Community Care Inc (CCI) Family Care Assisted Living Survey - 2014



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THIS SURVEY IS FOR PROVIDER RESPONSES RELATED TO Community Care Inc (CCI)

General Survey Instructions:

Advocacy Coalition for Assisted Living-Family Care Survey

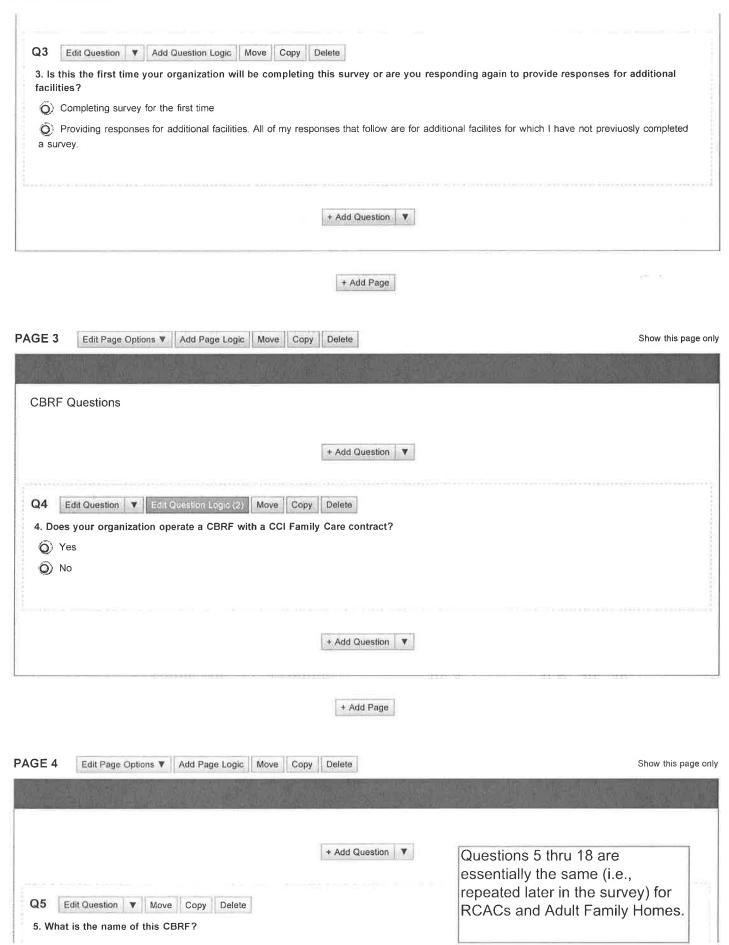
The Advocacy Coalition for Assisted Living has developed a survey to gather critical information from assisted facilities operating under the Family Care program. The Coalition is comprised of: LeadingAge Wisconsin, Residential Services Association of Wisconsin, Wisconsin Center for Assisted Living, and Wisconsin Assisted Living Association. Together, the Coalition is asking their respective members to respond to this survey so that detailed information can be gathered on Family Care provider rate changes, operating losses, contract negotiations and other important issues. The data gained through this survey will serve as the foundation for the Coalition's 2015-2017 biennial budget request seeking substantial Family Care provider increases. Without this information, the task of gaining provider rate increases becomes even more daunting, if not impossible.

So, please take the time to complete this survey.

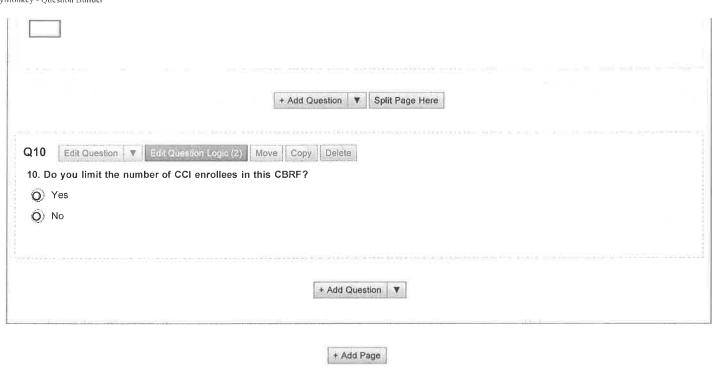
To help you with the survey, please note the following:

- •Separate surveys have been developed to obtain facility responses pertaining to each Managed Care Organization. Therefore, organizations with multiple Family Care MCO contracts will need to provide separate survey responses for each MCO using the MCO-specific survey links found below.
- •The survey will enable each provider organization to provide MCO-specific responses for up to two CBRFs, two RCACs and two AFHs. Provider organizations with more than two of any provider type (CBRF, RCAC or AFH) under contract with a single MCO will need to complete the initial survey and then use the same MCO-specific survey link to provide the responses for the additional facilities.
- •Please respond to every applicable survey question, even if you are completing the survey for a second time.
- •The survey asks 13 questions for each facility type and eight questions on the provider organization's overall experience with the

