt? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, please provide copy of IRS determination letter.</i>	
Amount of Request: DMHAS Service Funding: \$ <u>\$40.09 per day</u>	
Name of Project: Nursing Home For Individuals In State Care Who Are Difficult To Place	
Project Location (Town(s)): To be determined	
Name of Contact: Michael Plausse Title: Chief Financial Officer	Tel: (860) 570-2140
	Fax: (860) 570-2145
	Email: mplausse@icaremanagement.com
Acting as the duly authorized representative, I hereby affirm that the governing body of the above named organization has reviewed and accepts all the conditions of the Request for Proposals for the Gatekeeper Program RFP, and that the organization is interested in being considered for participation in the Gatekeeper Program and becoming eligible to receive and administer Gatekeeper Program service funding subject to the conditions outlined in the RFP. 	
Signature of CEO CFO/Executive Director	Date <u>3/29/12</u>

Please complete page two of the submission cover sheet for collaborating organizations.



Request for Proposals –Nursing Homes for Individuals who are Transitioning from a Correctional Facility or Receiving Services from the Department of Mental Health and Addiction Services.

Submission Cover Sheet – Page Two

Collaborating Organizations

Organization: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____ Date: _____

Name (print): _____ Title: _____

Organization: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____ Date: _____

Name (print): _____ Title: _____

Organization: _____

Address: _____

Contact Person: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Authorized Signature: _____ Date: _____



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C. DECLARATION OF CONFIDENTIALITY

The proposer has deemed that the following information required of this proposal is CONFIDENTIAL

1. The references to the Behavioral Program Guidelines Manual, used in this proposal, although not Confidential, are protected by Copyright laws as property of iCare Management and it's presently managed facilities.

Michael Plausse, CFO

3/29/12

Date

D. CONFLICT OF INTEREST

DISCLOSURE STATEMENT

iCare Management has no current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by Connecticut General Statutes, Section 1 – 85.

Michael Plausse, CFO

3/29/12

Date



E. Executive Summary

The current demographic trends and medical acuity of patients/clients in State care through the DMHAS and DOC are similar to other trends found nationally. The bidder recognizes this presents a challenge to the State to provide a level of skilled nursing care necessary to meet the medical and psychosocial needs of these patients, and a challenge to provide this care efficiently. Since 1999, iCare Management and its managed facilities, all purchased from State Receivership, has served a diverse resident population. While many of these facilities have recently expanded their service model into post-acute care, multiple facilities continue to specialize in care for individuals with complex medical and psychosocial needs, many who are dually diagnosed. Over the past decade, iCare Management, and its managed facilities, have earned a reputation among acute care providers and other providers within the long-term care continuum, as successfully caring for patients who could not be served in other skilled facilities due to programming, education and environmental limitations. These strengths have facilitated hundreds of placements for patients who would otherwise been at a disproportionate level of care for much longer than needed (based on acuity and expense). This proposal identifies these strengths, all of which will be applied to serve a new population. The bidder has determined that while extensive experience in serving similar patients identified in this RFP is unique and invaluable, the care for the population identified can only be realistically achieved in a setting distinct and separate from a skilled facility with existing residents/patients. If so awarded, the new company (for the purposes of this proposal, NEWCO), managed by iCare Management, would adopt existing practice standards, core values, and mission of iCare and its present affiliates.

This proposal also describes a detailed budgetary model that is reflective of an organizational structure and subsequent staffing levels to meet the medical and psychosocial needs of the population identified. At the same time, this proposal would reduce the current cost per DMHAS/DOC patient significantly. Considering the State's eligibility for collection of the FMAP match, and the identified population fully transitioned into a new setting, the State would realize a total annual savings in excess of \$5,240,000.

The development of a separate skilled nursing delivery model for the patients/clients identified in this RFP also has a significant and positive impact to the State and Local economies. As outlined in this proposal and subsequent attachments, at full occupancy, NEWCO would hire approximately 150 new employees. Besides the fulfillment of full and part-time positions for employees who are potentially under-worked in their respective field, NEWCO would also generate a significant infusion of tax revenue. This would include over \$160,000 per year of income tax revenue and a substantial real estate tax base for the local municipality. Additionally, the facility associated with this project would receive a significant capital investment, which would restore and rejuvenate a blighted and vacant building. Lastly, through the capital improvement process, at least 50 construction jobs, from a variety of different trades, would be created, providing a stimulus to the local workforce in the State.



F. MAIN PROPOSAL

1. Organizational Profile

Organizational Structure

a. Overview:

REQUEST: Give a brief overview of your organizational structure.

PROPOSAL RESPONSE: *As of the date of this proposal, iCare manages nine nursing facilities exclusively in the state of Connecticut. The total of state licensed beds among these facilities is 1,344 (1,342 chronic and convalescent nursing home and 2 rest home with nursing supervision) and respective capacities range from 60 to 234 beds. All licenses are current and all beds are Medicare and/or Medicaid certified without restriction. Each of the 9 facilities employs a full time Administrator and Director of Nurses, is contracted with qualified Medical Directors, and is overseen by a governing body in accordance with CT Public Health Code, Section 19-13-D8t(e). Each facility, as managed by iCare, receives contracted services including financial management oversight, clinical operations oversight, corporate compliance auditing, admissions screening with field based onsite clinical evaluators, and additional management and consulting activities related to each facility's daily operations. Each facility is assigned one of four RNs as their Regional Clinical Director and each facility receives policy management, and access to 24 hour off-site and on-site behavioral and psycho-social consultation of a CT Licensed Clinical Social Worker. Those facilities presently managed by iCare, their licensed bed capacities, present census and behavioral/dementia program specializations are included in the following table (1.a):*

Table 1.a.

Facility DBA	Address	Licensed capacity	Present* Census	Behavioral Program Unit	Dementia Program Unit
Chelsea Place Care Center	25 Lorraine St Hartford, CT	234	212	√	*
Chestnut Point Care Center	171 Main St E. Windsor, CT	60	53		
Kettlebrook Care Center	96 Prospect Hill Rd E. Windsor, CT	166	117	√	√
Silver Springs Care Center	33 Roy St Meriden, CT	159	155	√/**	
Touchpoints at Farmington	20 Scott Swamp Rd Farmington, CT	119	97		√
Touchpoints at Manchester	333 Bidwell St Manchester, CT	131	123	√	
Trinity Hill Care Center	151 Hillside Ave Hartford, CT	144	115	√	
Westside Care Center	349 Bidwell St Manchester, CT	180	158		√
Wintonbury Care Center	140 Park Ave Bloomfield, CT	150	145	√	

*as of 3/15/2012

**unit not secured, but facility is secured

REQUEST: Demonstrate current experience providing skilled nursing care to individuals with a variety of mental, physical and legal issues.

PROPOSAL RESPONSE: *Upon initiation of management services to the facilities identified in Table 1.a in 2001, iCare assumed management responsibility of the care and services of a resident population with significant presentation of diagnostic profiles including major mental illnesses, developmental disabilities, cognitive disorders, and histories of substance abuse, as well as criminal backgrounds and involvement with the CT Departments of Corrections, Mental Health and Addiction Services. In 2007, a recovery-based "Behavioral Program Guidelines Manual" was developed and copyrighted by iCare and was accepted and incorporated into practice in those managed facilities which provided specialized behavioral health programs (currently 6). The guidelines provided programmatic structure and operational procedures in the following areas :*

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- PURPOSE MISSION, PHILOSOPHY
- PROGRAM STRUCTURE/GROUP GUIDELINES
- STAFF TRAINING PROGRAM PLAN
- ADMISSION CRITERIA/ RECOVERY STATUS SCALE REFERENCE GUIDE
- RESIDENT ENTRY INTO PROGRAM
- RECOVERY FOCUSED DISCHARGE PLANNING
- BEHAVIORAL PROTOCOLS
- SKILL DEVELOPMENT SYSTEM
- CLOSE OBSERVATION
- SAFETY STATUS SYSTEM
- SMOKING POLICY
- CONTRABAND MANAGEMENT
- COMPREHENSIVE SAFETY SEARCH
- STAFF AND RESIDENT BOUNDARIES
- BEHAVIORAL HEALTH PROGRAM ROUNDS
- BEHAVIORAL PROGRAM INDICATORS PLAN
- BEHAVIORAL PROGRAM CORPORATE COMPLIANCE REVIEWS

In the facilities identified in Table 1 a. that provide Behavioral Programs, and in addition to facility employed staff trained in Behavioral health care, contracted Mental Health Services from MedOptions, Incorporated are provided on-site as described in Table 1 a.i.

	Chelsea Place	Kettle Brook	Silver Springs	Touchpoints Manchester	Trinity Hill	Wintonbury
Psychiatrist	1	1	1	1	1	1
APRN	4	2	2	3	3	3
PhD/PsD	2	2	1	1	2	3
LCSW	4	3	2	3	1	2
Total Visits/wk	11	8	6	8	7	9

In 2010, as part of iCare Program Development efforts and in order to provide a broader base of service delivery to our "aging in place" resident population as well as a rapidly growing public health need, iCare developed a "Specialized Dementia Care Program Manual", based on the Alzheimer's Association's "Recommendations for Dementia Care Practice in Nursing Facilities". Those iCare-managed facilities that chose to provide specialized dementia services accepted and incorporated into practice the standards incorporated into the manual. The guidelines provided programmatic structure and operational procedures in the following areas :

- Mission Statement
- Disclosure Statement
- Admission / Discharge Criteria
- Assessment
- Capacity to Meet Minimal Basic Needs
- Care Planning – iNsiight Program
- Close Observation – Dementia Care
- Environmental Design
- Fall Prevention Program
- Family Support Services
- Missing Resident
- Nutrition (Dependent or Assisted Eating)
- Pain Management
- Program Staffing
- Programming and Social Engagement
- Resident Identification Bracelet
- Specialized Dementia Care Training
- Wandering Outside Facility Risk

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Program development throughout the iCare network has been in progress for the past 3 years to develop an expanding base of clinical competencies and specialized program offerings. Presently specialized clinical services are provided in iCare managed facilities as seen in Table 1.a.ii.

Table 1.a.ii.

		FACILITIES								
		Chelsea Place	Chestnut Point	Kettlebrook	Silver Springs	Touchpoints Farmington	Touchpoints Manchester	Trinity Hill	Westside	Wintonbury
SERVICES	Short Term Rehab Unit		X			X	X			X
	PT/OT/ST	X	X	X	X	X	X	X	X	X
	Cardiac Rehab									
	Wound Mgmt/ Vac	X	X	X	X	X	X	X	X	X
	IV Therapy	X	X	X	X	X	X	X	X	X
	CAPD	X		X	X	X	X	X	X	X
	CAD Pump	X	X	X	X	X	X	X	X	X
	Trach Care	X	X	X	X	X	X	X	X	X
	ABI	X		X	X		X	X		X
	TPN	X	X	X	X	X	X	X	X	X
	Bariatric	X		X	X	X		X	X	X
	Spec Dementia Care	X		X		X			X	
	Spec Behavioral Care	X		X	X		X	X		X
	HIV							X		
	Co-occurring D/O Grps	X						X		
	Methadone	X						X		X

REQUEST: Provide a clear, detailed summary of the organization's experience and expertise relevant to the delivery of successful services by competent staff offered to a similar target population.

PROPOSAL RESPONSE: Since 2005, iCare has been recognized throughout the Connecticut healthcare community as an organization whose managed facilities are willing to provide care and services to a population in need of 24 hour nursing care and supervision, including those whose psychosocial needs may create unique and demanding challenges.

Many of those whom iCare facilities serve have been denied access to those services by other organizations due to the presence of challenging co-morbidities and/or the societal stigma attached to mental illness, substance abuse and criminal histories. Historically, and prior to iCare's involvement in these facilities, the facilities themselves had been stigmatized as "warehousing" individuals with mental illnesses. Since assuming management of these facilities, iCare has invested in a commitment to ensure that all residents cared for in iCare managed facilities receive the care and services required of state and federal regulations, including those necessary to attain or maintain the highest practicable physical, mental, and psychosocial well-being. This commitment is a direct result of the mission statement of iCare and it's managed facilities, that being to "enrich the lives of the residents we serve". The development of iCare's recovery-based behavioral health guideline, which were incorporated into system-wide practice in 2007 included the involvement of:

- 7 LTC experienced Behavioral Health program directors of varying human services degrees,
- a CT Licensed Clinical Social Worker with 7 years mental health, 6 years healthcare regulation enforcement and 10 years nursing facility experience
- a Ph.D. specialist in Applied Behavior Analysis with 20 years of healthcare experience
- 9 CT Licensed Nursing Home Administrators
- 9 RN Directors of Nursing

Although specific historical data is not available on the total numbers of individuals who have been provided behavioral or dementia care in iCare managed facilities, as of the time of this writing there are 225 dedicated behavioral unit beds and 225 dementia dedicated dementia unit beds within iCare managed facilities which have been kept at approximately 95-100% capacity for the past 5 years.

b. **Qualifications, Relevant Experience:**

REQUEST: Describe any potential risks to the Departments and risks that could be encountered by acting as the Departments' contractor; propose solutions or approaches for managing those risks that show the proposer's familiarity and sensitivity with managing individuals with multiple needs.

PROPOSAL RESPONSE: The Department's risk, in relation to it's affiliation with the contractor, is

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subject to the contractor's ability to carry out daily operations consistent with regulated practice and in a manner that accounts for the safety and well-being of the mutual client/resident and others both within and outside of the facility. Some of the risks and proven management solutions are, as follows:

- **PLACEMENT:** The anticipated risk to the CT Department of Mental Health and Addiction Services is low considering that present federally mandated PASRR processes are in contracted practice, and providing that the bidder approved for this contracting is compliant ready at start-up and remains compliant with CT General Statutes, CT Public Health Code regulations and the Code of Federal Regulations. The behavioral and dementia program guidelines as described in section 1.a., address resident safety assessment and correlating observation, and have been in practice in iCare settings for 5 years and 2 years, respectively, and have been state survey reviewed and compliant.
- **RESIDENT SAFETY:** Provided that individuals referred and accepted to the proposed setting are adequately screened as "no threat to the community" by DMHAS and DOC referral sources, as well as the facility and its medical director, and that individuals with mental illnesses are certified as with conditions that can be safely managed in a nursing facility, pursuant to CT Public Health Code, Section 19-13-D13, risks of injury or harm to other residents and staff would be minimized. Subsequently, and pursuant to the same regulation, if after admission the resident's condition were to change in which they may do injury to self, others or property, that individual would require either transfer to a more suitable institution or a re-certification of manageability by a psychiatrist. Risk involved in these type situations, to the facility, its residents and its affiliates, would be minimized through the use of tools and guidelines for the assessment of individuals iCare managed facilities have had in practice for the past 5 years multiple policies, procedures, tools and guidelines for the management of this type risk, which would be incorporated into the proposed setting. Those resources include:
 - Emergency Intervention: Behavioral Emergency Policy
 - Decision Making Guidelines for Risk of Harm to Self or Risk of Harm to Others (RN Supervisor assessment and documentation tool)
 - Safety Status level (1 through 4), progressive autonomy levels based on an individual's assessed conditions, judgment, awareness, navigability,
 - Behavioral Rounds: weekly team review of behavioral episodes and antecedents and environmental conditions and other contributory factors
 - Close Observation Policy: observation levels ranging from 1:1 to Community (Unit) awareness
 - Capacity to Meet Minimal Basic Needs assessments (1/4ly)
 - Unauthorized Leave and Missing Resident Policies and Procedures
 - Independent Leave of Absence Screening Assessment and Monitoring Protocols
 - Contraband and Safety Search Policies
- **STAFF AND VISITOR SAFETY:** The facility would utilize similar standards that are presently used in iCare managed facilities to protect the resident care environment from the potential for introduction of harmful items or substances. Those standards include:
 - Contraband Policy and Postings
 - Non-intrusive Safety Searches of residents returning to the facility from LOAs
 - Room Search Policies
 - Natural Disaster and Fire Safety Policies and Procedures
 - Violence in the Workplace Policy
 - Specialized Training in Behavioral Health Management Skills(4 hrs / yr)

In addition to the risk reduction standards of practice that presently exist in iCare managed facilities, the proposed setting would require the provision of 24 hour security personnel to further manage risk potential resulting from outside influences (i.e.: visitors, solicitors, intruders, or others without authorization to access the facility and resident care areas).

OTHER MANAGEMENT RISK: By acting as the Department's contractor, the Bidder would have the responsibility to fulfill its obligations to monitor compliance with all applicable state and federal regulations and laws. Compliance with applicable laws, regulations and standards is monitored in all iCare managed facilities by 1/4ly Corporate Compliance reviews and audits, using OIG standards for these facilities and their vendors. This practice would be incorporated into operations in the proposed facility.



REQUEST: Submitting organizations should identify existing linkages to mental health services, legal services and specialized treatment or describe plans to establish such connections.

PROPOSAL RESPONSE: *The following practice standards would be incorporated into operations in the proposed facility.*

MENTAL HEALTH SERVICES:

1. Community-Based Services: *Since the introduction of the CT Money Follows the Person Program, and it's relation to the DMHAS Mental Health Waiver (W.I.S.E.) and Nursing Home Diversion and Transition (NHDT) Program, iCare staff and iCare managed facility staff have engaged in collaborative monthly transition (back to community) planning meetings, which includes the involvement of representatives of the above referenced programs, and facility social work staff.*

The social work departments of iCare managed facilities, in fulfilling their regulated obligation to participate in the planning of a resident's discharge, maintain frequent contact with representatives from the above referenced programs who are working with their residents. At the time of this writing, and since the introduction of the NHDT Program, iCare facility social work staff benefit from a collegial and collaborative rapport with the program's staff.

