

## ***Instructions For Completing “Summary of Residential Services & Per Diem Rate” Form:***

Supports Coordinators are to conduct assessment and NFLOCD activities as normal.

If consumer is deemed LOCD eligible, Supports Coordinators are to begin the care planning process by discussion with the consumer the types of care they believe they need, both in terms of specific service categories (general assistance with ADL's etc), and how they want those services provided.

If the consumer is a current resident of an AFC or HFA, Supports Coordinators are to determine the current level of service intervention and the types of assistance provided by reviewing case records at the home and/or through discussions with staff and the consumer.

The purchase agreement will indicate what level of service intervention is deemed “usual and customary” through the facility's licensure requirements and the hourly rate for those services.

Once the total amount of care provided and/or needed is determined, Supports Coordinators are to subtract the hours of “usual and customary” care from the total amount of care needed. This is the level of service intervention the Waiver Program will be responsible for purchasing.

### ***Example:***

AFC Home provides an average of 4.5 hours of care/assistance per day per resident DSP Agreement indicates that the hourly rate for care is \$16.50.

Participant Smith needs 6 hours of care/assistance daily for a variance of 1.5 hours

Supports Coordinator is to complete “Summary of Resident Services and Per Diem Rate” form based on the pre-negotiated rate of \$16.50 times 1.5 hours for a daily rate of \$24.75.

The average number of days in each month is 30.4. Multiply \$24.75 times 30.4 for a monthly Per Diem of \$752.40

Each resident will have a separate “Summary of Resident Services and Per Diem Rate” work sheet completed based on their care needs over and above what the home provides through its licensure as “Usual and Customary Care.”

The work sheet is to be signed by the Supports Coordinator(s) and an authorized representative of the home. Copies of the summary sheet are to be maintained by the home and the Supports Coordinator, with an additional copy provided to the consumer/resident.

Upon completion of the Summary Work Sheet, Supports Coordinators are to complete the necessary work order indicating the monthly per diem amount for the service category “Residential Services” and submit this to data entry.

The level of “Usual and Customary” service provision and negotiated hourly rate will be maintained by UPCAP's Administrative Manager (currently Terry LaFave). Copies of these rates will be provided to Supports Coordinators as agreements are entered into.



# UPCAP Services, Inc.

## Summary of Residential Services & Per Diem Rate

UPCAP Services, Inc. and \_\_\_\_\_,(Provider) have entered into a Purchase of Service Agreement in which Provider has agreed to provide certain services at a specific rate for the following individual who resides or will reside in Provider's home/facility as follows:

**Resident:** \_\_\_\_\_

**Service:** \_\_\_\_\_ Residential Services \_\_\_\_\_.

Per Diem rate is based on a pre-negotiated hourly rate of \$\_\_\_\_\_ for \_\_\_\_\_ hours per day

**Approved Monthly Per Diem:** \$\_\_\_\_\_ (First Month)  
**Approved Monthly Per Diem:** \$\_\_\_\_\_ (On-going Per Diem)

Specific days and/or times of service are specified in the **Work Order** developed by UPCAP Supports Coordinators as approved by the Resident, effective from the first day of service specified on the **Work Order**. Further, any authorized changes to service schedule will be reflected in **Work Order Change Notices**.

The parties agree to this Summary effective: \_\_\_\_\_, 20\_\_\_\_\_

### UPCAP Services, Inc.

By: \_\_\_\_\_  
Signature, UPCAP Supports Coordinator \_\_\_\_\_ Date

### Provider/Home: \_\_\_\_\_

By: \_\_\_\_\_  
Authorized Signature / Title: \_\_\_\_\_ Date