MCO (In addition, there are a few questions to gather basic demographic and location data for each facility). The facility questions are essentially the same for each provider-type. •The aggregated survey responses with be summarized and become the basis of advocacy efforts to improve Family Care rates and contracts. Individual survey responses will not be shared by the Associations without the expressed permission of the responding organization. We ask that your survey responses be completed by August 22, 2014 Should you have any questions on this survey, please contact your association. Thank You. THIS SURVEY IS FOR PROVIDER RESPONSES RELATED TO Community Care Inc (CCI): + Add Question Q1 Edit Question ▼ Move Copy Delete 1. Please provide the following information: Your Name: Organization Municipality County Email Address: + Add Question ▼ Split Page Here Edit Question ▼ Edit Question Logic (2) Move Copy Delete 2. Does your organization (CBRF, RCAC, or AFH) have a Family Care Contract with Community Care Inc (CCI)? No- You Do Not Need to Complete this Survey--Thank You + Add Question + Add Page PAGE 2 Edit Page Options ▼ Add Page Logic Move Show this page only + Add Question

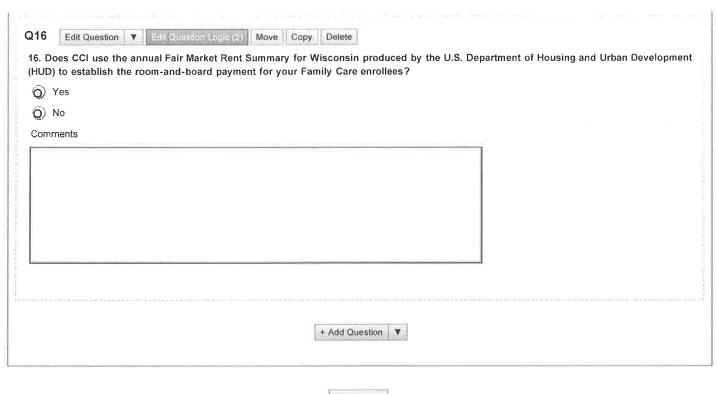


CBRF Name		
Municipality		
County		
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	1 No. of Contract	
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(statement and the property of	BRF? Note: If you operate a second CBRF, later in the survey you will be asked to provide separate	
responses pertaining to the second	ond facility.	
		anone.
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7. How many residents are serve	ed by this CBRF (today's census)?	
*************************		minara
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8. What is the primary client groups Frail Elderly	up served by this facility?	
Frail Elderly Developmentally/Intellectually	Disabled	
Physically Disabled	Disabled	
Comments		
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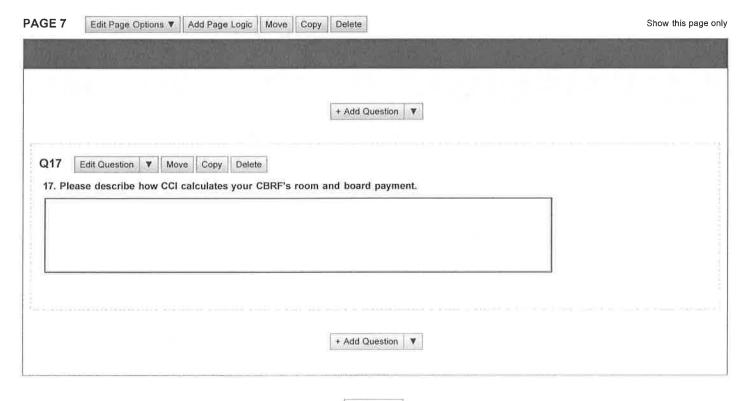


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12. ln 2		ove Copy Delete	u received from CCI to care for those residents
y W	•		
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14. What was	this CBRF's CC	I loss per resident d	ay (annual	CCI loss divid	ed by annual CCI-funde	d resident days)?
			+ Add Q	uestion ▼ S	olit Page Here	
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15. For those	years applicable	e, please provide (as	a percenta	ge) the CCI ov	erall rate increase, rate o	decrease, or rate freeze you received for
this facility in	each of the pas	st 5 years.		0	A	
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2011						
2012				ring band		Entropy (Colors III) In the Color
2013						
2014				10 1204		
Comments						