The iCare Director of Psychosocial Services, having corporate oversight of facility social work departments and behavioral health programs, has maintained an as-needed open dialogue and rapport with the NHDT and WISE Program Managers, all of whom are frequent attendants and participants in the above referenced monthly transition planning meetings.

2. Direct Clinical Services/Facility-based: *All facilities presently managed by iCare are contracted for the provision of on-site mental health evaluation and treatment from CT licensed mental health providers. Contract requirements are for the provision of on-site services of a psychiatrist, psychiatric APRN, psychologist(PhD/PsyD) and psychotherapist (psychologist or LCSW). The current weekly visit pattern of these clinicians to iCare managed facilities with behavioral programs is described in Table 1.a.i.*

In addition to direct resident services, a representative of the contracted mental health services provider attends and participates in weekly "behavioral rounds" in facility behavioral programs. Communication logs between facility direct care staff and contracted mental health services clinicians are kept on each unit, which are reviewed by each clinician on each visit. Documentation of all services provided by contracted mental health services are retained in resident clinical records kept by the facility. The present contractor also provides as needed on-site Neuro-Psychological Testing.

LEGAL SERVICES: *All facilities managed by iCare have Social Work policies and procedures that require social work response to resident legal need. Protocols and Standards that currently guide facility practices in meeting the resident's needs for legal services include:*

1. Probate Court Activity: *Social Work Policy and Procedure Manuals include the following reference materials and forms for facility social work practice:*
 - a. *CT Probate Court Publication: Guidelines for Conservators*
 - b. *CT Probate Court Forms for:*
 - i. *Application for Appointment of Conservator*
 - ii. *Application for Appointment of Temporary Conservator*
 - iii. *Physician's Evaluation for Conservatorship*
 - c. *CT Attorney General's Office Publication: Your Rights to make health care decisions (and related Advance Directives Forms)*

In addition all social workers are oriented upon hire to the CT Probate Court website found at <http://www.jud.state.ct.us/probate/> and are expected to have rapport with their respective Probate Court.

2. Criminal Case Activity: *Present social work practice in iCare managed facilities is for social workers to maintain liaison relationships with court appointed officers (parole/probation), who are involved with court mandated conditions and decrees, and car and discharge planning. Facility social workers also escort facility residents to off-site court appearances.*
3. Civil and Advocacy Matters: *Upon hire and orientation, all social workers in iCare managed facilities are instructed in the use of the CT United Way's INFOLINE on-line directory of human service agencies, including access to legal and advocacy services. Many current iCare managed*

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facility residents and their facility social workers are involved with Hartford Legal Aid and the CT Office of Protection and Advocacy. Residents who are in need of these type services and have not previously engaged with these services are frequently referred by facility social work staff.

SPECIALIZED TREATMENT: In addition to the above referenced mental health service provisions that are in place in iCare managed facilities, access to other specialized services and treatment are currently coordinated through the following practice standards:

1. **PASRR:** Since prior to CT DSS contracting of Ascend Innovations for administration of Pre-Admission screening of individuals with mental illness and developmental disabilities, the social work departments of iCare managed facilities have had the responsibility to ensure that specialized services as recommended through the PASRR process were referred to. Social workers utilize a tracking worksheet to verify the provision of or referral to services recommended through the PASRR process, as seen in Table 1.b.

TABLE 1.b.: PASRR RECOMMENDATIONS	Facility provided	Consultant provided	Outside Referral	Resident declines
A behaviorally-based treatment plan				
A minimum of a yearly comprehensive psychiatric evaluation to clarify the current DSM-IV Axis I or II diagnosis and appropriate treatment				
A support group for recovery from substance abuse(AA/NA)				
Case Management services to explore supportive community living				
Crisis Intervention				
Education regarding medication compliance and/or side effects				
Evaluation for a diagnosis of dementia, Alzheimer's, or other organic mental disorder				
Examination for: Vision ___ Hearing ___ Audiology ___ Dental ___ Neurology ___				
Family involvement in the individual's care				
Family Therapy with a therapist trained in family work				
Foreign Language Services				
Group Therapy with a therapist trained in group work				
Individual psychotherapy with a trained psychotherapist				
Mental Health Counseling				
Obtain archive psychiatric records to clarify history				
Ongoing evaluation of the effectiveness of current psychotropic medications on target symptoms				
Rehabilitation Services: PT ___ OT ___ ST ___ Voc ___				
Services for the hearing / visually impaired				
Socialization /Leisure/recreation activities				
Structured day programming inside/outside the facility				
Supportive counseling from nursing facility staff				
Training in: ADLs ___ community living skills ___ self-health care management				

2. **Developmental Services:** For those residents of iCare managed facilities it has been the responsibility of the facility social work department to maintain liaison relationships with CT DDS (Department of Developmental Services) assigned case managers regarding the care and service, as well as discharge planning needs of facility residents who are clients of DDS. Facility social workers are also expected to aggressively advocate for the accommodation of the individualized and specialized needs of the resident, for which they are eligible through DDS services.
3. **Other specialized treatment :** iCare managed facilities have historically addressed specialized treatment needs of facility residents with referrals made for consultation, evaluation and in some cases, short term in-patient stays to hospital and community based treatment specialists, such as:
 - a. UConn Health Care Center Huntington's Disease Program (out-patient)
 - b. Hospital for Special Care Neuro-Behavioral Program (in-patient)
 - c. Hospital for Special Care Neuro-Psychological Testing Service
 - d. MedOptions, Inc/Memory Center Neuro-Psychological Testing Service (on-site)
 - e. CVH Acquired Brain Injury Program (in-patient)

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- f. Hebrew Home & Hospital Geri-psych In-patient Unit
- g. Masonicare Hospital Geri-psych In-patient Unit
- h. Hyfd Hospital/Institute of Living

REQUEST: Describe existing license information and any credentialing by the organization in its provision of skilled nursing care;

PROPOSAL RESPONSE: *All of the iCare managed facilities identified in Tables 1.a. and 1.b.i. are licensed by the CT Department of Public Health to provide chronic and convalescent nursing home (CCNH) care and services, and are certified by the Center for Medicare/Medicaid Services to participate in those programs as skilled nursing facilities. Table 1.b.i. shows health insurance organizations that iCare managed facilities are presently credentialed and contracted with:*

	Chelsea Place	Chestnut Point	Kettle Brook	Silver Springs	Touchpoints Farmington	Touchpoints Manchester	Trinity Hill	Westside	Wintonbury
Medicare/Medicaid	√	√	√	√	√	√	√	√	√
Anthem BC		√		√	√	√	√	√	√
Aetna		√		√	√	√	√	√	√
VA				√					

REQUEST: Describe any recent (past 2 years) citations or infractions issued by the Department of Public Health regarding your organization's delivery of skilled nursing care.

PROPOSAL RESPONSE:

Table 1.b.ii. provides the number of deficiencies cited by the CT Department of Public Health resulting from annual and other surveys in iCare managed facilities over the past 2 years.

	Chelsea Place	Chestnut Point	Kettle Brook	Silver Springs	Touchpoints Farmington	Touchpoints Manchester	Trinity Hill	Westside	Wintonbury	iCare avg
2010 # of def. cited	10	6	12	8	7	2	16	6	5	8
CT state avg	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9	8.9
2011 # of def. cited	6	10	7	1	5	1	6	5	9	5.5
CT state avg	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7	6.7

2. Service Requirements: A responsive proposal shall thoroughly address the following:

a. Geographic Area:

REQUEST: Describe in detail the geographic area of current and proposed site for the nursing home;

Provide the proposed address of the facility;

PROPOSAL RESPONSE: *At the time of the proposal submission by deadline of March 30, 2012, all facilities managed by iCare lack the vacancy of accommodations for the 95 target population residents. Additionally, it would be inappropriate to the "brand" of any of our presently owned and managed facilities to introduce the population contemplated by this RFP in any of our nursing homes. Presently, and more specifically if this bid were to result in subsequent contracting, at mutually beneficial terms and conditions, iCare is considering the purchase of a presently vacant and appropriately zoned and designed setting which could adequately accommodate a resident population of 95 resident, and house the necessary space, equipment, storage, technology and unit configuration required to meet the care and service needs of the target population.*

REQUEST: Explain in detail any community obstacles that may arise by providing services to individuals with a range of past criminal offenses;

PROPOSAL RESPONSE: *Presently, and for the past several years, iCare managed facilities have accepted individuals for admission who have histories of crime and incarceration, some of whom were referred directly from CT DOC facilities. The iCare centralized admissions (iCentral) screening and processing of applicants for placement in iCare managed facilities, includes review of the on-line Connecticut Sex Offenders Registry in order to divert registered sex offenders from placement in 2 iCare managed facilities that are within 100 yards of elementary schools. Presently 4 of the 9 iCare managed facilities have secured entrances which*

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prevent unauthorized access to resident care areas and to inhibit unsupervised egress for facility resident's lacking the cognitive skills or MD authorization to independently navigate the community.

Present practices in iCare facilities to allow or limit community access for facility residents is to follow extensive guidelines for :

- > designating the individual resident a "Safety Status" (range 1-4, 1=unit restricted, 4=independent LOAs to community), based on interdisciplinary team assessment,
- > allowing independent Leaves of Absence from the facility only with the approval of the resident's responsible party, and
- > allowing independent Leaves of Absence from the facility only with a physician's order
- > quarterly assessments of an individual resident's ability to meet their minimal basic needs, if they were to be in the community

The above practice standards would be incorporated into operations in the proposed facility.

REQUEST: Provide a physical description of the building including type of structure, capacity, proof of compliance with zoning, safety features including any type of cameras or security systems, fire code compliance, and public health and safety code compliance.

PROPOSAL RESPONSE: In the absence of a specific physical plant or location to reference at the time of this writing, the bidder cannot provide specific details in response to the above request, however, it is planned that, if contracting were to result from this proposal, the designated site would be chosen based on the site's ability to accommodate the following conditions in order to safely and adequately care for the target population.

- > Semi-rural location
- > Single storey structure
- > No less than 1 mile from the nearest elementary or middle or high school
- > Floor plan that allows for :
 - 4 separate resident units,
 - room accommodations for no more than 2 residents per room to accommodate a census of 95 individuals.
 - Secured and sufficiently spaced lobby and reception area
 - Sufficiently spaced and equipped rehabilitative services area
 - Sufficiently spaced and equipped resident recreation areas
 - Sufficiently spaced and equipped visitation areas and lounges
 - Sufficiently spaced and equipped dining areas for each unit
 - Sufficiently spaced and equipped professional offices
 - All necessary space, equipment, fixtures and accommodations as required of CT Public Health Code, Section 19-13-D8t (v) Physical Plant
- > Sufficient acreage and landscaping to accommodate a secured outdoor area for resident access
- > Video security cameras to monitor facility entrances and common areas with monitors at reception desk and unit nursing stations

b. Target Population:

REQUEST: Describe your ability to ensure a culturally- responsive delivery of services that recognizes and affirms diversity and the specific needs of individuals who have had involvement with the correctional system or are receiving services from the Department of Mental Health and Addiction Services.

PROPOSAL RESPONSE: MDS data obtained from iCare managed facilities between December 2011 and March 2012, representative of 783 residents (or 66.3% of avg combined census- data from 2 facilities was unavailable at the time of this writing) for that time period provided the race/ethnicity percentages as seen in Table 2.b.i.

	African-American	Asian	Hispanic	White
Chelsea Place	34%	1%	21.5%	62.6%
Kettlebrook	12.5%	0%	2%	85.5%
Silver Springs	13.8%	0%	8%	78.2%
Touchpoints/Farmington	1%	0%	1%	98%
Touchpoints/Manchester	9.7%	1.2%	3.6%	85.4%
Trinity Hill	28.7%	>1%	43.5%	26.8%
Westside	11.3%	0%	3.7%	84.9%

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All iCare managed facilities that provide Behavioral health programs (6) have written into their operational guidelines requirements for staff education and posting of Behavioral Program Recovery-based Values, including:

- The treatment of an individual must be approached from a total recovery process starting from the acute phase to their return to the community.
- The entire treatment system must support the concept of Recovery, not just in word, but in action.
- Residents engaged in their own Recovery must have the opportunity to provide input at every level of service provision.
- Individualized Care and Services are provided towards recovery-based outcomes/goals that the Resident engaged in Recovery has helped to develop.
- Individualized Care and Services are provided with awareness of and respect for the cultural diversity existing at any given time in the program environment.
- The choices of a Resident must be respected in matters related to his/her treatment.

In addition to the above standard, all Behavioral health programs have written into their operational guidelines requirements that each behavioral program participant is asked to identify their own "recovery" assessment at the time of their entry into the program. Through this process the resident is asked to identify their own needs for skill development, and what they feel the facility can do to help them achieve their personal recovery goals

iCare managed facilities that provide specialized dementia programs (4) operate by an established set of program guidelines that require that programs and activities must be "Based on cognitive, physical, spiritual, sensory, emotional and/or cultural needs "

REQUEST: Describe the array of services that will be offered to the individuals including your acceptance of the no- reject and no- eject policy. Describe how your proposal fits within your organization's mission and current programs configuration;

PROPOSAL RESPONSE: iCare managed facilities are staffed with a standard complement of qualified healthcare professionals typical of most Connecticut SNFs, including RNs, LPNs, CNAs, social workers and social work designees, therapeutic recreation directors and aides, physical and occupational therapists, speech and language pathologists. Where iCare managed facilities presently differ from typical SNF settings and broaden their range of competency in management of behavioral and psychosocial needs is through the following services and activities:

- Employment of Behavioral Program Directors(6 facilities)
- Recovery based Behavioral Programs
- Specialized Staff Training in behavioral care (4 hrs/yr: De-escalation; Safety Management; Understanding Challenging Behavior; Incident Prevention, Minimization and Management)
- Specialized Staff Training in Dementia Care (10 hrs/yr: Alzheimers Association curriculum)
- 10 psycho-educational groups per week per program unit
- An average of > 8 facility visits per week by consulting Mental Health Practitioners (see Table 1.a.i)
- Weekly Behavioral Rounds process
- Extensive and comprehensive "Close Observation" policy and procedures
- Behavioral "Skill Development" model

Behavioral and Dementia programs structures were developed to include the above services and activities in response to the mission of all iCare managed facilities, that being to "Enrich the lives of the residents we serve"

REQUEST: Summarize the services you currently provide, especially for individuals with behavioral health issues and/or criminal justice involvement;

PROPOSAL RESPONSE:

Behavioral Health Services*:

- Individual Psychotherapy (consultant PhDs, PsyDs, LCSWs)
- Medication Management (consultant Psychiatrists, APRNs)
- On-site Neuro-Psychological Testing (consultant PhDs)
- AIMS testing twice-yearly
- Groups per week:
 - ⇒ CLINICAL (ILLNESS, MEDS, ETC)
 - ⇒ PSYCHOTHERAPY
 - ⇒ RECOVERY GOALS
 - ⇒ SPIRITUALITY

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⇒ SUBSTANCE ABUSE
⇒ LIFE SKILLS
⇒ COPING

⇒ SOCIAL SKILLS
⇒ SUPPORT
⇒ CULTURAL AWARENESS

- Resident- centered Recovery Assessments
- Assigned Safety Status (range 1 – 4) for maximizing autonomy based on assessed skills, cognition, behavioral patterns & symptoms
- Skill Development based Recovery Plans

**There are presently no programs or services within iCare managed facilities that specifically address individuals who have had criminal justice involvement. Many individuals have been referred to, and accepted for admission by iCare managed facilities from the CT DOC. The conditions that those individuals presented while residents of those facilities were treated and cared for no differently than other residents unless otherwise directed by conditions of parole, court decrees, or directives of parole or probation officers. In response to their regulated responsibility to respond to a resident's legal needs, facility social work staff would routinely liaison and collaborate with Judicial and DOC representatives as needed when planning for the individual's care, transfers or discharges.*

REQUEST: Describe any additional experience your organization has with individuals involved with the criminal justice system and mental health system;

PROPOSAL RESPONSE: *As identified above, iCare managed facilities have accepted individuals in need of skilled nursing facility care from CT DOC facilities (MacDougal, Garner, Hartford, et al) provided that the individual :*

- *met admission criteria of having a chronic or unstable condition requiring skilled nursing care or substantial assistance with ADLs,*
- *was not considered an active or likely risk to the safety of themselves or others, and*
- *[more recently] was authorized for NF level of care by Ascend Innovations*

Although there is presently no specific number to identify how many DOC involved individuals have been referred to iCare managed facilities, for the past several years DOC personnel have been making referrals of inmates to iCare managed facilities, and have an understanding that, unlike many other long term care organizations, iCare managed facilities will look at the individual and their current needs and not rule the person out due to a history of incarceration.

