

Minnesota Department of Health

Uniform Consumer Information Guide Instructions

The following are page by page directions for completion of the Uniform Consumer Information Guide. Upon completion of the guide by the establishment, the guide would be printed, appropriate attachments added, and copies made for distribution to prospective and current clients.

This document has been created as a Microsoft Word Form. You will only be able to make changes in selected portions of the document. If you do not have Microsoft Word, this document is also available in PDF format. If using the PDF format the document please use the PDF instructions. The following directions are for the Word version of this document.

General directions:

The areas that need to be completed by the establishment are highlighted by grey boxes. By placing the cursor in the grey box and clicking you may begin entering information. You can move through the document to the areas where you can enter information by hitting the tab key. For items that require the box be marked with an X, clicking on the box automatically inserts the X. Clicking on the box again deletes the X.

The directions will tell you where you are to enter information in addition to X'ing the boxes. In order to maintain uniformity in the guide, limits have been placed on the number of characters that can be entered in these areas.

You may add additional pages to the end of the guide to provide more specific details about the services and programs that your assisted living establishment offers.

When you print the guide the grey shading disappears on the printed document.

Page and Item directions:

Page 1

Complete the information for Establishment/Housing with Services Building box at the top of page 1 by clicking in each of the grey boxes and typing in the appropriate information. Please note: there are six areas of information that you need to fill in.

Type in the most current date for which the information in the guide is accurate. This date most commonly used would be the date you completed the guide. When you change information in the guide concerning the services or programs provided, you will need to change this date.

At the bottom of the page the second bullet "County's Long Term Care Consultation Telephone number:" type in the phone of the long term care

consultation team for the county in which the assisted living is located. If you do not know the number, contact the county social service or county health department to obtain the number.

Page 2

Home Care Provider

- Fill in the information in the first six-lines for the Home Care Provider in the middle box of the form in the same way as the Establishment/Housing with Services Building box. Select the appropriate license type by clicking on the appropriate choice. X the appropriate box labeled “yes” or “no” to indicate whether the agency is Medicare certified. Note: there are eight pieces of information that you need to complete in this table.

Location of AL Services

- In the area defining where assisted living services are available, X the boxes that most clearly define(s) the availability of assisted living services:
 - If AL services are only available in a designated part of the building, click in the grey area to the right of “which is” and describe where AL services are available. Examples: “west wing of the second floor” or “the entire 1st floor”.
 - If AL services are available to a limited number of clients, click on the grey box between the words “serve” and “tenants” and type in the number of tenants that can receive assisted living services.

Alzheimer’s programs

- In the area defining specialized care program for Alzheimer’s disease or related disorders:

Click on the box labeled “yes” or “no” to indicate whether or not the establishment has a specialized care program for Alzheimer’s disease or related disorders.

- If the “yes” box is marked, click on the box indicating the “disclosure information is attached” and attach the information required by MN Statutes § 325F.72 to the end of the guide.
- If you offer other specialized services, mark the appropriate box and attach a description of the services that you offer.

Building Features

- Click in the grey box immediately to the right of the phrase “Total number of Rental Units:” and type in the number of rental units in the building.
- In the table at the top of page 3, click in the grey area in the individual boxes and type in the building specific information:
 - Indicate the range of square for each type of unit that is available. For example: 400-700.
 - Use X marks to indicate whether a private bath is available.
 - Type in the range of the rent for each type of unit – round to dollars.
- Below this table, indicate which utilities are included in the base rate by clicking on the box preceding the utility name. An X will appear in the box. Select the building features in the same way. Remember: to change a selection, click on the box again and the X will disappear. If you check “other”, type a brief description of the building features. There is a limit to the number of characters in this area.
- X the boxes that describe the security features of the building. If the “Additional security features” box is marked, attach a description of the features at the end of the guide.
- X the boxes that describe the accessibility features of the building. If the “Additional accessibility features” box is marked, attach the description of the features at the end of the guide.
- Indicate the smoking and pet status by clicking on the box(es) following the applicable phrases.
- If the box “Types or sizes of pets are limited:” is marked, attach a description of the limitations to the end of the guide.

Staff Availability

At the top of the page 4, X the “yes” or “no” box to indicate if the establishment has an awake staff person 24 hours a day 7, days a week. If the establishment does not have an awake staff person and chooses to use the exemption to the 24 hour awake staff, attached a description of how the exemption was met. This should be the same as the information provided to the Minnesota Department of Health in the Housing with Services registration.

At the end of the 7th line, to the right of the word “located”, click in the grey box and then type in the description of the building’s response system.

Click to the right of the words, “The building’s system is:” in the grey box, type in a description of the building’s system to check on each client at least daily.

Payments for Rent and Services

X the boxes to indicate which form or forms of payment are accepted for both rent and services. X all that apply.

Page 5

Supportive Services

In the supportive services table X the “yes” or “no” box to indicate whether a service is available. In the column labeled days, note which days of the week the service is available using the standard one and two letter abbreviations. I.e. M = Monday, Tu = Tuesday, etc. If available Monday through Friday indicate by M-F.

In the pricing section of this table X, the appropriate box to indicate whether the service is in the base rate or if there is an additional charge for the service.

For special diets, X the box(es) for all that are available. If the “Other” box is checked, attach the description to the end of the guide.

Personal Care Assistance

In this table note the times of days that the service is available – i.e. days, evenings or nights by clicking on the appropriate boxes. Consumers will likely ask the establishment what they consider to be each of these time frames. Indicate in the pricing columns of this table whether the service is included in the base rate or there is an additional charge by X’ing the appropriate box(es).

Page 6

Contact Information.

In the second line, click in the gray box between “Contact” and “to make arrangement” and type in the name and contact information of the person to be contacted for a nursing assessment at the time of or prior to move in.

Health Care Related Services

In this table note the times of days that the service is available – i.e. days, evenings or nights by clicking on the appropriate boxes. In the pricing section of this table X, the appropriate box to indicate whether the service is in the base rate or if there is an

additional charge for the service. Please note that there is space for two additional services to be listed in this table. Click in the gray box to the right of the word “Other” at the bottom of the table and type in the service.

After completing this document the provider should attach the following documents, as applicable:

Copy of Alzheimer disclosure if the provider has a special care unit as noted on page 2.

Copy of the description of other specialized services available if checked on page 2.

Description of other security features if checked on page 3.

Description of other accessibility features if checked on page 3.

Description of limitations on pets if checked on page 3.

Description of other special diets if checked on page 5.

Description of other health related services if checked on page 6.

Copy of the description of housing and service packages with prices.

Copy of list of services available ala carte with fees.