

AGREEMENTS WITH OTHER HEALTHCARE PROVIDERS



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INTRODUCTIONS



Mary Nell Zellner, LNHA, LSW, President/CEO Zellner Senior Health Consulting, LLC

As owner and CEO of Zellner Senior Health Consulting, Ms. Zellner has 30+ years in the healthcare field as a clinician, health care administrator, regional director, vice president and senior vice president, lobbyist, and a consultant for the past 21 years. Ms. Zellner's background has provided her education and practical experience in acute care continuum, long term care, sub-acute unit management, and assisted living settings. She has served on a variety of long-term committees in health care delivery and health reform. Ms. Zellner is a frequent presenter for state and national leadership venues on the topics of quality, turnaround, management and organizational system improvement.



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Minnesota Rule Requirements

Services, 144G.70, Subd. 3

Temporary service plan. When a facility initiates services and the individualized assessment required in subdivision 2 has not been completed, the facility must complete a temporary plan and **agreement** with the resident for services.



Contracts vs. Agreements

Definitions

Types of community relationships

Approaches

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Typical Types of Contractor Agreements

Outside vendors and providers needed to assist your residents with a wide variety of medical and personal needs.



Audiology

RANGE OF SERVICES PROVIDED:

- Exams
- Updated Technology
- Replacement/Damage/Repairs



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Dental

- Resident/client needs
- Payor type consideration
- Availability of providers



Home Care Providers

Types of supplemental care delivery:

- Family participation
- Changing resident needs



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Hospice Providers

- Collaboration with primary physician/provider
- Types of agencies and services



Pharmacy

KEY FACTORS FOR CONSIDERATION:

- Access for off hours delivery
- Drug reviews- medication contraindication
- Types of medication
- Over the counter items



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Podiatry

EXAMPLES:

- Diabetic care
- Foot issues
- Prosthetics



Mental Health Services

- Adjustments to placement
- Dementia
- Behavioral Modifications
- Education

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Menus Special Dietary Needs



NAB – National Administrator Board

10.09

Ensure the planning, development, implementation/execution, monitoring, and evaluation of a rehabilitation program to maximize optimal level of functioning and independence for care recipients.

What does this mean?



NAB - National Administrator Board

10.10

Ensure the planning, development, implementation/execution, monitoring, and evaluation of systems for coordination and oversight of contracted services.

What does this mean?



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Transportation

- State-wide research
- Availability
- Types of needs
- Timing
- Cost
- Access

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Transfer Agreements

Hospital care- (E0025)

Facilities are required to have policies and procedures which include pre-arranged transfer agreement, which may include written agreements or contracted arrangements with other facilities and other providers to receive patients in the event of limitations or cessation of operations to maintain the continuity of services to facility patients.

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Agreements

Hospital care- (E0025), continued

Memorandum of Understandings (MOUs)

=

The ability to demonstrate your compliance!





WOUND SPECIALIST





WOCN-Wound Ostomy Continence Nursing

CWS–Certified Wound Specialist

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Consideration Factors

- Resident rights to use other providers (144G.52, Subd. 6)
- YOUR accountability to review and partner with resident choices



Best Practices/Standard of Practice

What does this mean?



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Do...

- > Be proactive
- Review all care range of services you plan to provide
- > Think ahead- be proactive



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Do Not...

- > Accept payment from providers for referrals
- Accept gifts or money for partnering (kickbacks)
- > Threaten to end a resident contract when you can coordinate services