REQUEST: Describe in detail your operating compliance practices with PASRR rules and regulations;

PROPOSAL RESPONSE: *As previously described in Section F.1.b. ("Specialized Treatment") of this proposal and it's related Table 1.b., iCare managed facilities has had practices in place for compliance with PASRR regulations and recommendations. All iCare managed facility social workers (25 at the time of this writing) are registered users with the Ascend Innovations, Inc on-line "Webstars" service and all facility Social Work Policies and Procedure Manuals include in it's appendices the Ascend NF Provider Manual and all related forms.*

REQUEST: Describe the behavioral focus and/or the conceptual basis to be used in designing the milieu, adapting the physical environment and creating treatment relationships;

PROPOSAL RESPONSE: *There are presently 2 separate but similar sets of standards existing in iCare managed facilities with Behavioral or Dementia specialized treatment programs that affect the treatment milieu and environment, which are:*

- *Facility Behavioral Program Directors are required to conduct environmental rounds to determine whether or not the environmental item or area is found to be in compliance with desired program or regulated standards for safety, dignity and therapeutic benefit."*
- *Environmental Rounds worksheets are reviewed in the Behavioral Rounds process and include observations of the following areas and conditions within the environment:*
 - *Entrances and Exits*
 - *Common Spaces Furniture*
 - *Dining Rooms*
 - *Window Coverings*
 - *Walls, Halls and Tables*
 - *Outside areas*

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- o Supplies
- o Bedrooms and Bathrooms
- o Therapeutic Environment, and
- o Other " environmental factors can pose a threat of serious and immediate jeopardy for individuals who pose a danger to self or others"
- Behavioral Program Guidelines for Groups include "Ground Rules for Groups" which include the posting in group areas of those ground rules that include:
 - o Privacy, Individuality and Confidentiality should always be respected,
 - o All participants, facilitators and group approved observers are to be treated with respect,
 - o Strong language and vulgarity will be considered offensive,
 - o Personal Insults, threats or physical aggression towards others will be considered abusive, intolerable and will result in removal from the group and initiation of facility abuse reporting protocols,
 - o Participants are not to be judged
 - o Past history is past history and should only be referenced as educational or motivational,
 - o Don't interrupt others, please.
 - o Please try not to get up and leave a group in progress... it can be disruptive.
 - o Unless refreshments are offered to the whole group, please don't eat and drink in the group.
 - o Any participant can choose to "pass" or contribute, without judgment by other group members.These "Ground Rules" are also included in a Program Participant Handbook and Participation Agreement that are provided at entry into the program and periodically afterwards.
- Specialized Dementia Care Programs operate by a set of guidelines that include that program's environment will be designed to provide for the following:
 - o A comforting and nurturing setting,
 - o Ensuring the safety and security of residents, visitors and staff,
 - o Maximizing resident abilities and sense of autonomy,
 - o Maximizing awareness, orientation and way-finding,
 - o Maintaining a therapeutic level of sensory stimulation,
 - o Opportunities for safe and therapeutic outdoor access for residents.

REQUEST: Describe the ability of the organization to work with a no-reject, no-eject policy and the use of increased supports to enable individuals to maintain their place at the facility regardless of the behavior.

PROPOSAL RESPONSE: *In addition to the type of adapted behavioral programming provided within facilities presently managed by iCare as described in Section 1.a. of this proposal, and the scope of professional mental health services described in Table 1 a.i., direct care staff are guided in areas of behavioral management by the following policies, procedures and protocols.*

- An "Emergency Behavioral Intervention" Policy including procedures as required pursuant to CT Public Health Code, Section 19-13-D13, regarding changes in a resident's psychiatric condition,
- Decision Making Guidelines for the assessment and management of behaviors with the risk of danger to self or others,
- Close Observation Policies including the as needed use of 1:1 supervision of a resident.
[Note: In anticipation that this level of observation may become necessary for many of the target population, consideration of it's increased need potential has been factored into staffing patterns described elsewhere in this proposal.]
- Behavioral Rounds Process for review of symptoms, antecedents and other precipitants involving aggressive behavioral events.
- Care Planning processes inclusive of addressing behavioral conditions with "recovery-focused" services and interventions.
- Social Work Policies for "Discharge Planning" that mirror requirements of CT General Statutes, Section 19a-535, Transfer or Discharge of Patients.
- Pre-admission screening and admission protocols that mirror CT Public Health Code, Sections 19-13-D13, 19-13-D8(d)(1) Patient Admissions(A), and 19-13-D8(h)Medical Director(2)(D).

c. Number / Types of Clients:

REQUEST: Describe the specific type and length of experience of your organization has in the delivery of skilled nursing services to individuals, especially individuals who are transitioning from correctional facilities or receiving services from the Department of Mental Health and Addiction Services.

PROPOSAL RESPONSE:

Regarding referrals from CT DOC Facilities:

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As previously described in Section 2.b. of this proposal, iCare managed facilities have accepted individuals in need of skilled nursing facility care from CT DOC facilities (MacDougal, Garner, Hartford, et al) for the past several years provided that the individual's conditions met regulated requirements.

Although there is presently no specific number to identify how many DOC involved individuals have been referred to iCare managed facilities, for the past several years DOC personnel have been making referrals of inmates to iCare managed facilities, and have an understanding that, unlike many other long term care organizations, iCare managed facilities will look at the individual and their current needs and not rule the person out due to a history of incarceration.

Regarding referrals from CT DMHAS Facilities:

For the past several years, iCare managed facilities have received numerous referrals from Connecticut Valley Hospital (including Whiting Forensic Division), Cedarcrest Hospital (until it's closing), and Capitol Region Mental Health Center. In addition to review of referral materials, on-site evaluations including applicant interviews are conducted by an iCare employed nurse evaluator and Corporate Director of Psychosocial Services (LCSW). In addition and in many cases, the Behavioral Program Director of the specific facility being considered would conduct an on-site evaluation to establish an early rapport with the patient and determine if the treatment environment being considered is the "right fit" for the individual, based on their needs and preferences and the existing milieu and "acuity" present in the respective program at the time of the referral.

Once admitted, and since the introduction of the CT MFP Program, social work and behavioral program staff of iCare managed facilities engage in ongoing dialogue with DMHAS Diversion and WISE staff regarding individuals appropriate for referral to and involvement with those programs.

d. Client Evaluation / Assessment/Treatment

REQUEST: Describe an admission, transfer and discharge process that includes oversight from DMHAS and DOC;

PROPOSAL RESPONSE: *Provided that there is an appointed or designated person or persons representing the respective state agencies, facility social work staff would engage in an early and on-going collaborative dialogue regarding the care and services needs of the individual, much like the present practice of engagement with conservators, guardians, parole/probation officers and LMHA or DDS Case Managers. It is standard practice in iCare managed facilities that this type dialogue is initiated upon admission, during the length of stay in the facility and when planning for the transfer or discharge of an individual involved with other agencies. All facility social work policy and procedure manuals include the NASW Professional Standards for Social Work in Long Term Care Facilities which includes the objective to assist residents and families to use and receive maximum benefit from the facility and community-based social and health resources on a continuum throughout the stay of each resident. In order to achieve this objective it is the responsibility of the facility social workers to maintain rapport with any parties designated for DMHAS or DOC oversight.*

REQUEST: Describe the proposed assessment tool that will be completed on each individual and how the tool is designed to meet the needs and preferences of the individual;

PROPOSAL RESPONSE:

It is standard operations in iCare managed facilities to utilize multiple assessment tools which, for all residents, includes:

- *MDS 3.0 (comprehensive including needs, interests, preferences, done at admission and 1/4ly thereafter)*
- *RN Assessment on admission and re-admissions*
- *Rehab Services (PT/OT/ST) on admission or post hospitalization*
- *Therapeutic Recreation (admission and 1/4ly)*
- *BioPsychosocial assessment (Admission)*
- *1/4ly BIMS (Brief Interview for Mental Status)*
- *1/4ly PHQ-9 assessments of mood*
- *1/4ly assessment of the individual's Capacity to Meet Minimal Basic Needs*

For Behavioral Program participants, additional assessments are used such as:

- *Recovery Assessments on entry into program, with periodic updating (includes Resident self-assessment of needs and goals)*
- *Safety Status Level Assessment (level of autonomy /reviewed weekly in behavioral rounds)*

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For Dementia Program participants, additional assessments are used such as:

- *A Dementia Program Evaluation Tool (Assesses appropriateness for placement in program, done upon admission and 1/4ly thereafter)*
- *Biographical History (done on admission with involvement of resident, family, significantly involved others)*
- *Multidisciplinary Dementia Care Resident Conceptualization (MDCRC: multiple domains inventory directing towards programming level needed)*

REQUEST: Describe the proposed application of an evidence-based chronic disease management program to address the co-morbid medical issues related to this population;

PROPOSAL RESPONSE: *Nursing Policies and Procedure manuals for all iCare managed facilities provides guidance for staff to assists residents in the management of health conditions based on accepted professional standards. PASRR recommendations from Level II outcomes summaries that indicate the need for an individual to be trained in self-health care management are incorporated into interdisciplinary treatment planning. When resident or family education is needed in these areas, such as diabetic teaching, facility nursing staff utilize a "Resident/family Education Form" which tracks the following areas throughout the education process:*

- *Current Knowledge Evaluation*
- *Readiness to learn*
- *Barriers to learning*
- *Teaching Methods used*
- *Outcomes, and*
- *If applicable, discharge planning*

Due to the aggressive involvement with the CT MFP program, iCare managed facilities has intensified focus in the management and training in self-healthcare management as part of transition planning over the past few years.

REQUEST: Include information on any prior use of Positive Behavioral Support Plans to work with individuals;

PROPOSAL RESPONSE: *Although not directly labeled as "Positive Behavioral Support Plans", Behavioral programs within iCare managed facilities had developed and introduced into practice in 2007 a similar model in the guidelines for weekly Behavioral Rounds, which responds to critical resident behavioral events with an interdisciplinary review of the following factors:*

- *PRESENTING CHALLENGE, CONFLICT OR OBSTACLE*
- *HISTORICAL RISK FACTORS,*
- *KNOWN WARNING SIGNS,*
- *KNOWN TRIGGERS,*
- *STRENGTHS FOR REINFORCEMENT*
- *RECENT CLINICAL OR BIOPSYCHOSOCIAL CHANGES*
- *PLAN*

REQUEST: Describe any enhanced programming which will support person-centered care, clients' right issues and maintain or increase quality of life for each individual;

PROPOSAL RESPONSE:

iCare managed facilities have developed standards for the empowerment of facility residents in many ways, the following of which are examples:

- *Behavioral program participants are asked to complete a section of their initial Recovery Assessment in which they identify in their own words why they are in a nursing facility, where they would prefer to live, what skills they think they need to acquire to get to where they prefer to live, and what they think the facility can do for them to help build those skills.*
- *Behavioral and dementia programs include within their respective programs mission statements, consistent with the larger organizational mission statements of all iCare managed facilities, that through their participation in the care and services provided by the programs their lives will be enriched.*
- *All iCare managed facilities have active Resident Councils with elected resident officials and monthly meetings in which resident issues brought forth must be responded to by the facility. Facilities also have a Grievance Process by which resident or family complaints must be responded to within 1 week.*
- *All iCare facilities use Resident satisfaction surveys through "My Interview", a contracted and objective survey organization.*

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- Residents rights are posted in all facilities and iCare social work staff have been trained in how to convert the written Bill of Rights into any languages available through on-line translation services.

REQUEST: Provide a Risk Assessment Policy and Procedure and any additional measures or tools used for risk assessment;

PROPOSAL RESPONSE:

Multiple Policies and procedures are used by the staff of iCare managed facilities for assessment of risk related to resident behaviors, such as the following:

- An "Emergency Behavioral Intervention" Policy including procedures as required pursuant to CT Public Health Code, Section 19-13-D13, regarding changes in a resident's psychiatric condition,
- Decision Making Guidelines for RN Supervisor assessment and management of behaviors with the risk of danger to self or others (2 separate documentation forms),
- 72 hour "Post Critical Event" follow-up and documentation by facility social work,
- 1/4ly Assessments of the residents "Capacity to Meet Minimal Basic Needs", by social workers, and based on resident statements.
- "Safety Status" Policy and Procedures for 4 level system of autonomy based on safety awareness and risk

REQUEST: Provide a detailed description of a successful Utilization Management Policies and Procedure Program including collaboration with DMHAS and DOC.

PROPOSAL RESPONSE:

Although there is presently no existing process or policy to collaborate with DMHAS or DOC on Utilization Management reviews done in iCare managed facilities, there are multiple current Policies and Procedures that guide periodic reviews of the appropriateness of services provided. Those include:

- Annual Peer review of all iCare managed facilities to "mimic" state surveys with record reviews, observations and resident/staff interviews to evaluate compliance with all state and federal regulations.
- Corporate Compliance audits (done in all iCare managed facilities quarterly of all applicable state and federal regulations and internal professional standards). Although outcomes are not released, facility administrators must ensure full compliance within 1 month of audit completion.
- Behavioral Program directors provide monthly quality indicators to the corporate Director of Psychosocial Services verifying whether the following standards have been met:
 - ≥ 10 program groups conducted per week
 - 100% of program staff trained
 - Referrals to mental health clinicians responded to with patient contact ≤ 72 hours

3. Staffing Requirements:

REQUEST: Describe your proposed staffing ratios and configurations of professional and paraprofessional staff to meet the skilled needs in a facility of approximately 95 beds. Please include the following:

PROPOSAL RESPONSE:

Shift	Certified Nurses Aide	Licensed Charge Nurse
7am-3pm	1:6.3	1:23.8
3pm-11pm	1:6.8	1:27.1
11pm-7am	1:10.6	1:31.7

REQUEST: Describe staffing levels in accordance with state Department of Public Health regulations for the operation of a skilled nursing facility;

PROPOSAL RESPONSE:

In accordance with section 19-13-D8t of the CT PHC, the following table identifies proposed staffing levels for a location serving 95 residents:

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Table 3.ii.: Proposed Staffing Levels

PHC Section/Position	PHC Required Level	Proposed Level	Explanation of Variance
19-13-D8t (f) Administrator	(1) Licensed Administrator	(1) Licensed Administrator	N/A
19-13-D8t (h) Medical Director	(1) Medical Director	(1) Medical Director	N/A
19-13-D8t (j) Director of Nurses	(1) Director of Nurses	(1) Director of Nurses	N/A
19-13-D8t (j) (3) Asst Director of Nurses	(1) Assistant Director of Nurses (120 beds or more)	(1) Assistant Director of Nurses	Clinical complexity of residents
19-13-D8t (k) (1) Nursing Supervisor	No specific level identified, only duties	(1) free-float supervisor at all times	Clinical complexity of residents
19-13-D8t (m) (6) (A) Licensed nursing personnel	7am-9pm - .47 hours per patient 9pm-7am - .17 hours per patient	7am-9pm - .59 hours per patient 9pm-7am - .30 hours per patient	Clinical complexity of residents
19-13-D8t (m) (6) (B) Total nursing and nurse's aide personnel	7am-9pm - 1.40 hours per patient 9pm-7am - .50 hours per patient	7am-9pm - 2.65 hours per patient 9pm-7am - 1.35 hours per patient	Clinical complexity of residents; utilization of staff for observation
19-13-D8t (r) (3) Therapeutic Recreation Director(s)	95 beds – 80 hours per week during any 5 days	212 hours per week	Programming for a diverse population that ranges in age and diagnosis. Programming on days, eves and weekends in potential multistory facility with secured units
19-13-D8t (s) (5) Social Work	95 beds – 40 hours per week	120 hours per week	Program management for diverse population including Dementia and Behavioral Health.
<i>Behavioral Specialists (psychiatrists, APRNs, psychologists and LCSWs) will be provided by contractor similar to, and preferably in excess of visitation frequency, as described in Table 1.a.i. found in section 1.a. of this proposal</i>			

REQUEST: Describe planned staffing levels. Describe the services of an experienced mental health practitioner, i.e. behavioral psychologist and the number of hours this person will be available.

PROPOSAL RESPONSE: *The proposed direct care staffing levels described in Tables 3.1 and 3.2 were determined after review of patient acuity, as provided by the DOC sample of 25 patients, posted on the DHMAS website on March 21st, 2012. The distribution of staff and subsequent staffing levels reflect a realistic staffing pattern in a multi-story facility with multiple secured units. Currently staffing levels and resident acuity in other iCare facilities were utilized in the development of this projection. Staffing levels for both certified and licensed staff reflect the needs of a population that have multiple comorbidities as well as behaviors and other risk factors that may require close observation. The services of experienced mental health practitioners are discussed in Section F.1.a of this RFP, as well as Table 1.a.i. Hours and visits provided by these practitioners would be consistent with the current staffing patterns in other iCare facilities and represented in Table 1.a.i. At a census level of 95 residents, the facility also anticipates the following staffing structure of professional and paraprofessional staff:*

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Table 3.iii: Position/Department	Hours/Week	Comments
Infection Control Nurse	40 hrs	
Staff Development Nurse	40 hrs	
MDS Nurse	80 hrs	
Business Office	80 hrs	
Therapists (PT, OT, ST)	120 hrs	Weekend coverage included
Drug and Alcohol Recovery Counselor (DARC)	40 hrs	

a. Roles and Responsibilities

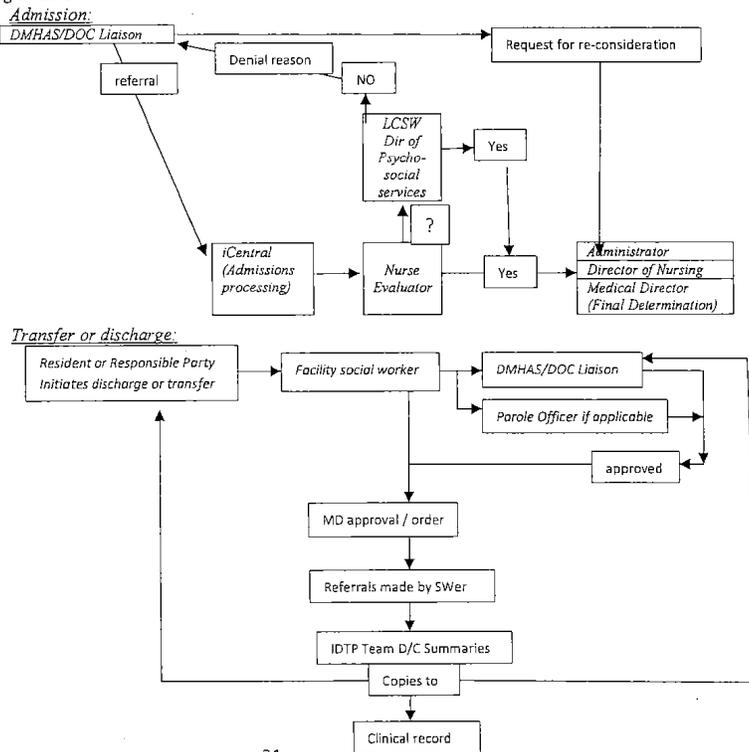
Supervision / Management:

REQUEST: Provide a table of organization to describe the reporting route for this facility including: Formal liaison with DMHAS and DOC regarding admission, transfer and discharge procedures;

PROPOSAL REPOSE:

The most effective liaison with the proposed facility team regarding resident care and treatment and discharge planning is planned to be with the Director of Social Work. This is proposed as a result of federal regulation guidelines requiring that facility social work staff must respond to behavioral and legal conditions that involve the resident and also must make as needed referrals to community based services for the resident.