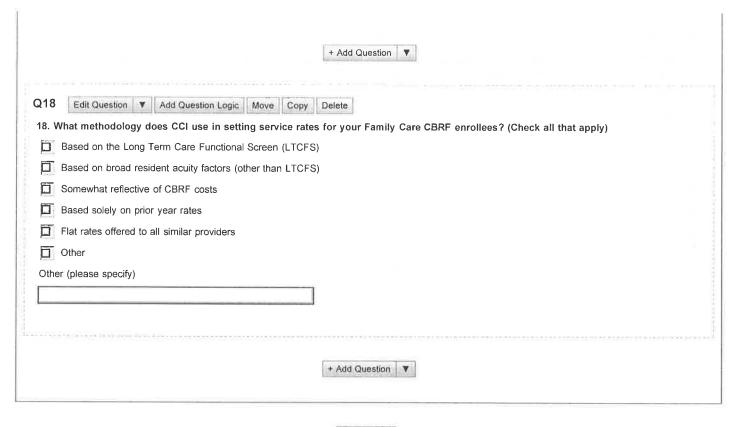


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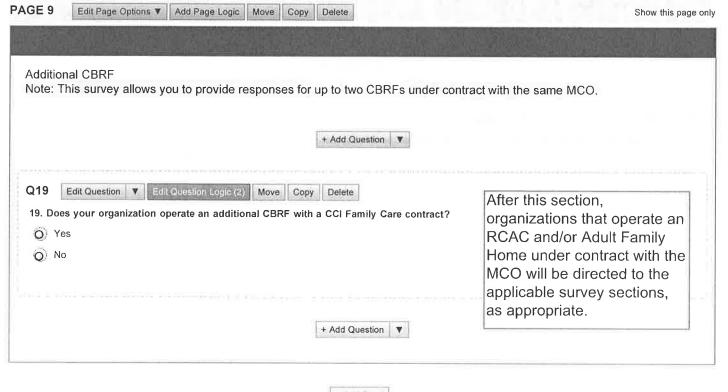


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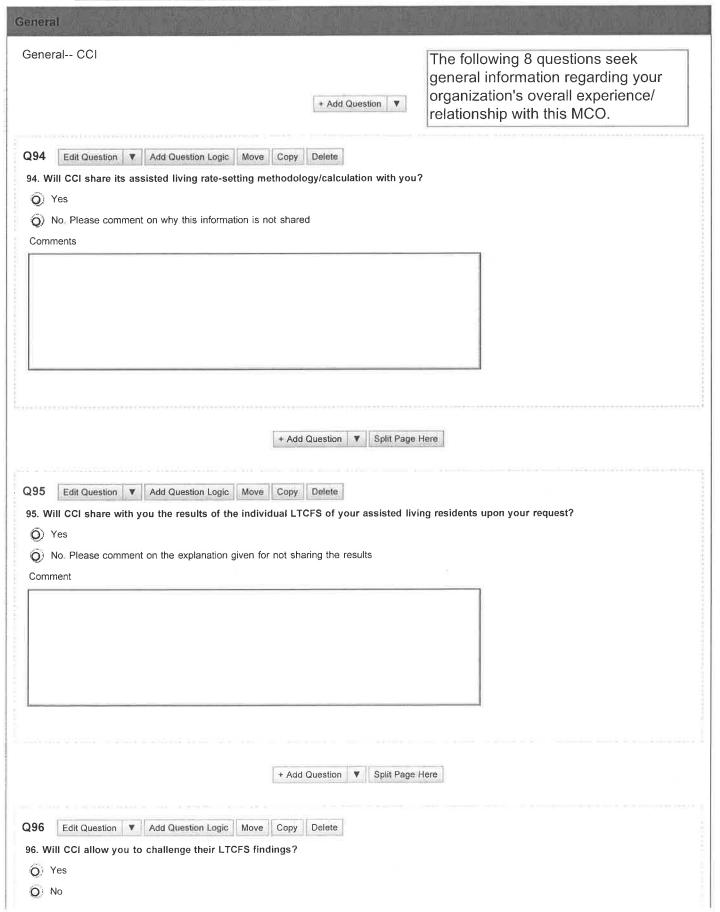


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97. Have you ever successfully challenged the findings of your MCO's LTCFS?	
Yes	
◎ No	
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	oak ono):
98. How would you best categorize your PAYMENT/RATE negotiations with your MCO (please ch	eck one):
There are no negotiations; it's "take it or leave it."	
The negotiations are reasonably fair and open	
The negotiations are somewhere between non-existent and reasonably fair & open.	
Comments	
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99. How would you best categorize your CONTRACT (excluding payment/rate) negotiations with	your MCO (please check one):
There are no negotiations; it's "take it or leave it."	
The negotiations are reasonably fair and open	
Natr -	
(ii) The negotiations are somewhere between non-existent and reasonably fair & open	
The negotiations are somewhere between non-existent and reasonably fair & open. Comments	

DHS directed fee schedule

Uncertain