

SERVICE QUESTIONNAIRE

Please include a copy of the completed questionnaire with your proposal submission.

RCCHSD expects all contractors to have the ability to serve any person under any waiver/funding type. For continuity of care, RCCHSD expects a person to remain with the same case manager regardless of funding. Contractors may indicate the target population(s) it has expertise working with for preferred referral.

For each target population below, mark whether or not your agency have experience. If you mark “yes”, detail your agency’s level of expertise.

Target Population	Yes	No	Level of expertise
Developmental Disability (DD) Waiver			
Developmental Disability (DD) non-Waiver			
Community Alternatives for Disabled Individuals (CADI)			
CADI, BI, DD with Mental Health/Substance Use Component			
Brain Injury (BI) Waiver			
Are you applying as an agency with culturally specific staffing?			
Are you applying as an agency with registered nurse staffing?			
Individuals under age 22			
Individuals over age 55			

The following questions apply to all target populations listed above:

1. Indicate the number of clients to be served at the start of your contract with Ramsey County.

2. How many case managers will you have employed at the start of your contract?
 - a. If zero, please indicate the anticipated date when you expect to be employing case managers:

3. What is the number of case manager supervisors you anticipate being employed at the start of your contract with Ramsey County?
 - a. If zero, please indicate the anticipated date when you expect to be employing case manager supervisors.

4. What do you anticipate being your ideal case load for each case manager serving Ramsey County clients?

5. What do you anticipate being your ideal number of case managers per one supervisor?

6. Has your agency applied or been enrolled as a DHS provider of any service? ____ Yes ____ No

7. What is your anticipated plan for utilizing computer programs to provide quality case management?