The facility Administrators and Directors of Nursing in all facilities presently managed by iCare have "open door" policies to all residents and their representatives, therefore there would be no reason that any representative of DMHAS or DOC would not have access, rapport and lines of communication and reporting to either.





REQUEST: Credentials / Licensure: attach job descriptions in Appendices for proposed positions;
 PROPOSAL RESPONSE: *The bidder presumes that the position of DMHAS/DOC liaison as discussed in the March 5 Bidders Conference would be a position designed and staffed by one or both of the respective agencies. The positions of Social worker, Nurse Evaluator and LCSW Director of Psychosocial services will be appended to this proposal as requested.*

REQUEST: Description of your plan to recruit, hire and train staff to effectively provide skilled nursing home services for this population, including using alternative staffing initiatives and programs.

PROPOSAL RESPONSE:

Recruitment and Hiring: Recruitment and hiring of staff for facilities presently managed by iCare is done through the iCare Human Resources Department. Recruiting is typically done through postings on CareerBuilders initiated, consistent with job descriptions and required qualifications. Candidates for positions for the proposed setting would be screened, interviewed and hired by the facility's management team.

Training: All required training of staff would be accomplished through a facility employed Professional Development Coordinator, under guidance and direction of the iCare Director of Education (RN, MS) using HealthCap on-line and interactive educational curriculums.

For staff that would be assigned to care for individuals on specialized treatment units would receive additional education specific to the needs and conditions for which the unit is dedicated.

- *For Behavioral program staff, that would mean 4 hours of a training in a certified behavioral training course including the following topics:*

<i>Basic Behavioral Strategies</i>	<i>Predicting Behavior</i>
<i>Managing Staff Behavior</i>	<i>Safety-Stance</i>
<i>Giving Directives</i>	<i>De-Escalation Procedures</i>
<i>Differential Reinforcement</i>	<i>Calling for Assistance</i>
<i>Elbow Check</i>	<i>Post Incident Recovery</i>
<i>Shoulder Check</i>	<i>De-Briefing Procedures</i>
- *For staff that would be assigned to care for residents with dementia that would mean 10 hours of training in dementia care, a curriculum for which would be determined by the designated dementia program coordinator (Alzheimer's Association accredited preferably)*

b. Staff Training/Education

REQUEST: Provide a written annual staff training/education plan and/or schedule including education on the treatment of behavioral and mental health disorders.

PROPOSAL RESPONSE: *Staff are educated annually on care of the Dementia resident and inservicing is provided in conjunction with contracted psychiatric consultants. Through the professional development staff, the educational programs are provided to meet the needs of both Behavioral and Dementia residents with assistance of outside agencies: Alzheimer's Association, DMHAS, DSS and other partnering agencies on a case by case basis to meet the needs of the resident population. The HealthCap online inservice education program allows each iCare managed facility the ability to tailor specific training modules that can be done online for all employees, which include pertinent diagnoses specific to behavioral and mental health issues ie: schizophrenia, Bi-polar disorders. This allows staff to review and familiarize themselves with an understanding of the disease process and expectations for care delivery that enable them to meet the individual needs of that particular resident.*

4. Data and Technology Requirements:

REQUEST: Provide a specific clear description of how the organization will collect, manage and report data

PROPOSAL RESPONSE: *All facilities presently managed by iCare utilize AHT (American Health Tech) software that allows collection and management of data obtained from MDS 3.0 assessments. This allows 1/4ly tracking of trends in behavior, mood, cognitive patterns, ADL functioning levels and needs for assistance, psychoactive medication, rehab and specialized service provision, diagnostic profiles*

REQUEST: Provide examples of successful prior history in collecting, managing and reporting data to any federal or state agency.

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PROPOSAL RESPONSE: *Due to the history of having provided SNF services to individuals whose histories include mental illnesses, iCare managed facilities work in collaboration with the CT DSS to ensure that facilities do not approach diagnostic percentages indicative of an Institution for Mental diseases. Due to the periodic monitoring of diagnostic data on facility resident populations, reviewed and agreed upon by DSS, iCare facilities have been successful in maintaining appropriate percentages of residents with primary mental illnesses while managing census and admissions within percentages acceptable for CMS SNF classification.*

REQUEST: Describe how your organization will report Utilization Management data to DMHAS and DOC and other data as required;

PROPOSAL RESPONSE: *As of the time of this proposal it is not as yet known what specific data will be required by DMHAS and DOC. Due to the existence of clinical software presently utilized in iCare managed facilities, and that facility clinical staff have access to appropriate technology to record and report on clinical circumstances, adapting reporting requirements to the needs of UM and other information would not be difficult to implement, once duplicated in the proposed setting.*

REQUEST: Describe how the organization will utilize data to improve quality management;

PROPOSAL RESPONSE: *The organization utilizes American Health Tech as our electronic software provider. The assimilation of data is captured on each resident via the Minimum Data Set which allows iCare the ability to track all pertinent health information to include resident demographics, diagnosis, length of stays. The ability to capture re-hospitalizations and track the course of treatment on each resident allows us through our internal quality improvement committees to address patterns and provide necessary information that quickly identifies areas of potential improvement. The facility Directors of Nursing provide weekly trajectory reports that encompass all areas of care to include: wounds, restraint utilization, infections, reportable events and weight loss. These key areas are addressed at the Standards of Care Meeting. The results are tracked and benchmarked not only within the organization, but against state and national percentiles, thus allowing the facilities to implement strategies to augment necessary changes to achieve desired clinical outcomes.*

REQUEST: Describe a Quality Assurance and Improvement Plan addressing the key issues of federal and state regulatory compliance; and.

Describe a Quality Assurance and Improvement Plan that encompasses a formal liaison with DMHAS and DOC.

PROPOSAL RESPONSE:

- *Annual Peer review of all iCare managed facilities are conducted with record reviews, observations and resident/staff interviews to evaluate compliance with all state and federal regulations.*
- *Facilities presently managed by iCare utilize CQI (Continuing Quality Improvement) models in their operational management. Whereas existing measured quality indicators are based on a set of established clinical outcomes, the existing CQI structure could be easily adapted to accommodate measurement of outcomes or events targeting initiatives identified by either DMHAS or DOC, if this bid were to subsequently result in contracting for care and service provision to the target population.*

5. Subcontractors:

REQUEST: Please provide the following information if your organization will use any subcontractors for the provision or delivery of a service:

Services To Be Provided Under Subcontract
Legal Name of Agency, Address, FEIN
Contact Person, Title, Phone, Fax, E-mail
Subcontractor Oversight
Subcontract Cost and Term

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PROPOSAL RESPONSE:

Table 5: Subcontractors (Proposed)

Services	Contractor	Contact Person (Title, Phone, Fax, E-mail)	Oversight	Cost/Terms
Housekeeping	Healthcare Services Group 3220 Tillman Drive Suite 300 Bensalem, PA 19020 FEIN:	John Pliego, District Mgr Tele: (215)639-4274 Fax: (215)639-2152 Email: jpliego@hcsgrcorp.com	Facility Administrator	Reference budget
Behavioral Health Services	MedOptions, Inc 20 Research Parkway Old Saybrook, CT 06475 FEIN:	William Mansbach, COO Phone: 800.370.3651 Fax: 860.510.0020 Email: wmansbach@medoptioninc.com	Facility Administrator	Patient Billing
Security	Argus Security 52 Oakland Avenue East Hartford, CT FEIN:	TBD	Facility Administrator	Reference Budget

6. Work Plan: Realistic Implementation Timeline:

Provide a detailed implementation plan which lists key dates such as conversion of existing property, renovations, hiring and training of staff, date to admit first individual, etc.

REQUEST: Create a time line describing the start up process to convert an existing property;

PROPOSAL RESPONSE:

Table 6.1

Timeline for Conversion of Existing Property		
Completion Date	Action	Comments
7/15/12	Review of existing properties in CT	Recently closed SNF facilities will be reviewed.
8/15/12	Preferred facility selected	Preferential consideration will be given to facilities that are currently zoned for nursing home use
9/30/12	Renovation Scope determined	
1/15/13	Closing on existing property	
3/1/13	CON approved by State of CT	
8/1/13	Renovations Completed	
8/15/13	First patient admitted	

REQUEST: Create a time line describing the start up process to hire, orient and train staff;

PROPOSAL RESPONSE:

Table 6.2

Timeline for Staffing Start-Up Process		
Completion Date	Action	Comments
2/15/13	Evaluation of existing iCare facility staff	Determine if opportunities exist within iCare facilities for staff with DOC experience to transfer
5/1/13	Key Leadership positions hired	Administrator, DNS, ADNS, SDC
6/15/13	Professional and Paraprofessional staff selected	Training to be completed over 6 week period. Orientation to take place in iCare managed facilities with specialty units including Dementia and Behavioral Health
8/7/13	Selected staff begin employment in new facility.	Orientation to be completed to specific job responsibilities within new facility.

REQUEST: Estimate the date by which the first individual can be admitted to the facility;

PROPOSAL RESPONSE:

(See Table 6.1 for Timeline of start up)

iCare

G. Budget and Budget Narrative:

REQUEST: Provide an anticipated startup and annualized budget for the services to be provided in the template provided in Attachment 7;

PROPOSAL RESPONSE: *See Excel Spreadsheet Attachment 7*

REQUEST: Provide a detailed explanation of the need for the proposed expenditures;

PROPOSAL RESPONSE: *The goal of this RFP process and proposal is to ultimately save the State of CT money in its efforts to provide healthcare for the 95 residents described in the RFP process. This proposal certainly accomplishes that goal. It is our understanding that the average cost per patient per day is presently 314.90 to provide 24-hour care for the residents. Our proposal will reduce the ultimate cost of care to 163.76 per patient day after the State's collection of the Federal Medical Assistance Percentage (FMAP) match. Based on the population this will save the State of Connecticut \$5.25 million per annum.*

In order to achieve these savings, we will need to receive reimbursement as follows:

- 1) *\$327.51 per patient day Medicaid rate paid through the nursing home reimbursement formulas administered by the Department of Social Services. These formulas impose numerous cap, limitations and imputations in order to comply with the Medicaid State Plan.*
- 2) *To the extent there are any caps, limitations or imputations that cannot be waived by DSS, our proposal also provides for a reimbursement by DMAS or another State entity in the amount of \$40.09 per patient day. The end result is that we would be 100% reimbursed for any and all reasonable and necessary cost of providing care to these residents in a community setting.*
- 3) *DSS would agree to provide fair rent for 100% of the reasonable acquisition and renovation cost of a nursing home that meets the requirements of this RFP. To the extent DSS is unable to provide this reimbursement or imposes a limitation, it would be provided by DMAS or another State Agency.*
- 4) *DSS would deem the proposed 3% management fee as allowable costs for the purposes of rate-setting. To the extent DSS is unable to provide this reimbursement or imposes a limitation, it would be provided by DMAS or another State Agency.*
- 5) *DSS would make adjustments to resident Applied Income for any uncollectable AI debt owed to the facility for DOC/DMHAS clients. This adjustment would be made after legitimate collection efforts were made by the facility to collect the Applied Income from the resident and/or responsible party.*

We estimate this reimbursement to be \$327.51 and \$331.89 per patient day for the care of the patients in year 1 and 2 of the agreement assuming full occupancy.

H. Appendices:

REQUEST: Biographic Sketches/Resumes for existing staff and job descriptions for new positions.

PROPOSAL RESPONSE:

- *The resumes for the Project managers for this proposal, all CT licensed professionals, and employees of iCare Management, are appendices to this proposal. Those individuals are:*
 - *Vice-President of Operations, iCare Management*
 - *Vice-President of Clinical Services, iCare Management*
 - *Director of Psychosocial Services, iCare Management*
- *Job Descriptions for most positions referenced in this proposal are appendices to this proposal*

REQUEST: Organization Structure (Table of Organization).

PROPOSAL RESPONSE: *An organizational structure presently utilized in an iCare managed facility of similar size, and with a specialized programming unit, is an appendix to this proposal.*

ATTACHMENT 2

**Department of Mental Health and Addictions Services
Request for Proposals – Nursing Homes for Individuals who are Transitioning from a
Correctional Facility or Receiving Services from the Department of Mental Health and Addiction
Services.**

Conditions Acceptance Form

Must be completed and signed by all submitting organizations

Acting as the duly authorized representative, I hereby affirm that the below named organization has reviewed and accepts all the conditions of the PROGRAM, including the following:

- a. Acceptance or rejection. DMHAS reserves the right to accept or reject any or all responses submitted for consideration.
- b. Ownership of submissions. All submissions in response to this RFP are to be the sole property of DMHAS and subject to the provisions of Section 1-210 of the Connecticut General Statutes (re: Freedom of Information)
- c. Timing and sequence. Timing and sequence of events resulting from this RFP will ultimately be determined by DMHAS.
- d. Oral agreement. Any alleged oral agreement or arrangement made by a submitting organization with any agency or employee will be superseded by a written agreement.
- e. Amending or canceling requests. DMHAS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interest of DMHAS and the State.
- f. Rejection for default or misrepresentation. DMHAS reserves the right to reject the submission of any organization that is in default of any prior contract with the State or for misrepresentation.
- g. Clerical errors in awards. DMHAS reserves the right to correct inaccurate awards resulting from its clerical errors.
- h. Rejection of qualified submissions. Submissions are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of this RFP.
- i. Presentation of supporting evidence. A submitting organization must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to meet the requirements set forth or implied in the RFP.
- j. Collusion. By responding, the submitting organization implicitly states that the submission is not made in connection with any competing organization submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud.
- k. This Request for Proposals does not represent any obligation or agreement whatsoever on the part of the State of Connecticut or DMHAS, such obligation or agreement could only be incurred or entered into by written agreement approved as necessary by the Office of the Attorney General.
- l. Neither the State of Connecticut nor DMHAS is obligated to pay, nor shall in fact pay, any costs or losses incurred by any submitting organization at any time,

including the cost of responding to this RFP.

- m. Any determination to be made in connection with the RFP shall be in the sole discretion and judgment of DMHAS.
- n. The qualifications of a submitting organization will not create any rights on the submitting organization's part, including without limitation, rights of enforcement, equity or reimbursement, until all necessary documents are fully executed and approved by the appropriate State agencies.
- o. DMHAS reserves the right, at its sole option, to alter all program guidelines.
- p. The State of Connecticut and DMHAS reserve the right, at their sole discretion, to reject at any time, any or all submissions, to withdraw the RFP, and to negotiate with one or more submitting organizations on terms other than those set forth herein. The State of Connecticut and DMHAS likewise reserve the right, at any time, to waive compliance with or change any of the terms and conditions of this RFP.
- q. The State of Connecticut and DMHAS reserve the right to amend, modify or withdraw this RFP, to waive or alter any requirements of this RFP, to require supplemental statements and information from submitting organizations, modification or additions to submitted materials, and to hold discussions with any submitting organizations and to extend the deadline for submissions under this RFP.
- r. Each submission must contain all of the information required by this RFP. However, DMHAS may, but is not required to, allow a submitting organization whose submission is incomplete to submit further information in order to remedy such defect.

Organization: Care management LLC Date: 3/29/12

Signature:  Name/Title: Michael S. Plussé, CFO

ATTACHMENT 3

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS

NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

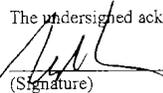
According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority business enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans... (2) Hispanic Americans... (3) persons who have origins in the Iberian Peninsula... (4) Women... (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians..." An individual with a disability is also a minority business enterprise as provided by Section 32-9e of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements:

- the bidder's success in implementing an affirmative action plan;
- the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- the bidder's promise to develop and implement a successful affirmative action plan;
- the bidder's submission of employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

*INSTRUCTION: Bidder must sign acknowledgement below, detach along dotted line and return acknowledgement to Awarding Agency along with bid proposal.

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidder's" form.



(Signature)

3/29/12

(Date)

On behalf of:
Care Management, LLC

SECTION V. ATTACHMENTS

ATTACHMENT 4

**STATE OF CONNECTICUT
DEPARTMENT OF
MENTAL HEALTH AND ADDICTION SERVICES**

CONTRACT COMPLIANCE PRE-AWARD REQUIREMENTS

Contract Compliance Regulations¹ of the Regulations of State Agencies requires the Department of Mental Health and Addiction Services to consider the following in determining the qualifications of the bidder to meet its contract compliance requirements:

- a. the bidder's success in implementing an affirmative action plan,
- b. the bidder's success in developing an apprenticeship program complying with Equal Employment Opportunity apprenticeship and training Regulations²;
- c. the bidder's promise to develop and implement a successful affirmative action plan;
- d. the bidder's submission of EEO-1 Report (MHAS-38) indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area,
- e. the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises.

Please provide the information requested on the EEO-1 Report in order that this contract compliance requirement may be met. Please return EEO-1 Report with bid proposal as this information is necessary to complete the contract award process. If you believe that any of the information requested is not applicable to you, please indicate and explain.

¹ Section 4a-60

² Section 46a-68-1 thru 17

ATTACHMENT 6

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on page 2):

Campaign Contribution and Solicitation Ban

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract or state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or *solicit* contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee,

In addition, no holder or principal of a holder of a valid pre-qualification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties—\$2000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of \$2000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or \$5000 in fines, or both.

