CONTRACTUAL AGREEMENT FOR CONSULTANT DIETITIAN

This agreement is made this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by and between Sauk County Health Care Center, hereinafter referred to as the “Facility” and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registration number \_\_\_\_\_\_\_\_\_\_\_ hereinafter referred to as the “Dietitian.”

**Dietitian Will:**

1. Review/complete nutritional assessments for all residents on a quarterly basis or as needed based on status. Review/completion of the applicable section of the MDS entitled “Oral/Nutritional Status,” care plan and Resident Assessment Protocol (RAPS). Monthly assessments shall be completed on residents with tube feedings, significant weight change, pressure sores or other nutritional related concerns as identified by the healthcare team.
2. Evaluate and monitor the food service system, making recommendations for the provision on nutritionally adequate, high quality food. Monitor the functioning of the kitchen for compliance of state and federal laws. Complete monthly sanitation audit of the dietary department.
3. Review/alter existing menus as needed. Ensure accuracy and adequacy of modified diets. Provide information/education on modified diets to residents and resident families as needed.
4. Assist in development and presentation of in-services for facility’s personnel as needed.
5. Provide written, signed summary of report of all recommendations and consultation services to appropriate personnel at the facility after each visit.
6. The hours of consultation should demonstrate flexibility to observe the preparation and service of meals on a regular basis or as requested and shall be determined by the Dietitian in conjunction with the facility administrator, director of nursing and or the food service manager.
7. The Dietitian is an independent contractor and is not to be considered an employee of the facility. The consultant agrees to maintain professional liability insurance, appropriate licensure and registration and provide a copy to the facility annually.

**Facility Will:**

1. Provide suitable workspace and applicable office supplies, make necessary records available and provide documentation of completion or prior recommendations to the Dietitian.
2. Designate a person as the Dietary Services Supervisor or cook manager.
3. Participate with the Dietitian in periodic review of the dietary service policies and procedures, nutritional aspects of resident care and policies and future priorities.

**Terms of Agreement**

1. The contracting facility agrees to compensate at the rate of $50.00/hour for the hours spent traveling to and from the facility, working directly in the facility or outside the facility on the development of policies and procedures, protocols, telephone/fax consultation, or other facility projects approved by the facility administrator. The facility also agrees to compensate for mileage at $0.40/mile.
2. An itemized bill will be submitted to the Facility at the end of each month with payment due by the 30th of the following month. Consultant services shall cease on day 31 until reimbursement is current.
3. Either party may cancel this agreement upon thirty (30) days of written notice.
4. This agreement shall be reviewed annually.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Registered Dietitian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Date