Contract Consequences

Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The state will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Receipt acknowledged: _____

Print name: Michael S. Plausse (signature)

Title: CFO

3/29/12
(date)

Company Name: ICare Management LLC

Additional information and the entire text of P.A. 07-1 may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "State Contractor Contribution Ban"

Definitions:

"State contractor" means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. "State contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Prospective state contractor" means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid pre-qualification certificate issued by the Commissioner of Administrative Services under section 4a-100.

"Prospective state contractor" does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

"Principal of a state contractor or prospective state contractor" means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

"State contract" means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. "State contract" does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan or a loan to an individual for other than commercial purposes.

"State contract solicitation" means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

"Managerial or discretionary responsibilities with respect to a state contract" means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

"Dependent child" means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

"Solicit" means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (IV) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

ATTACHMENT 7

COST PROPOSAL BUDGET SCHEDULES

Complete the Budget Schedule EXCEL spreadsheets posted on the DMHAS and DAS websites for this RFP.

**STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

Basis for Allocation of Costs, Related Party Transactions, and Unallowable Costs

Basis for Allocation of Costs

Please use resident days for cost allocation purposes except for direct care costs.

Were all costs allocated as specified above for the Demonstration Project Cost Estimates? YES NO

If "NO," please explain fully how the costs were allocated and why the costs were not allocated as required.

All costs reflected in the Medicaid rate request must be reasonable and directly related to the provision of resident care and must exclude costs that are unallowable under Section 17-312-52 of the Regulations of Connecticut State Agencies. Please exclude such costs from project cost estimates. Such unallowable costs include, but are not limited to the following: directors' fees, advertising except for help wanted ads, and payments to related party entities in excess of reasonable costs to the related party providing necessary goods or services. Please note that management fees paid to related parties, including an allocation of general and administrative expenses from a related entity, are allowable only to the extent of the actual reasonable costs related to resident care.

**STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

Resident Statistics

	Project Duration	Total Capacity
Number of Beds	95	95

Total Number of Residents	Project-Related Projected Days		Project-Related Projected Payer Rates	
	Year One	Year Two	Year One	Year Two
a. Medicaid (CT)	34675	34675	\$327.51	\$331.89
b. Medicaid (Other States)				
c. Medicare				
d. Private Pay				
e. Other (Specify)				
Total:	34675	34675	327.51	331.89

101.34%

Total Number of Residents	Project-Related Projected Treatments	
	Year One	Year Two
1. Physical Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

2. Speech Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

3. Occupational Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

4. Respiratory Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
Cost Estimates

I. DIRECT CARE -- YEAR ONE

1. Director of Nurses	Proposed Costs				In-House Costs			Total	DIT	
	Hours	Rate	Benefits	Total	Hours	Rate	Benefits			
2. Assistant Director of Nurses	2,080	\$65.00	\$27,500	\$162,700				\$0	2,080	\$27,500
3. Unit RNs	17,247	\$28.75	\$57,996	\$553,847				\$0	17,247	\$57,996
4. Unit LPNs	18,661	\$26.75	\$200,857	\$700,039				\$0	18,661	\$200,857
5. Unit CNAs	118,811	\$16.50	\$788,789	\$2,749,171				\$0	118,811	\$788,789
6. Other RN/LPN Positions Community Liason/Nut	4,160	\$36.00	\$33,971	\$183,731					4,160	\$33,971
a. RN supervisors/ DARC	11,672	\$34.00	\$119,622	\$516,470				\$0	11,672	\$119,622
b. Infection Control	2,080	\$34.00	\$14,486	\$85,206				\$0	2,080	\$14,486
c. Staff Development/MDS	2,080	\$34.00	\$14,486	\$85,206				\$0	2,080	\$14,486
7. Other CNA Positions smoking	2,080	\$16.50	\$13,673	\$47,993					2,080	\$13,673
a.				\$0					0	\$0
b.				\$0					0	\$0
Total Direct Care:	180,951		\$1,298,880	\$5,236,663	0			\$0	180,951	\$1,298,880

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

I. DIRECT CARE -- YEAR TWO

Position Title and Reporting Unit	Proposed Costs			Existing Costs			Dir Change Benefits
	Hour	Rate	Total	Hour	Rate	Total	
1. Director of Nurses	2,080	\$66.63	\$166,449			\$0	\$27,859
2. Assistant Director of Nurses	2,080	\$61.50	\$154,712			\$0	\$26,792
3. Unit RNs	17,247	\$29.47	\$59,384			\$0	\$59,384
4. Unit LPNs	18,661	\$27.42	\$205,883			\$0	\$205,883
5. Unit CNAs	118,811	\$16.91	\$824,160			\$0	\$824,160
6. Other RN/LPN Positions Community Liason/Nur	4,160	\$36.90	\$167,179				\$13,675
a. RN Supervisor/DARC	11,672	\$34.85	\$471,581			\$0	\$64,812
b. Infection Control	2,080	\$34.85	\$87,187			\$0	\$14,699
c. Staff Development/MDS	2,080	\$34.85	\$87,187			\$0	\$14,699
7. Other CNA Positions Smoking	2,080	\$16.91	\$49,186				\$14,013
a.	0	\$0.00	\$0			\$0	\$0
b.	0	\$0.00	\$0			\$0	\$0
Total Direct Care:	180,951		\$5,301,956	0		\$0	\$1,265,976

DE

	Reference	Pl.	Pl.
		Direct	Indirect
1. Director of Nurses	\$162,700	\$4.69	
2. Assistant Director of Nurses	\$152,300	\$4.39	
3. Unit RNs	\$553,847	\$15.97	
4. Unit LPNs	\$700,039	\$20.19	
5. Unit CNAs	\$2,749,171	\$79.28	
6. Other RN/LPN Positions Community Liason/Nur	\$183,731	\$5.30	
a. RN supervisors/ DARC	\$516,470	\$14.89	
b. Infection Control	\$85,206	\$2.46	
c. Staff Development/MDS	\$85,206	\$2.46	
7. Other CNA Positions smoking	\$47,993	\$1.38	
a.	\$0	\$0.00	
b.	\$0	\$0.00	
Total Direct Care:	\$5,236,663	\$151.01	

\$1,960,382
40.24%

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

	Per Diem	Total	Per Diem
1. Director of Nurses	\$166,449		\$4.80
2. Assistant Director of Nurses	\$154,712		\$4.46
3. Unit RNs	\$567,653		\$16.37
4. Unit LPNs	\$717,568		\$20.69
5. Unit CNAs	\$2,833,254		\$81.71
6. Other RN/LPN Positions Community Liaison/Nur	\$167,179		\$4.82
a. RN Supervisor/DARC	\$471,581		\$13.60
b. Infection Control	\$87,187		\$2.51
c. Staff Development/MDS	\$87,187		\$2.51
7. Other CNA Positions Smoking	\$49,186		\$1.42
a.	\$0		\$0.00
b.	\$0		\$0.00
Total Direct Care:	\$5,301,956		\$152.89

\$2,009,094
 41%

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR ONE

Salaries, Professional Fees, and Fringe Benefits (In addition to Supply Cost)	Proposed Costs			Existing Costs			Diff. (Increase/Decrease)
	Hours	Rate	Total	Hours	Rate	Total	
<i>A. Support Services</i>							
1. Dietary							
a. Food Service Supervisor	3,120	\$25.00	\$9,360			\$9,360	\$9,360
b. Dietary Workers	20,440	\$18.00	\$412,070			\$412,070	\$412,070
2. Housekeeping			\$0			\$0	\$0
3. Laundry			\$0			\$0	\$0
4. Specify Other - Attach Schedule if Necessary			\$0			\$0	\$0
Subtotal:	23,560		\$499,430	0		\$0	\$499,430

Salaries, Professional Fees, and Fringe Benefits (In addition to Supply Cost)	Proposed Costs			Existing Costs			Diff. (Increase/Decrease)
	Hours	Rate	Total	Hours	Rate	Total	
<i>B. Ancillary and Consultants</i>							
1. Physical Therapists	2,080	\$25.00	\$58,240			\$58,240	\$58,240
2. Speech Therapists	2,080	\$25.00	\$58,240			\$58,240	\$58,240
3. Occupational Therapists	2,080	\$25.00	\$58,240			\$58,240	\$58,240
4. Respiratory Therapists			\$0			\$0	\$0
5. Recreation Therapists	11,024	\$21.00	\$231,504			\$231,504	\$231,504
6. Dietician	832	\$40.00	\$33,280			\$33,280	\$33,280
7. Physicians	300	\$200.00	\$60,000			\$60,000	\$60,000
8. Dentists	1,140	\$11.50	\$13,110			\$13,110	\$13,110
9. Pharmacists	1,140	\$6.00	\$6,840			\$6,840	\$6,840
10. Podiatrists			\$0			\$0	\$0
11. Social Services	6,240	\$24.00	\$17,971			\$17,971	\$17,971
12. Specify Other - Activities	8,030	\$18.00	\$161,885			\$161,885	\$161,885
Subtotal:	34,946		\$849,070	0		\$0	\$849,070
Total Indirect Salaries, Fees, Fringe:	58,506		\$1,348,500	0		\$0	\$1,348,500

II. INDIRECT CARE -- YEAR TWO

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Job Title	Proposed Costs			Existing Costs			Dif
	Hours	Rate	Fringe Benefits Total	Hours	Rate	Fringe Benefits Total	
<i>A. Support Services</i>							
1. Dietary							
a. Food Service Supervisor	3,120	\$25.63	\$9,596			\$89,562	\$0
b. Dietary Workers	20,440	\$18.45	\$45,254			\$422,372	\$0
2. Housekeeping	0	\$0.00	\$0			\$0	\$0
3. Laundry	0	\$0.00	\$0			\$0	\$0
4. Specify Other - Attach Schedule if Necessary	0	\$0.00	\$0			\$0	\$0
Subtotal:	23,560		\$54,850	0		\$511,934	\$0

Job Title	Proposed Costs			Existing Costs			Dif
	Hours	Rate	Fringe Benefits Total	Hours	Rate	Fringe Benefits Total	
<i>B. Ancillary and Consultants</i>							
1. Physical Therapists	2,080	\$25.63	\$6,397			\$59,707	\$0
2. Speech Therapists	2,080	\$25.63	\$6,397			\$59,707	\$0
3. Occupational Therapists	2,080	\$25.63	\$6,397			\$59,707	\$0
4. Respiratory Therapists	0	\$0.00	\$0			\$0	\$0
5. Recreation Therapists	11,024	\$21.53	\$237,347			\$237,347	\$0
6. Dietician	832	\$41.00	\$34,112			\$34,112	\$0
7. Physicians	300	\$205.00	\$61,500			\$61,500	\$0
8. Dentists	1,140	\$11.79	\$13,441			\$13,441	\$0
9. Pharmacists	1,140	\$6.15	\$7,011			\$7,011	\$0
10. Podiatrists	0	\$0.00	\$0			\$0	\$0
11. Social Services	6,240	\$24.60	\$18,420			\$18,420	\$0
12. Specify Other - Attach Schedule if Necessary	8,030	\$18.45	\$17,778			\$165,932	\$0
Subtotal:	34,946		\$55,389	0		\$870,388	\$0
Total Indirect Salaries, Fees, Fringe:	58,506		\$110,239	0		\$1,382,322	\$0

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

Salaries, Benefits, Fees, and Fringe Benefit for non-Employees Only	Fringe	
	Total	Total
<i>A. Support Services</i>		
1. Dietary		
a. Food Service Supervisor	\$87,360	\$2.52
b. Dietary Workers	\$412,070	\$11.88
2. Housekeeping	\$0	\$0.00
3. Laundry	\$0	\$0.00
4. Specify Other - Attach Schedule if Necessary		
	\$0	\$0.00
Subtotal:	\$499,430	\$14

<i>B. Ancillary and Consultants</i>		
1. Physical Therapists	\$58,240	\$1.68
2. Speech Therapists	\$58,240	\$1.68
3. Occupational Therapists	\$58,240	\$1.68
4. Respiratory Therapists	\$0	\$0.00
5. Recreation Therapists	\$231,504	\$6.68
6. Dietician	\$33,280	\$0.96
7. Physicians	\$60,000	\$1.73
8. Dentists	\$13,110	\$0.38
9. Pharmacists	\$6,840	\$0.20
10. Podiatrists	\$0	\$0.00
11. Social Services	\$167,731	\$4.84
12. Specify Other - Activities	\$161,885	\$4.67
	\$0	\$0.00
Subtotal:	\$849,070	\$24.50
Total Indirect Salaries, Fees, Fringe:	\$1,348,500	\$38.50

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees On-Diary		Fringe	Total
<i>A. Support Services</i>			
1. Dietary			
a. Food Service Supervisor	\$89,562	\$2.58	
b. Dietary Workers	\$422,372	\$12.18	
2. Housekeeping	\$0	\$0.00	
3. Laundry	\$0	\$0.00	
4. Specify Other - Attach Schedule if Necessary			
	\$0	\$0.00	
Subtotal:	\$511,934	\$15	

<i>B. Ancillary and Consultants</i>			
1. Physical Therapists	\$59,707	\$1.72	
2. Speech Therapists	\$59,707	\$1.72	
3. Occupational Therapists	\$59,707	\$1.72	
4. Respiratory Therapists	\$0	\$0.00	
5. Recreation Therapists	\$237,347	\$6.84	
6. Dietician	\$34,112	\$0.98	
7. Physicians	\$61,500	\$1.77	
8. Dentists	\$13,441	\$0.39	
9. Pharmacists	\$7,011	\$0.20	
10. Podiatrists	\$0	\$0.00	
11. Social Services	\$171,924	\$4.96	
12. Specify Other - Attach Schedule if Necessary	\$165,932	\$4.79	
	\$0	\$0.00	
Subtotal:	\$870,388	\$25	
Total Indirect Salaries, Fees, Fringe:	\$1,382,322	\$40	

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR ONE

Description of Position, Position Title, and Classification	Proposed Costs			Existing Costs			Total	Fringe Benefits	Total	Fringe Benefits	Total
	Hours	Rate	Benefits	Hours	Rate	Benefits					
1. Operators/Owners			\$0				\$0		\$0	0	\$0
2. Administrators	2,080	\$65.00	\$27,500				\$162,700		\$0	2,080	\$27,500
3. Other Administrators						\$0			\$0	0	\$0
4. Other Administrative Salaries	4,745	\$16.00	\$9,110				\$85,030		\$0	4,745	\$9,110
5. Maintenance	4,160	\$22.00	\$10,982				\$102,502		\$0	4,160	\$10,982
6. Protective Services	17,520	\$25.00	\$52,560				\$490,560		\$0	17,520	\$52,560
7. Accountants	4,160	\$26.44	\$13,199				\$123,189		\$0	4,160	\$13,199
8. Specify Other - Attach Schedule if Necessary	8,320	\$18.25	\$18,221				\$170,061		\$0	8,320	\$18,221
Subtotal:	40,985		\$131,572			\$0	\$1,134,042	0	\$0	40,985	\$131,572

TOTAL YEAR ONE
Salaries, Professional Fees,
and Fringe Benefit Allocation:

280,442	\$1,537,998	\$7,719,205	0	\$0	280,442	\$1,537,998
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STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR TWO

Salaries, Professional Fees, and Fringe Benefits - All Other Employees Only	Proposed Costs			Existing Costs			Diff
	Hours	Rate	Benefits	Hours	Rate	Benefits	
1. Operators/Owners	0		\$0				\$0
2. Administrators	2,080	\$66.63	\$27,500				\$27,500
3. Other Administrators	0	\$0.00	\$0				\$0
4. Other Administrative Salaries	4,745	\$16.40	\$9,338				\$9,338
5. Maintenance	4,160	\$22.55	\$11,257				\$11,257
6. Protective Services	17,520	\$25.63	\$53,885				\$53,885
7. Accountants	4,160	\$27.10	\$13,528				\$13,528
8. Specify Other - Attach Schedule if Necessary	8,320	\$18.71	\$18,680				\$18,680
Subtotal:	40,985		\$134,188	0		\$0	\$134,188

TOTAL YEAR TWO

All Salaries, Professional Fees,
 and Fringe Benefit Allocation:

280,442	\$1,510,403	\$7,846,123	0	\$0	\$0	280,442	\$1,510,403
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STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

	Agency	Salaries, Professional Fees, and Fringe Benefits - Allocation for Employees Only	Total	Per Diem
1. Operators/Owners		\$0	\$0	\$0.00
2. Administrators		\$162,700	\$162,700	\$4.69
3. Other Administrators		\$0	\$0	\$0.00
4. Other Administrative Salaries		\$85,030	\$85,030	\$2.45
5. Maintenance		\$102,502	\$102,502	\$2.96
6. Protective Services		\$490,560	\$490,560	\$14.15
7. Accountants		\$123,189	\$123,189	\$3.55
8. Specify Other - Attach Schedule if Necessary		\$170,061	\$170,061	\$4.90
		\$0	\$0	\$0.00
			Subtotal:	
			\$1,134,042	\$33

TOTAL YEAR ONE
Salaries, Professional Fees,
and Fringe Benefit Allocation:

\$7,719,205	\$222.51
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STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

	Profess and Fringe Benefit Allocation for Employees Only	Fees	Per Person
	Total	Total	Person
1. Operators/Owners	\$0	\$0	\$0.00
2. Administrators	\$166,090	\$4.79	\$4.79
3. Other Administrators	\$0	\$0.00	\$0.00
4. Other Administrative Salaries	\$87,156	\$2.51	\$2.51
5. Maintenance	\$105,065	\$3.03	\$3.03
6. Protective Services	\$502,923	\$14.50	\$14.50
7. Accountants	\$126,264	\$3.64	\$3.64
8. Specify Other - Attach Schedule if Necessary	\$174,347	\$5.03	\$5.03
	\$0	\$0.00	\$0.00
Subtotal:	\$1,161,845	\$34	\$34

TOTAL YEAR TWO
 All Salaries, Professional Fees,
 and Fringe Benefit Allocation:

\$7,846,123	\$226,89
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STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR ONE

Expenditure Category	Proposed Costs		Existing Costs		Diff.
	Total	Per Diem	Total	Per Diem	
<i>A. Dietary</i>					
1. Raw Food	\$260,063	\$7.50		\$0.00	\$260,063
2. Non Food Supplies	\$24,273	\$0.70		\$0.00	\$24,273
3. Purchased Services	\$694	\$0.02		\$0.00	\$694
4. Specify Other - Attach Schedule if Necessary	\$5,201	\$0.15		\$0.00	\$5,201
		\$0.00		\$0.00	\$0
				\$0.00	\$0
<i>B. Laundry</i>					
1. In house washing of resident items	\$2,000	\$0.06		\$0.00	\$2,000
2. Repair and/or purchase of linens	\$0	\$0.00		\$0.00	\$0
3. Purchased Services	\$300,000	\$8.65		\$0.00	\$300,000
4. Specify Other - Attach Schedule if Necessary				\$0.00	\$0
		\$0.00		\$0.00	\$0
<i>C. Housekeeping</i>					
1. Supplies - Cleaning	\$25,000	\$0.72		\$0.00	\$25,000
2. Purchased Services	\$320,000	\$9.23		\$0.00	\$320,000
3. Specify Other - Attach Schedule if Necessary	\$0.00			\$0.00	\$0
		\$0.00		\$0.00	\$0

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Item	Direct Costs		Indirect Costs		Total
	Per Day	Per Day	Per Day	Per Day	
<i>D. Resident Care Supplies</i>					
1. Prescription Drugs	\$36,136	\$1.04		\$0.00	\$36,136
2. Medicine Cabinet Drugs	\$5,201	\$0.15		\$0.00	\$5,201
3. Medical and Therapeutic	\$156,038	\$4.50		\$0.00	\$156,038
4. Oxygen	\$37,102	\$1.07		\$0.00	\$37,102
5. Dental		\$0.00		\$0.00	\$0
6. Recreation	\$20,000	\$0.58		\$0.00	\$20,000
7. Specify Other		\$0.00		\$0.00	\$0
		\$0.00		\$0.00	\$0
Subtotal:	\$1,191,708	\$34.37	\$0	\$0.00	\$1,191,708
Total Indirect:	\$2,540,208		\$0		\$2,540,208

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR TWO

Activity	Proposed Costs		Existing Costs		Diff
	Total	Per Diem	Total	Per Diem	
<i>A. Dietary</i>					
1. Raw Food	\$260,063	\$7.50		\$0.00	\$260,063
2. Non Food Supplies	\$24,273	\$0.70		\$0.00	\$24,273
3. Purchased Services	\$694	\$0.02		\$0.00	\$694
4. Specify Other - Attach Schedule if Necessary	\$5,201	\$0.15		\$0.00	\$5,201
	\$0	\$0.00		\$0.00	\$0
<i>B. Laundry</i>					
1. In house washing of resident items	\$2,000	\$0.06		\$0.00	\$2,000
2. Repair and/or purchase of items	\$0	\$0.00		\$0.00	\$0
3. Purchased Services	\$300,000	\$8.65		\$0.00	\$300,000
4. Specify Other - Attach Schedule if Necessary	\$0	\$0.00		\$0.00	\$0
	\$0	\$0.00		\$0.00	\$0
<i>C. Housekeeping</i>					
1. Supplies - Cleaning	\$25,000	\$0.72		\$0.00	\$25,000
2. Purchased Services	\$320,000	\$9.23		\$0.00	\$320,000
5. Specify Other - Attach Schedule if Necessary	\$0				
		\$0.00		\$0.00	\$0

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Differe
	Total	Per Diem	Total	Per Diem	
<i>D. Resident Care Supplies</i>					
1. Prescription Drugs	\$36,136	\$1.04		\$0.00	\$36,136
2. Medicine Cabinet Drugs	\$5,201	\$0.15		\$0.00	\$5,201
3. Medical and Therapeutic	\$156,038	\$4.50		\$0.00	\$156,038
4. Oxygen	\$37,102	\$1.07		\$0.00	\$37,102
5. Dental	\$0	\$0.00		\$0.00	\$0
6. Recreation	\$20,000	\$0.58		\$0.00	\$20,000
5. Specify Other - Attach Schedule if Necessary	\$0			\$0.00	\$0
Subtotal:	\$1,191,708	\$34.37	\$0	\$0.00	\$1,191,708
Total Indirect:	\$2,574,030		\$0		\$2,574,030

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

Department of Corrections		Rate
Inmate		Per Diem
<i>A. Dietary</i>		
1. Raw Food		\$8
2. Non Food Supplies		\$1
3. Purchased Services		\$0
4. Specify Other - Attach Schedule if Necessary		\$0
		\$0
<i>B. Laundry</i>		
1. In house washing of resident items		\$0
2. Repair and/or purchase of items		\$0
3. Purchased Services		\$9
4. Specify Other - Attach Schedule if Necessary		\$0
		\$0
<i>C. Housekeeping</i>		
1. Supplies - Cleaning		\$0
2. Purchased Services		\$1
3. Specify Other - Attach Schedule if Necessary		\$9
		\$0

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

D. Resident Care Supplies	
1. Prescription Drugs	\$1
2. Medicine Cabinet Drugs	\$0
3. Medical and Therapeutic	\$5
4. Oxygen	\$1
5. Dental	\$0
6. Recreation	\$1
7. Specify Other	\$0
Subtotal:	\$36 00
Total Indirect:	\$75

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

DEPARTMENT OF MENTAL HEALTH AND AD		PRICE
<i>A. Dietary</i>		
1. Raw Food		\$8
2. Non Food Supplies		\$1
3. Purchased Services		\$0
4. Specify Other - Attach Schedule if Necessary		\$0
		\$0
<i>B. Laundry</i>		
1. In house washing of resident items		\$0
2. Repair and/or purchase of items		\$0
3. Purchased Services		\$9
4. Specify Other - Attach Schedule if Necessary		\$0
		\$0
<i>C. Housekeeping</i>		
1. Supplies - Cleaning		\$1
2. Purchased Services		\$9
5. Specify Other - Attach Schedule if Necessary		\$0

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

D. Resident Care Supplies	
1. Prescription Drugs	\$1
2. Medicine Cabinet Drugs	\$0
3. Medical and Therapeutic	\$5
4. Oxygen	\$1
5. Dental	\$0
6. Recreation	\$1
5. Specify Other - Attach Schedule if Necessary	\$0
Subtotal:	\$36.00
Total Indirect:	\$76

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR ONE

	01/01/2010	01/01/2011	01/01/2012	01/01/2013	01/01/2014	01/01/2015	01/01/2016
<i>A. Administrative and General</i>							
1. Accounting and Auditing	\$4,500	\$0.13				\$0.00	\$4,500
2. Legal	\$10,000	\$0.29				\$0.00	\$10,000
3. Management Services Fees **	\$340,692	\$9.83				\$0.00	\$340,692
4. Medical Records		\$0.00				\$0.00	\$0
5. Specify Other - Workers comp and Group Insurance	\$208,000.00	\$6.00				\$0.00	\$208,000
		\$0.00				\$0.00	\$0
<i>B. Maintenance and Operation of Plant</i>							
1. Repairs and Maintenance	\$15,604	\$0.45				\$0.00	\$15,604
2. Heat (Specify type)	\$36,409	\$1.05				\$0.00	\$36,409
3. Light and Power	\$60,681	\$1.75				\$0.00	\$60,681
4. Water	\$57,214	\$1.65				\$0.00	\$57,214
5. Specify Other - Attach Schedule if Necessary	\$337,748.75	\$9.74				\$0.00	\$337,749
		\$0.00				\$0.00	\$0
Subtotal:	\$1,070,848.75	\$30.89				\$0.00	\$1,070,849.00
Total Administrative and General:	\$2,204,891					\$0	\$2,204,891

** Please specify the proposed management services: 3% of revenue and waiver of CAFs applied to management company

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR TWO

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Diff.
	Total	Per Diem	Total	Per Diem	
<i>A. Administrative and General</i>					
1. Accounting and Auditing	\$4,500	\$0.13		\$0.00	\$4,500
2. Legal Management fees	\$10,000	\$0.29		\$0.00	\$10,000
	\$345,249	\$9.96		\$0.00	\$345,249
4. Specify Other - Attach Schedule if Necessary	\$0				
5. Specify Other - Workers comp and Group Insurance	\$208,000	\$6.00		\$0.00	\$208,000
<i>B. Maintenance and Operation of Plant</i>					
	\$0				
1. Repairs and Maintenance	\$15,604	\$0.45		\$0.00	\$15,604
2. Heat (Specify type)	\$36,409	\$1.05		\$0.00	\$36,409
3. Light and Power	\$60,681	\$1.75		\$0.00	\$60,681
4. Water	\$57,214	\$1.65		\$0.00	\$57,214
5. Specify Other - Attach Schedule if Necessary	\$337,749	\$9.74		\$0.00	\$337,749
		\$0.00		\$0.00	\$0
Subtotal:	\$1,075,406.00	\$31.02	\$0.00	\$0.00	\$1,075,406.00
Total Administrative and General:	\$2,237,251		\$0		\$2,237,251

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

Expenditures, Other than Salaries, Benefits, and Pension	
<i>A. Administrative and General</i>	
1. Accounting and Auditing	\$0
2. Legal	\$0
3. Management Services Fees **	\$10
4. Medical Records	\$0
5. Specify Other - Workers comp and Group Insurance	\$6
	\$0
<i>B. Maintenance and Operation of Plant</i>	
1. Repairs and Maintenance	\$0
2. Heat (Specify type)	\$1
3. Light and Power	\$2
4. Water	\$2
5. Specify Other - Attach Schedule if Necessary	\$10
	\$0
Subtotal:	\$31 00
Total Administrative and General:	\$64

** Please specify the proposed management cost

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

III.

	Per Unit	Per Month
Administrative and General		
<i>A. Administrative and General</i>		
1. Accounting and Auditing	\$0	
2. Legal	\$0	
Management fees	\$10	
4. Specify Other - Attach Schedule if Necessary		
5. Specify Other - Workers comp and Group Insuranc	\$6	
<i>B. Maintenance and Operation of Plant</i>		
1. Repairs and Maintenance	\$0	
2. Heat (Specify type)	\$1	
3. Light and Power	\$2	
4. Water	\$2	
5. Specify Other - Attach Schedule if Necessary	\$10	
	\$0	
Subtotal:	\$31.00	
Total Administrative and General:	\$65	

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

IV. CAPITAL OTHER -- YEAR ONE

	Capital Other		Funding Costs		Difference	
	Amount	Per Diem	Total	Per Diem	Total	
1. Real Estate Taxes Paid by Owner	\$199,381	\$5.75		\$0.00	\$199,381	
2. Real Estate Taxes Paid by Lessor		\$0.00		\$0.00	\$0	
3. Personal Property Taxes	\$3,814	\$0.11		\$0.00	\$3,814	
4. Movable Equipment Depreciation	\$69,350	\$2.00		\$0.00	\$69,350	
5. Insurance on Property (Buildings Only)	\$6,588	\$0.19		\$0.00	\$6,588	
6. Insurance Other Than Property Above						
a. Umbrella (Blanket Coverage)	\$55,480	\$1.60		\$0.00	\$55,480	
b. Fire and Extended Coverage		\$0.00		\$0.00	\$0	
c. Other (Specify PUF)	\$728,869	\$21.02		\$0.00	\$728,869	
7. Equipment Leases	\$12,000	\$0.35		\$0.00	\$12,000	
8. Specify Other - Attach Schedule if Necessary						
		\$0.00		\$0.00	\$0	
Total Capital:	\$1,075,482	\$31.02		\$0.00	\$1,075,482	

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

IV. CAPITAL OTHER -- YEAR TWO

	Proposed Costs		Existing Costs		Diffe
	Total	Per Diem	Total	Per Diem	
1. Real Estate Taxes Paid by Owner	\$199,381	\$5.75		\$0.00	\$199,381
2. Real Estate Taxes Paid by Lessor	\$0	\$0.00		\$0.00	\$0
3. Personal Property Taxes	\$3,814	\$0.11		\$0.00	\$3,814
4. Movable Equipment Depreciation	\$69,350	\$2.00		\$0.00	\$69,350
5. Insurance on Property (Buildings Only)	\$6,588	\$0.19		\$0.00	\$6,588
6. Insurance Other Than Property Above	\$0				
a. Umbrella (Blanket Coverage)	\$55,480	\$1.60		\$0.00	\$55,480
b. Fire and Extended Coverage	\$0	\$0.00		\$0.00	\$0
c. Other (Specify)	\$728,869	\$21.02		\$0.00	\$728,869
7. Equipment Leases	\$12,000	\$0.35		\$0.00	\$12,000
8. Specify Other - Attach Schedule if Necessary	\$0				
Total Capital:	\$1,075,482	\$31.02	\$0	\$0.00	\$1,075,482

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

	Price Paid
1. Real Estate Taxes Paid by Owner	\$6
2. Real Estate Taxes Paid by Lessor	\$0
3. Personal Property Taxes	\$0
4. Movable Equipment Depreciation	\$2
5. Insurance on Property (Buildings Only)	\$0
6. Insurance Other Than Property Above	
a. Umbrella (Blanket Coverage)	\$2
b. Fire and Extended Coverage	\$0
c. Other (Specify) PUF	\$21
7. Equipment Leases	\$0
8. Specify Other - Attach Schedule if Necessary	
Total Capital:	\$31.00

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND AD

	2011
1. Real Estate Taxes Paid by Owner	\$6
2. Real Estate Taxes Paid by Lessor	\$0
3. Personal Property Taxes	\$0
4. Movable Equipment Depreciation	\$2
5. Insurance on Property (Buildings Only)	\$0
6. Insurance Other Than Property Above	
a. Umbrella (Blanket Coverage)	\$2
b. Fire and Extended Coverage	\$0
c. Other (Specify)	\$21
7. Equipment Leases	\$0
8. Specify Other - Attach Schedule if Necessary	
Total Capital:	\$31.00

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

V. CAPITAL FAIR RENT RELATED -- YEAR ONE

1. Depreciation	Reported Costs		Filing Costs		Total
	Per Item	Total	Per Item	Total	
a. Land Improvements	\$0.00		\$0.00		\$0
b. Building and Building Improvements	\$0.00		\$0.00		\$0
c. Non-movable Equipment	\$0.00		\$0.00		\$0
2. Amortization					
a. Mortgage Expense	\$0.00		\$0.00		\$0
b. Leasehold Improvements	\$0.00		\$0.00		\$0
c. Other (Specify)	\$0.00		\$0.00		\$0
3. Rental Payments on Leased Real Property less real estates taxes	\$259,294.00		\$7.48		\$259,294
4. Interest - Building, Land Improvement & Non-movable Equipment	\$0		\$0.00		\$0
5. Specify Other - Attach Schedule, if Necessary					
Total Fair Rent Related:	\$259,294		\$7.48	\$0	\$259,294

TOTAL YEAR ONE

Expenditures Other than Salaries:	\$3,597,332.75	\$103.76	\$0.00	\$0.00	\$3,597,333.00
SALARIES + OTHER EXPENDITURES:	\$11,316,537.75		\$0.00		\$11,316,538.00

*** For new capital improvements please provide the following information: 1) a detailed description; 2) line item detail of the costs; an description of the estimated source(s) of funds and assurance that funds will be available to complete the improvements.

STATE OF CONNECTICUT
 DEPARTMENT OF CORRECTIONS
 DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

V. CAPITAL FAIR RENT RELATED -- YEAR TWO

Expenditures	Proposed Costs		Existing Costs		Diff.
	Total	Per Item	Total	Per Item	
1. Depreciation					
a. Land Improvements	\$0	\$0.00		\$0.00	\$0
b. Building and Building Improvements	\$0	\$0.00		\$0.00	\$0
c. Non-movable Equipment	\$0	\$0.00		\$0.00	\$0
2. Amortization					
a. Mortgage Expense	\$0	\$0.00		\$0.00	\$0
b. Leasehold Improvements	\$0	\$0.00		\$0.00	\$0
c. Other (Specify)	\$0	\$0.00		\$0.00	\$0
3. Rental Payments on Leased Real Property less real estates taxes	\$259,294	\$7.48		\$0.00	\$259,294
4. Interest - Building, Land Improvement & Non-movable Equipment	\$0	\$0.00		\$0.00	\$0
5. Specify Other - Attach Schedule if Necessary	\$0	\$0.00		\$0.00	\$0
Total Fair Rent Related:	\$259,294	\$7.48	\$0	\$0.00	\$259,294

TOTAL YEAR ONE

Expenditures Other than Salaries:	\$3,601,890.00	\$103.89	\$0.00	\$0.00	\$3,601,890.00
SALARIES + OTHER EXPENDITURES:	\$11,448,013.00		\$0.00		\$11,448,013.00

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Expenditure	Permitted
1. Depreciation	
a. Land Improvements	\$0
b. Building and Building Improvements	\$0
c. Non-movable Equipment	\$0
2. Amortization	
a. Mortgage Expense	\$0
b. Leasehold Improvements	\$0
c. Other (Specify)	\$0
3. Rental Payments on Leased Real Property less real estates taxes	\$7 \$0
4. Interest - Building, Land Improvement & Non-movable Equipment	\$0
5. Specify Other - Attach Schedule if Necessary	\$0
Total Fair Rent Related:	\$7.00

TOTAL YEAR ONE	
Expenditures Other than Salaries:	\$105.00
SALARIES + OTHER EXPENDITURES:	\$327.51

*** For new capital improvements please provide 3) a description of the estimated source(s) of funds and

STATE OF CONNECTICUT
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 DEPARTMENT OF MENTAL HEALTH AND ADDICTION

Expenditure	Amount
1. Depreciation	
a. Land Improvements	\$0
b. Building and Building Improvements	\$0
c. Non-moveable Equipment	\$0
2. Amortization	
a. Mortgage Expense	\$0
b. Leasehold Improvements	\$0
c. Other (Specify)	\$0
3. Rental Payments on Leased Real Property less real estates taxes	\$7
4. Interest - Building, Land Improvement & Non-moveable Equipment	\$0
5. Specify Other - Attach Schedule if Necessary	\$0
Total Fair Rent Related:	\$7

TOTAL YEAR ONE

Expenditures Other than Salaries:	\$105.00
SALARIES + OTHER EXPENDITURES:	\$331.89

iCare AND ITS MANAGED FACILITIES

JOB DESCRIPTION: ADMINISTRATOR

Reports To: VP of Operations

FLSA Status: Exempt

Qualifications:

Must possess a current Nursing Home Administrator license and meet the licensure requirements of CT. A degree in Public Health, Business, Human Services or a health related degree is preferred. Must have working knowledge (experience preferred) with various software programs such as WORD, EXCEL. Must be able to manage multiple projects and work with all disciplines in a challenging multi-cultural environment. Must be knowledgeable of Quality Assurance/Improvement process as well as state/federal regulations and surveys. Must be able to speak and write the English language and have a working understanding of financial statements.

Experience:

This position requires 5 years of experience in a hospital, skilled nursing, or health facility. Experience with state survey process and quality measures.

Physical & Sensory Requirements:

Must be able to regularly walk throughout the facility at least 50% of the working day and to assist with emergencies as needed. Requires prolonged sitting, standing and walking. Must be able to climb stairs regularly, as well as lift or carry 50 lbs.

iCare AND ITS MANAGED FACILITIES

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

Evaluation:

An annual written review of the **Administrator** will be completed annually and the opportunity for the employee to respond will be provided.

Overview:

The primary purpose of this position is to provide overall operational direction, support, and guidance of an iCare managed Nursing Facility in accordance with state and federal regulations and guidelines. This position will ensure that all operational procedures are carried out in an efficient and effective manner with a focus on achieving financial goals, adhering to government regulations, and maintaining a high level of resident care.

Major Responsibilities:

1. Job Knowledge:
 - a. Facility Operations
 - i. Oversees all levels of resident care and ancillary services and ensures accountability to all standards of quality care, programs and services.
 - ii. Ensure that all facility programs are planned, developed, organized, implemented, evaluated, and directed in accordance with company guidelines and state regulations.
 - iii. Ensures a well maintained, clean, and home like environment along with ensuring that facility is safe and secure.
 - iv. Makes his/ herself available to respond to facility emergencies, regulatory agency visits, surveys and issues outside of normal work hours as needed

Weight

52%

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- v. Collects, analysis and monitors facility department data/ reports on a regular basis and ensures goals are being met and exceeded.
 - vi. Ensures that legal, and ethical standards are upheld through on-going review of Corporate Compliance plan.
 - vii. Strives for excellence by being visible on all shifts and communicates goals to staff.
 - viii. Drives the development of best practices and Quality Improvement.
 - ix. Ensures Admissions process runs smoothly and maintains 100% signed admission agreements.
 - x. Responsible for oversight of training of all facility staff to meet and exceed established state and federal guidelines and regulations.
 - xi. Provides the leadership for directing and responding to state/federal regulations and surveys, as well as developing and implementing plans of correction.
- b. Business Development
 - i. Assists in the development, with the marketing team, of new and improved facility programs and implements such programs utilizing the highest standard.
 - ii. Actively participates in the marketing, with the marketing team, of new clinical programs and the presentation of such programs to physicians, family members, residents and the community
 - iii. Regularly participates in CAHCF and associated functions.
 - c. Utilization of Technology
 - i. Responsible for utilizing all software and tracking tools provided to measure, track, evaluate and improve quality of care, programs and services.
 - ii. Monitors staff use of EMR and holds all levels of staff accountable for compliance
 - iii. Monitors Master Staffing Report and holds DNS accountable
 - d. Human Resources
 - i. Is responsible all employee and Labor Relations; in conjunction with iCare Human Resources is also responsible for monitoring of labor contracts.
 - ii. Responsible for recruitment and retention of qualified facility leaders/ management.

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- iii. Responsible for overall completion of performance evaluations and competencies annually as required.
- iv. Responsible for mentoring of facility leaders/ management staff to foster growth and development.
- e. Financial
 - i. Works closely with the VP of Operations to manage staffing in accordance to census and acuity while maintaining quality of care in order to meet patient care objectives.
 - ii. Must meet the financial goals and objectives of the facility by assuming budgetary leadership and responsibility for the facility.
 - iii. Implements processes and methods to generate higher revenue and reduce costs.
 - iv. Actively works with all Department Heads to manage and reduce overtime and eliminate/reduce agency and temporary use.
 - v. Ensures receivables are collected timely through the implementation of monitoring of systems and personnel.
- 2. Interpersonal Skills/Professionalism/Adaptability **24%**
 - a. Serves as a role model to all Facility employees, families and residents; maintains a positive and respectful attitude to all peers and staff
 - b. Actively participates in the Facility Customer Service initiatives and ensures that staff are held accountable and in compliance.
 - c. Provides timely responses to issues/complaints from residents, families and staff
 - d. Demonstrates abilities as a team leader.
 - e. Exhibits initiative and self-direction.
 - f. Serves as a role model through initiative, self direction and enthusiasm.
 - g. Willingness to embrace change and feedback.
 - h. Is able to adjust to a variety of situations, maintains flexibility.

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

	<u>Weight</u>
3. <u>Management/Leadership and Communication Skills</u>	12%
a. Ability to delegate tasks to appropriate staff levels while maintaining accountability.	
b. Keeps other informed; shares information with appropriate parties as needed.	
c. Must work as needed to achieve results and/or meet targets within established time frames.	
d. Seeks opportunities to foster self growth through education, seminars, etc.	
4. <u>Organizational Skills and Productivity</u>	12%
a. Plans and prioritizes work effectively.	
b. Coordinates, prepares and presents projects well and follows through with assignments.	
c. Produces quality work and a satisfactory quantity of work.	
d. Delivers work on time and cost effectively, meets deadlines.	
e. Anticipates and identifies problems and provides a timely solution.	
f. Uses logic and sound judgment to solve problems and make decisions.	

iCare AND ITS MANAGED FACILITIES

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. I hereby accept the position of **Administrator** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

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iCare **AND ITS MANAGED FACILITIES**

ADDITIONAL COMMENTS:

iCare AND ITS MANAGED FACILITIES

JOB DESCRIPTION: ASSISTANT DIRECTOR OF NURSING SERVICES (ADNS)

Reports To: Director of Nursing Services (DNS)

FLSA Status: Exempt

Qualifications:

Must maintain current/active State of Connecticut RN license. Prefer Bachelors or Associate Degree in a health related field. Must have working knowledge (experience preferred) with various software programs such as WORD, EXCEL, as well as electronic medical records (EMR) systems. Must be able to manage multiple projects and work with all disciplines in a challenging multi-cultural environment. Must be knowledgeable of Quality Assurance/Improvement process as well as state/federal regulations and surveys. Must be able to speak and write the English language. Must maintain current active CPR and IV certification.

Experience:

Requires a minimum of 2 years of increased responsibility and experience in a supervisory position in long term care. Previous experience as an RN Supervisor or Assistant Director of Nursing Service (ADNS) required. Experience with state survey process and quality measures.

Physical & Sensory Requirements:

Must be able to regularly walk throughout the facility at least 50% of the working day and to assist with emergencies as needed. Requires prolonged sitting, standing and walking. Must be able to climb stairs regularly., as well as lift or carry 50 lbs.

iCare AND ITS MANAGED FACILITIES

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

Evaluation:

An annual written review of the ADNS will be completed and at least annually. The opportunity for the employee to respond will be provided.

Overview:

Assists and supports the DNS with planning, organizing, developing and directing the overall operation of the Nursing Services Department. Interacts with regulatory officials, facility staff and outside community agencies as needed. Assists in the implementation and measurement of the facility QAA program. Is required to manage multiple projects.

Major Responsibilities:

- | | |
|---|------------------------------------|
| 1. Job Knowledge:
a. Care and Clinical:
i. Assists in the management of all levels of nursing staff to ensure accountability to all standards of nursing practice, quality care and treatments
ii. Responsible to participate in the day to day A&I investigation, recording and reporting, under the supervision of the DNS
iii. Available to respond to clinical emergencies, regulatory agency visits, surveys and issues outside of normal work hours as needed; participates in on-call rotation for clinical emergencies and other clinical/facility issues
iv. Takes a lead role in regular facility rounds and monitoring of resident status; maintains awareness of all resident clinical care issues
v. Takes a lead role in observing and instructing clinical staff with resident care
vi. Holds nursing staff accountable for carrying out quality care, treatments and nursing services. | <u>Weight</u>
52% |
|---|------------------------------------|

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- vii. Assists the DNS in the overall training of nursing staff to support clinical services and to meet and exceed established clinical competency levels.
- viii. In the absence of the DNS, assumes responsibilities of the DNS
- ix. Provides daily oversight of RN Supervisors, Charge Nurses and CNAs
- b. Clinical Program Implementation
 - i. Assists in the implementation of new and improved clinical programs utilizing the highest standards of nursing care
 - ii. Actively participates in the implementation of new clinical programs to staff
- c. Utilization of Technology
 - i. Responsible for utilizing all software and tracking tools provided to measure, track, evaluate and improve quality of care.
 - ii. Monitors staff use of EMR and holds all levels of staff accountable for compliance
- d. Human Resources
 - i. Responsible for completion of performance evaluations and competencies annually in a timely fashion
 - ii. Responsible for mentoring of staff to foster growth and development
 - iii. Must have knowledge of labor contracts to assist in monitoring compliance
- e. Financial
 - i. Works closely with the DNS to manage staffing in accordance to census and acuity while maintaining quality of care in order to meet patient care objectives.
 - ii. Oversees RN Supervisors' monitoring of staff overtime, absenteeism and tardiness in accordance with Company policies

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- | | |
|--|--|
| 2. Interpersonal Skills/Professionalism/Adaptability | |
| a. Serves as a role model to all Facility employees, families and residents; maintains a positive and respectful attitude to all peers and staff | |
| b. Actively participates in the Facility Customer Service initiatives and ensures that staff are held accountable and in compliance | |
| c. Demonstrates abilities as a team leader | |
| d. Exhibits initiative and self-direction | |
| e. Serves as a role model through initiative, self direction and enthusiasm | |
| f. Willingness to embrace change and feedback | |
| g. Is able to adjust to a variety of situations, maintains flexibility | |
| 3. Management/Leadership and Communication Skills | |
| a. Ability to delegate tasks to appropriate staff levels while maintaining accountability | |
| b. Keeps other informed; shares information with appropriate parties as needed | |
| c. Must work as needed to achieve results and/or meet targets within established time frames. | |
| 4. Organizational Skills and Productivity | |
| a. Plans and prioritizes work effectively. | |
| b. Coordinates, prepares and presents projects well and follows through with assignments. | |
| c. Produces quality work and a satisfactory quantity of work. | |
| d. Delivers work on time and cost effectively, meets deadlines | |
| e. Anticipates and identifies problems and provides a timely solution | |
| f. Uses logic and sound judgment to solve problems and make decisions | |

24%

12%

12%

iCare AND ITS MANAGED FACILITIES

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. I hereby accept the position of **Assistant Director of Nursing Services** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

Rev. 1.11

iCare AND ITS MANAGED FACILITIES

ADDITIONAL COMMENTS:

iCare AND ITS MANAGED FACILITIES

JOB DESCRIPTION: DIRECTOR OF NURSING SERVICES (DNS)

Reports To: Facility Administrator

FLSA Status: Exempt

Qualifications:

Bachelor's of Science in Nursing (BSN) or a Bachelor's Degree in a related health care field preferred and be a graduate of an approved RN program (required). Must maintain current/active State of Connecticut RN license. Must have working knowledge (experience preferred) with various software programs such as WORD, EXCEL, as well as electronic medical records systems. Must be able to manage multiple projects and work with all disciplines in a challenging multi-cultural environment. Must be knowledgeable of Quality Assurance/Improvement process as well as state/federal regulations and surveys. Must be able to speak and write the English language and have a working understanding of financial statements. Must maintain a current CPR and IV certification.

Experience:

Requires a minimum of 3 years of increased responsibility and experience in a supervisory position in long term care. Previous experience as a Director of Nursing Service (DNS) or Assistant Director of Nursing Service (ADNS) required. Experience with state survey process and quality measures.

Physical & Sensory Requirements:

Must be able to regularly walk throughout the facility at least 50% of the working day and to assist with emergencies as needed. Requires prolonged sitting, standing and walking. Must be able to climb stairs regularly, as well as lift or carry 50 lbs.

iCare AND ITS MANAGED FACILITIES

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

Evaluation:

An annual written review of the DNS will be completed annually and the opportunity for the employee to respond will be provided.

Overview:

Planning, organizing, developing clinical programs and directing the overall operation, including financial overview, of the Facility's Nursing Service Department in accordance with all Federal and State regulations as well as Company policies, procedures, goals and objectives. The DNS is responsible for overseeing the standards of nursing practice and participates with other clinical staff, including the Medical Director, in the development of patient care programs, policies and procedures. Provides the leadership for all state surveys and completing and implementing plans of correction.

Major Responsibilities:

- | | |
|---|---------------|
| 1. Job Knowledge: | Weight |
| a. Care and Clinical: | 52% |
| i. Manages all levels of nursing staff to ensure accountability to all standards of nursing practice, quality care and treatments | |
| ii. Maintains trajectory and other clinical reporting mechanisms in a timely manner. Maintains clinical benchmarks at or below state and company benchmarks; utilizes the quality indicator report and identifies nursing trends and risk areas to incorporate in QAA | |
| iii. Available to respond to clinical emergencies, regulatory agency visits, surveys and issues of normal work hours as needed | outside |
| iv. Responsible for development of a schedule of daily rounds and assignment of duties for all Nursing staff | |

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- v. Responsible for the overall training of nursing staff to support clinical services and to meet and exceed established clinical competency levels
- vi. Provides the leadership for directing and responding to state/federal regulations and surveys; as well as developing and implementing plans of correction
- vii. Coordinates the design and implementation of resident care with other Departments, and other service providers, and maintains positive working relationships
- b. Business Development
 - i. Assists in the development, with the marketing team, of new and improved clinical programs and implements such programs utilizing the highest standards of nursing care
 - ii. Actively participates in the marketing, with the marketing team, of new clinical programs and the presentation of such programs to physicians, family members, residents and the community
- c. Utilization of Technology
 - i. Responsible for utilizing all software and tracking tools provided to measure, track, evaluate and improve quality of care.
 - ii. Monitors staff use of EMR and holds all levels of staff accountable for compliance
- d. Human Resources
 - i. With the Administrator, is responsible for Nursing Department employee and labor Relations, in conjunction with iCare Human Resources; responsible, in conjunction with the Administrator for monitoring of labor contracts.
 - ii. Responsible for recruitment and retention of qualified nursing staff
 - iii. Responsible for overall completion of performance evaluations and competencies annually as required
 - iv. Responsible for mentoring of professional staff to foster growth and development
- e. Financial
 - i. Works closely with the Administrator to manage staffing in accordance to census and acuity while maintaining quality of care in order to meet patient care objectives.

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- ii. Must meet the financial goals and objectives of the facility by assuming budgetary leadership and responsibility for the nursing department
 - iii. Actively works with nursing management to manage and reduce overtime and Eliminate/reduce agency use
- 24%**
- 2. Interpersonal Skills/Professionalism/Adaptability
 - a. Serves as a role model to all Facility employees, families and residents; maintains a positive and respectful attitude to all peers and staff
 - b. Actively participates in the Facility Customer Service initiatives and ensures that staff are held accountable and in compliance
 - c. Demonstrates abilities as a team leader
 - d. Exhibits initiative and self-direction
 - e. Serves as a role model through initiative, self direction and enthusiasm
 - f. Willingness to embrace change and feedback
 - g. Is able to adjust to a variety of situations, maintains flexibility
- 12%**
- 3. Management/Leadership and Communication Skills
 - a. Ability to delegate tasks to appropriate staff levels while maintaining accountability
 - b. Keeps other informed; shares information with appropriate parties as needed
 - c. Must work as needed to achieve results and/or meet targets within established time frames.
 - d. Seeks opportunities to foster self growth through education, seminars, etc.
- 12%**
- 4. Organizational Skills and Productivity
 - a. Plans and prioritizes work effectively.
 - b. Coordinates, prepares and presents projects well and follows through with assignments.
 - c. Produces quality work and a satisfactory quantity of work.

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

Weight

- d. Delivers work on time and cost effectively, meets deadlines
- e. Anticipates and identifies problems and provides a timely solution
- f. Uses logic and sound judgment to solve problems and make decisions

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. I hereby accept the position of **Director of Nursing Services** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

Rev. 1.11

iCare AND ITS MANAGED FACILITIES

JOB DESCRIPTION: CHARGE NURSE (RN/LPN)

Reports To:

Director of Nursing Services (DNS) and RN Supervisor

FLSA Status:

Non-Exempt

Qualifications:

Must maintain current/active State of Connecticut RN or LPN license. Must have working knowledge (experience preferred) with various software programs such as WORD, EXCEL, as well as electronic medical records (EMR) systems. Must be able to manage multiple projects and work with all disciplines in a challenging multi-cultural environment. Must be able to speak, read and write the English language clearly and understandably. Must be able to follow written and oral instructions. Must maintain current CPR and IV certification.

Experience:

Requires a minimum of one year experience in an acute care facility in a medical/surgical unit or a step down unit. Experience in rehabilitation or behavioral health experience a plus.

Physical & Sensory Requirements:

Must be able to regularly walk throughout the facility and/or Unit at least 70% of the working day and to assist with emergencies as needed. Requires prolonged sitting, standing and walking. Must be able to climb stairs regularly, as well as lift or carry 50 lbs. Must possess visual acuity near/far correctable, must possess aural acuity normal range of sound – aid permitted. Required to push residents in wheelchairs, med carts, gerrchairs, assists with transfer of residents and performing direct patient care when necessary including feeding and assisting in ambulation. These duties require the ability to stoop, reach, carry, manipulate, pushing and pulling of residents weight, standing and pivoting sufficiently to balance a resident in a transfer situation.

iCare AND ITS MANAGED FACILITIES

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

Evaluation:

An annual written review of the Charge Nurse (RN/LPN) will be completed at least annually. The opportunity for the employee to respond will be provided.

Overview:

Provides daily supervision and coordination of patient care on assigned Unit for unlicensed assistive personnel (CNAs) in the Nursing Department in order to provide continuity and quality resident care. Accepts responsibility for the medical, social, physical and emotional well being of all residents on the assigned Unit. Is required to manage multiple priorities. Maintains overall responsibility for resident assessments (RN) and for the recognition and reporting of resident change of condition to the attending physician or RN Supervisor (Charge RN/LPN).

Major Responsibilities:

1. Job Knowledge:
 - a. Care and Clinical:
 - i. Charge RN assesses and Charge LPN collects essential data. Plans and implements the optimal achievable quality of care rendered to each resident on the assigned Unit.
 - ii. The Charge Nurse does not hire, fire or evaluate the work of other staff members. However, the Charge Nurse shall coordinate, assign, direct and prioritize the work of other staff members (primarily CNAs) in order to ensure the efficient operation of the nursing unit. Provides input in the CNA evaluation process.
 - iii. Makes independent decisions relevant to nursing care which are required and delivered to each resident as per the nursing assignments. Collaborates with RN Supervisor as relevant decisions are required, in a timely manner.

Weight

52%

iCare AND ITS MANAGED FACILITIES

- iv. Expected to follow normal shift routines in accordance with Company and Facility standards, practices and expectations..
- v. Documents change in patient's condition, new orders received, unusual occurrences and report of incidents including employee injuries. Reports unusual occurrences to the RN Supervisor.
- vi. Has thorough knowledge of policies and procedures, including but not limited to, abuse, Resident rights, confidentiality, infection control, safety, accident and fire prevention and Corporate compliance
- vii. Makes rounds with physicians and assists the physician with special procedures as needed.
- viii. Attends and participates in Resident Care Plan meetings
- ix. Assists in orientation of CNAs and/or Charge Nurses; assists, as needed, in competency or other training of support staff
- x. Restocks and checks equipment and medications; informs RN Supervisor of required equipment repairs in a timely manner and restocks/orders supplies and medications to insure timely availability
- xi. Assists, as needed, in competency or other training of support staff
- xii. Any other duties as assigned by management.
- b. Clinical Program Implementation
 - i. Assists in the implementation of new and improved clinical programs utilizing the highest standards of nursing care
 - ii. Actively participates in the implementation of new clinical programs to staff
- c. Utilization of Technology
 - i. Responsible for utilizing all software and tracking tools provided to measure, track, evaluate and improve quality of care.
 - ii. Monitors staff use of EMR and holds all levels of staff accountable for compliance

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MAJOR RESPONSIBILITIES (continued)	WEIGHT
2. Interpersonal Skills/Professionalism/Adaptability a. Serves as a role model to peers, families and residents; maintains a positive and respectful attitude to all peers and staff a. Actively participates in the Facility Customer Service initiatives b. Demonstrates abilities as a team leader c. Serves as a role model through initiative, self direction and enthusiasm d. Willingness to embrace change and feedback e. Is able to adjust to a variety of situations; maintains flexibility	24%
3. Leadership and Communication Skills a. Ability to delegate tasks to appropriate staff levels while maintaining accountability b. Keeps other informed; shares information with appropriate parties as needed c. Must work as needed to achieve results and/or meet targets within established time frames.	12%
4. Organizational Skills and Productivity a. Plans and prioritizes work effectively. b. Produces quality work and a satisfactory quantity of work. c. Anticipates and identifies problems and provides a timely solution d. Uses logic and sound judgment to solve problems and make decisions	12%

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. Every effort has been made to make this job description as complete as possible; however, this is not meant to state or imply that the duties stated below are the only duties you will be expected or required to perform. I hereby accept the position of **CHARGE NURSE** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose

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protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

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ADDITIONAL COMMENTS:

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JOB DESCRIPTION: BOOKKEEPER

Reports To: Business Office Manger

FLSA Status: Non-Exempt

Qualifications:

Must have knowledge of Medicaid, Medicare and accounts receivable functions. Must have working knowledge (experience preferred) with various software programs such as WORD, OUTLOOK and EXCEL. Must have experience with PCACE, Omnipro, and FISS. Experience in CDR and credit balance audits. Knowledge of UBO4 and GAP billing. Must be able to manage multiple tasks and work with all disciplines in a challenging multi-cultural environment. Must be organized, energetic, and motivated. Must possess good written and verbal communication skills. Must be able to speak and write the English language.

Experience:

Must have at least two (3) years of experience in Medicaid, Medicare and accounts receivable functions, and clerical, office support or resident trust.

Physical & Sensory Requirements:

Must be able to regularly walk throughout facility during the working day. This position may require prolonged standing, bending, and walking. Must be able to lift or carry 50 lbs.

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

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Evaluation:

An annual written review of the **Bookkeeper** will be completed annually and the opportunity for the employee to respond will be provided.

Overview:

The primary purpose of this position is to perform all accounts receivable functions in accordance with facility policy and procedure and laws and regulations governing long term care facilities, to ensure that residents billing is managed accurately and timely and confidentiality is maintained at all times.

Major Responsibilities:

Weight

52%

1. Job Knowledge:
 - a. Bookkeeping
 - i. Knows and complies with established policies and procedures in relation to accounts receivable bookkeeping.
 - ii. Maintains, updates, and monitors computer ledgers.
 - iii. Ability to assist Bookkeeping Office Manager with various office functions.
 - iv. Assists with compilation and updating of ancillary information by payor types, and dates and type of services.
 - v. Bills all third party carriers for payment and monitors/ follows up on all payments.
 - vi. Reconciles accounts and prepares adjustments.
 - vii. Processes ancillary census and processes ancillary bills according to Medicare PPS guidelines.
 - viii. Monitors and follows up with problems on new and pending Medicaid or Medicare applications and keeps Business Office Manager updated regarding status.

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MAJOR RESPONSIBILITIES (continued)

Weight

- ix. Assures processes for MIMR and Level of Care are followed through to approval.
 - x. Completes clearance process, including W9s to state with proper documentation.
 - xi. All other related duties as assigned.
2. Interpersonal Skills/Professionalism/Adaptability
- a. Serves as a role model to peers, families and residents; maintains a positive and respectful attitude to all peers and staff; must create and maintain an atmosphere of warmth, personal interest and positive emphasis, as well as a calm environment throughout the day.
 - a. Actively participates in the Facility Customer Service initiatives.
 - b. Must be a supportive team member, contribute to and be an example of positive team work.
 - c. Serves as a role model to peers through initiative, self direction and enthusiasm; must exhibit patience, tact and a cheerful disposition; as well as the willingness to handle difficult residents
 - d. Willingness to embrace change and feedback.
 - e. Is able to adjust to a variety of situations, maintains flexibility.
3. Leadership and Communication Skills
- a. Must positively communicate with peers, other employees, residents, family members, visitors, government agencies/personnel and the general public in a tactful manner
 - b. Keeps other staff informed; shares information with appropriate parties as needed; must cooperate with inter-departmental staff, as well as other facility staff to ensure that Nursing services can be adequately maintained to meet the needs of the residents
 - c. Must work as needed to achieve results and/or complete tasks within established time frames.

24%

12%

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MAJOR RESPONSIBILITIES (continued)

WEIGHT

- 4. Organizational Skills and Productivity
 - a. Plans and prioritizes work effectively.
 - b. Produces quality work and a satisfactory quantity of work.
 - c. Anticipates and identifies problems and provides a timely solution
 - d. Uses sound judgment to solve problems and make decisions

12%

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. I hereby accept the position of **Bookkeeper** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

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ADDITIONAL COMMENTS:

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JOB DESCRIPTION: BUSINESS OFFICE MANAGER

Reports To: Facility Administrator

FLSA Status: Exempt

Qualifications:

Must have experience census reporting, Medicare/ Medicaid billing, A/R, A/P LTC reimbursement, and General Ledger management in long term care industry. A Bachelors Degree in Finance, Accounting or related field. Must have working knowledge (experience preferred) with various software programs such as WORD, OUTLOOK and EXCEL. Must have experience with PCACE, Omnipro, and FISS. Experience in CDR and credit balance audits. Knowledge of UBO4 and GAP billing. Must be able to manage multiple events and programs and work with all disciplines in a challenging multi-cultural environment. Must be highly organized, energetic, motivated and creative. Must possess strong written and verbal communication skills and be able to supervise staff. Must be able to speak and write the English language.

Experience:

This position requires 5 years experience in healthcare industry including supervision of staff.

Physical & Sensory Requirements:

Must be able to regularly walk throughout the facility and at off grounds activities and events during the working day. This position may require prolonged standing, bending, and walking. Must be able to lift or carry 50 lbs.

Exposure Risks:

Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

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Evaluation:

An annual written review of the **Business Office Manager** will be completed annually and the opportunity for the employee to respond will be provided.

Overview:

The primary purpose of position is to oversee and manage facility A/R, resident trust accounts, general ledger, A/P, Medicare/ Medicaid billing and supervise Business office staff in accordance with facility policy and procedure and laws and regulations governing long term care facilities, and ensure confidentiality is maintained at all times.

Major Responsibilities:

- | | |
|---|-----|
| 1. Job Knowledge:
<u>Business Office</u> | 52% |
|---|-----|
- i. Ensure that Vendor bills are processed in timely efficient manner.
 - ii. Ensure that census information is inputted, and logged on a daily basis.
 - iii. Ensure all cash deposits are posted daily.
 - iv. Review all cash journals to ensure accuracy of deposits.
 - v. Review financial logs and reports and ensure unpaed balances have been billed.
 - vi. Ensure that all Medicaid billing is done electronically.
 - vii. Attend Medicare meetings
 - viii. Ensure that month end function is completed including cash, census, and inputting of bills
 - ix. Monitor and take address any and all outstanding bills, by making collection calls or sending certified letters.
 - x. Responsible for providing training and development to Business off staff.
 - xi. All other duties assigned.

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MAJOR RESPONSIBILITIES (continued)

Weight

- b. Human Resources
 - i. With the Administrator, is responsible for Business Office and Receptionist staff employee relations; in conjunction with the Administrator for monitoring of labor contracts.
 - ii. Responsible for recruitment and retention of qualified Business Office and Receptionist staff.
 - iii. Responsible for overall completion of performance evaluations and competencies annually as required.
 - iv. Responsible for mentoring of Business Office and Receptionist staff to foster growth and development.
- c. Financial
 - i. Works closely with the Administrator to manage all financial accounts.
 - ii. Must meet the financial goals and objectives of the facility by assuming budgetary leadership and responsibility for the Business Office and Receptionist departments.

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MAJOR RESPONSIBILITIES (continued)

Weight

2. Interpersonal Skills/Professionalism/Adaptability 24%
- a. Serves as a role model to all Facility employees, families and residents; maintains a positive and respectful attitude to all peers and staff.
 - b. Actively participates in the Facility Customer Service initiatives and ensures that staff are held accountable and in compliance.
 - c. Demonstrates leadership abilities as a team leader.
 - d. Exhibits initiative and self-direction.
 - e. Serves as a role model through initiative, self direction and enthusiasm.
 - f. Willingness to embrace change and feedback.
 - g. Is able to adjust to a variety of situations; maintains flexibility.
3. Management/Leadership and Communication Skills 12%
- a. Ability to delegate tasks to appropriate staff levels while maintaining accountability.
 - b. Keeps others informed; shares information with appropriate parties as needed.
 - c. Must work as needed to achieve results and/or meet targets within established time frames.
 - d. Seeks opportunities to foster self growth through education, seminars, etc.

MAJOR RESPONSIBILITIES (continued)

Weight

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4. Organizational Skills and Productivity

12%

- a. Plans and prioritizes work effectively.
- b. Coordinates, prepares and presents projects well and follows through with assignments.
- c. Produces quality work and a satisfactory quantity of work.
- d. Delivers work on time and cost effectively, meets deadlines.
- e. Anticipates and identifies problems and provides a timely solution.
- f. Uses logic and sound judgment to solve problems and make decisions.

I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. I hereby accept the position of **Business Office Manager** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

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ADDITIONAL COMMENTS:

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JOB DESCRIPTION: COOK

Reports To: Facility Dietary Manager
Facility Dietary Director

FLSA Status: Non-Exempt

Qualifications:
Must have ability to prepare large quantities of food by following recipes while preserving flavor, nutritional value and attractiveness. Must be able to speak, read and write the English language clearly and understandably. Must be able to follow written and oral instructions.

Experience:
One (1) year of experience preferred in Healthcare industry.

Physical & Sensory Requirements:
Must be able to regularly walk throughout the facility and during the working day. Requires prolonged standing, bending and walking. Must be able to climb stairs, as well as lift or carry at least 50 lbs. Must possess visual acuity near/far correctable, must possess aural acuity normal range of sound – aid permitted. These duties require the ability to stoop, reach, carry, manipulate pushing and pulling of food carts during the work day.

Exposure Risks:
Tasks assigned to this position may involve potential and/or direct exposure to blood, body fluids, infectious diseases, air contaminants and hazardous chemicals.

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Evaluation:

An annual written review of the **Cook** will be completed at least annually. The opportunity for the employee to respond will be provided.

Overview:

Prepares hot and cold foods, meals and beverages including modified textures for restricted and therapeutic diets. Maintains and follows all meal schedules. Assures all food items are handled properly to insure safety and sanitation standards according to state and federal regulations. Properly stores, covers, and refrigerates necessary items. Insures that foods are cooked to the appropriate temperatures according to latest FDA Food Code.

Major Responsibilities:

Weight

52%

1. Job Knowledge:
 - a. Dietary Service:
 - i. Must demonstrate the knowledge and skills necessary prepare large portion of meals.
 - ii. Must perform all assigned tasks in accordance with the Facility's established policies and procedures and as instructed by Department Head.
 - iii. Complies with local, state and federal regulations relating to their responsibilities, including the Code of Conduct; Resident Rights and Corporate Compliance; serves as a mandatory reporter of all resident related incidents
 - iv. Must follow work assignments and/or work schedules in completing and performing assigned tasks
 - v. Maintains a satisfactory attendance and work performance record; must punctually arrive to work as assigned
 - vi. Must read and respond to written instructions to ensure the safety of staff, residents and visitors.

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MAJOR RESPONSIBILITIES (continued)

WEIGHT

- vii. Must execute all responsibilities in a safe, careful manner to ensure the safety and health of the residents, the employee and other employees.
- viii. Any other duties as assigned by management.
- b. Continuing Education and Training
 - i. Must attend and participate in continuing education programs, scheduled training and educational classes applicable to position.
 - ii. Is responsive to, and translates into practice, on-going educational opportunities appropriate to his/her position
- 2. Interpersonal Skills/Professionalism/Adaptability
 - a. Serves as a role model to peers; families and residents; maintains a positive and respectful attitude to all peers and staff; must create and maintain an atmosphere of warmth, personal interest and positive emphasis, as well as a calm environment throughout the shift.
 - a. Actively participates in the Facility Customer Service initiatives
 - b. Must be a supportive team member, contribute to and be an example of positive team work
 - c. Serves as a role model to peers through initiative, self direction and enthusiasm; must exhibit patience, tact and a cheerful disposition; as well as the willingness to handle difficult residents
 - d. Willingness to embrace change and feedback
 - e. Is able to adjust to a variety of situations; maintains flexibility

WEIGHT

24%

iCare AND ITS MANAGED FACILITIES

MAJOR RESPONSIBILITIES (continued)

WEIGHT

- | | |
|---|-----|
| 3. <u>Leadership and Communication Skills</u> | 12% |
| a. Must positively communicate with peer, other employees, residents, family members, visitors, government agencies/personnel and the general public in a tactful manner | |
| b. Keeps other staff informed; shares information with appropriate parties as needed; must cooperate with inter-departmental staff; as well as other facility staff to ensure that services can be adequately maintained to meet the needs of the residents | |
| c. Must work as needed to achieve results and/or complete tasks within established time frames. | |
| 4. <u>Organizational Skills and Productivity</u> | 12% |
| a. Plans and prioritizes work effectively. | |
| b. Produces quality work and a satisfactory quantity of work | |
| c. Anticipates and identifies problems and provides a timely solution | |
| d. Uses sound judgment to solve problems and make decisions | |

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I have read this job description and fully understand that the requirements set forth herein have been determined to be essential to this position. Every effort has been made to make this job description as complete as possible; however, this is not meant to state or imply that the duties stated below are the only duties you will be expected or required to perform. I hereby accept the position of **COOK** and agree to perform the tasks outlined in this job description in a safe manner and in accordance with the company's established procedures. I also understand I may not release/disclose protected health or facility information without proper authorization. I understand that the management reserves the right to change job responsibilities, duties and hours as needs prevail.

Employee Signature

Date

Supervisor

Date

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ADDITIONAL COMMENTS: