

## SPECIALIZED FAMILY CARE Provider Training

Category:	<b>Policy</b>
Title:	<b>Specialized Family Care Program Policies</b>
Materials:	Handout: <i>"WVDHHR SFC Program Policy"</i>
Goal:	To increase knowledge of the Specialized Family Care Program Policies
Credit Hours:	5 Hours
Date Developed:	04/11/2016
Developed by:	Regis M. Grote, Family Based Care Specialist

This skill-building instruction has been approved for Specialized Family Care Provider training by:



9/13/2016

**Specialized Family Care Program Manager**

**Date**

**Training Objectives:**

- To demonstrate an understanding of Specialized Family Care Program Policies
- To demonstrate knowledge of the SFC Provider's responsibilities
- To demonstrate an awareness of the rules and requirements of SFC and other Programs

**Training Procedures:**

- Provider initiated self study
- Test completed by Provider
- Review of test responses by Family Based Care Specialist and Provider

I certify that I have completed all the materials associated with this training module. I feel that I have a basic understanding of the material completed.

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<b>Specialized Family Care Provider</b>	<b>Start Time</b>	<b>End Time</b>	<b>Date</b>
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**Reviewed by:** \_\_\_\_\_  
**Family Based Care Specialist** **Date**

This Program is funded by the WV Department of Health & Human Resources, Bureau for Children & Families and administered by the Center for Excellence in Disabilities, West Virginia University.

# **Specialized Family Care Program Policy**

## **West Virginia Department of Health and Human Resources**

### **Bureau for Children and Families**

#### **Office of Children and Adult Services**

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# Section 1. Overview of the Specialized Family Care Program

## 1.1 Historical Context

In 1978, a federal civil rights action, *Medley et al. v. Ginsberg et al.* was filed against the state departments of health and welfare, community mental health centers and the state superintendent of schools. The plaintiff was a 17 year old intellectually disabled girl (Macel Medley) who had been unnecessarily institutionalized because of a lack of community services. In 1979, the case evolved into a class action suit. As a result of this action, the defendants entered into a consent decree in 1981 pledging to implement a comprehensive plan for the development of community based services for developmentally disabled persons in West Virginia.

In October 1981, as a result of a class action lawsuit, the State Departments of Health, Education and Human Services, and Shawnee Hills Mental Health/Retardation Center, gained the court's approval to work together to develop a statewide program of community based services. The resulting court decree made it possible for young people living in state institutions to move out of state facilities and into communities throughout the state.

There were more than 400 Medley Class Members (youth with intellectual disabilities and/or developmental disabilities who were school age when the lawsuit was filed) living in six West Virginia state institutions. When the lawsuit began in 1978, there were 232 children under age 18 residing in state institutions. Today there are no children with intellectual disabilities and/or developmental disabilities in West Virginia residing in state institutions.

The core of the Medley Decree is a statewide system of Service Coordinators (formerly known as Case Managers), Family Based Care Specialists and Advocates who work together on individual treatment teams. The Service Coordinator identifies, contracts and co-ordinates what the individual needs to live successfully in the community. The Family Based Care Specialist (FBCS) recruits, screens, certifies, trains and monitors the Specialized Family Care Providers and families. The identified Advocate monitors community placements, services and the care provided as well as protecting the human and legal rights of Medley Class Members and combating discrimination of individuals with intellectual disabilities and/or developmental disabilities.

## 1.2 Specialized Family Care Background

The WV Specialized Family Care Program is essentially a WVDHHR foster care program funded and administered by the Bureau of Children and Families, Division of Children and Adults. All departmental policies in regard to children's foster care or adult family care are to be adhered to for the agencies chosen to operate this program.

Currently the Specialized Family Care Program serves Medley Class Members and At-Risk individuals who qualify for the Title XIX I/DD Home and Community Based Services (HCBS) or the Medicaid Personal Care Program. At-Risk refers to children age 18 years old or younger who are at risk of becoming institutionalized and who are in the custody of the West Virginia Department of Health and Human Resources (WVDHHR). At Risk also refers to adults who are at risk of institutionalization. These adults may be their own legal guardians or may have a legal guardian.

For a child placed in a Specialized Family Care Home, the standards for foster care are to be followed. For an adult placed in a Specialized Family Care Home, the standards for adult foster care policy are to be followed.

WVDHHR currently contracts with West Virginia University's Center for Excellence in Disabilities. The CED-WVU employs a program manager to oversee all three agencies programmatically.

### **1.3 Specialized Family Care Philosophical Principles**

The major emphasis of the Specialized Family Care Program is the quality of programming which includes service delivery, planning for permanence and assuring the right of the individuals with intellectual disabilities and/or developmental disabilities to live where they choose, including a family environment. The goal is to establish individuals with intellectual disabilities and/or developmental disabilities in homes, neighborhoods and communities in which they will be a valued and contributing member.

Another guiding principle of the Specialized Family Care Program is the recognition of the importance of family as the most normal and nurturing place for children, adolescents and some older individuals to live and thrive. Specialized Family Care Homes provide an alternative living environment that is most like a family home. Specialized Family Care Home services should always be explored and considered as an option when the individual with intellectual disabilities and/or developmental disabilities must live outside their own family.

Specialized Family Care is seen as providing permanency to the individual in placement. In most cases the Specialized Family Care Home family and their extended family will be a permanent home and family for the individual. In some situations, it is a short term living and training setting where the individual prepares to move back with his/her family or to move to a supported living arrangement. In either case, the Specialized Family Care Home will function as a typical home where the individual is not programmed every minute of the day and the Specialized Family Care Provider is not reimbursed financially for every minute of the day. As such, the atmosphere and environment is not institutional, where goals and schedules are posted; but a place where an individual has time to relax and interact with family, friends and acquaintances as well as receive the training and care needed to reach their full potential. Monitoring and supervision will always be required, but periods of time to relax, have privacy and interact without goals and training will always be integral to this family setting.

### **1.4 Mission of the Specialized Family Care Program**

The mission of the Specialized Family Care Program is to recruit, train, and monitor a network of provider homes housing adults and children with intellectual and/or developmental disabilities. Specialized Family Care, originating from the Medley Consent Decree, has become a viable placement option in the spectrum of services for any individual with intellectual disabilities and/or developmental disabilities. A Specialized Family Care Home is a place where an individual can grow and develop to his/her maximum potential mentally, physically, emotionally and socially in a family atmosphere. The Specialized Family Care Home can provide care until the individual is reunited with his/her family, is adopted, moves to another setting that better meets his/her needs, or chooses to remain in the Specialized Family Care Home.

### **1.5 Core Duties of the Family Based Care Specialist**

**1.5.1** Responsible for the quality assurance of up to 30 Specialized Family Care (SFC) provider homes throughout a particular region.

**1.5.2** Assesses and evaluates foster care providers and their homes for placement of adults and children with intellectual and/or developmental disabilities (I/DD) for both long term and respite (part-time or occasional) care

**1.5.3** Conducts monthly home visits in the homes of providers, visiting with both the providers and persons in placement, and reviewing and inspecting the homes in an effort to assure the health, safety, and security of the home environment of the person placed in the home.

**1.5.4** Assures that SFC home providers successfully complete all annual training requirements in order to maintain their certification to care for individuals with I/DD.

**1.5.5** Assures that certification information and back-up documentation is received, reviewed, and approved on an annual basis and in a timely, complete, and accurate fashion.

**1.5.6** Serves as a resource to SFC home providers, other Family Based Care Specialists, and various representatives in state and local agencies and consumers on a daily basis.

**1.5.7** Conducts outreach to educate the community, other agencies, and the public about the Specialized Family Care Program and in an effort to recruit new homes into the program.

## **Section 2. The Specialized Family Care Provider**

### **2.1 Approval of Providers**

In order to promote a healthy, safe and emotionally secure environment for individuals with intellectual disabilities and/or developmental disabilities placed in Specialized Family Care Homes, specific standards and requirements must be met before a home will be approved.

The Family Based Care Specialist (FBCS) is responsible for conducting a study of prospective applicants to determine if the home and the providers meet WVDHHR's Bureau of Children and Families' Division of Children and Adult Services standards established for participating in the Specialized Family Care Program. In conducting the family home study, the FBCS will give careful consideration to the following sections.

### **2.2 Limitations of Providers**

Due to the high level of need and demands that are placed upon the Specialized Family Care Provider and their family, there is a limit of two (2) recipients who may receive special needs services per home per Specialized Family Care Provider. This includes biological and adoptive children and adults, as well as foster children and adults placed in this home by the WVDHHR. There may be circumstances when a waiver of this requirement may be granted by the Specialized Family Care Program Manager, such as when sibling groups are placed together. In those special circumstances, the Program Manager will approve the policy exception and put the exception in writing. The exception will also be listed on the annual recertification letters and noted in the narrative section of the annual re-certification by the Family Based Care Specialist.

Although all family members are expected to contribute to the well-being and growth of individuals in placement and in respite, only one adult per home is considered the designated Specialized Family Care Provider. This person is considered the Primary Care Provider and the person who has the authority to bill Title XIX I/DD Waiver and/or Personal Care for the individuals receiving services in the home. The spouse and significant other of the designated Specialized Family Care Providers may be approved to provide services through Behavioral Health Centers. For this person to provide services in the home, special written permission **MUST BE OBTAINED FROM THE SPECIALIZED FAMILY CARE PROGRAM MANAGER**. Additional requirements, oversight and monitoring may be necessary to ensure that no more than two individuals who needs can be met by the family can be served in the home at any one time.

## **2.3 Minimum Qualifications of SFC Providers**

**2.3.1** The prospective Specialized Family Care (SFC) Provider must be at least twenty-one (21) years of age at the time of application. When placing a child, the prospective SFC Provider must be of an age to have naturally parented the child. The prospective SFC Provider may not be older than 65 years of age, unless a waiver is granted by the Specialized Family Care Program Manager.

**2.3.2** The prospective SFC Provider who wishes to provide services in their home must reside in the home being certified.

**2.3.3** No one over the age 18 residing in the home as a family member will have a history or incidence of neglect, abuse, maltreatment or exploitation.

**2.3.4** The decision to become a foster/adoptive parent shall be agreed to by all members of the household, including children over the age of twelve (12).

**2.3.5** The prospective Specialized Family Care Provider must be a United States Citizen and a resident of West Virginia. There may be certain instances when a prospective Specialized Family Care Provider must remain a citizen of another country due to retirement purposes or may reside within 30 miles of the state line, but a waiver must be granted by the Specialized Family Care Program Manager prior to approval.

**2.3.6** The prospective Specialized Family Care Provider may not function as a day care provider, adult family care provider, foster/adoptive care provider or any other social service provider without prior approval of the Specialized Family Care Program Manager and the supervisor of the dual program. This dual certification will be reviewed annually during the review process or more often, if needed.

**2.3.7** The prospective Specialized Family Care Provider may not provide services for private pay without a waiver from the Specialized Family Care Program Manager.

**2.3.8** The prospective Specialized Family Care Provider must be financially stable and able to meet the financial needs of their household without being dependent on any monies received from the placement of an individual in their home.

**2.3.9** The prospective Specialized Family Care Provider, as well as all other household members, must possess good physical and mental health.

## **2.4 Additional Desirable Attributes of Providers**

Providing quality care for an individual with intellectual disabilities and/or developmental disabilities can be an extremely demanding and responsible pursuit. Therefore, the importance of careful examination and assessment of the prospective Specialized Family Care Provider and their families' qualities cannot be overemphasized. Specialized Family Care Providers will be selected on the basis of having personal characteristics and relationships that will enable them to undertake and perform the responsibilities entailed in caring for an individual, in providing continuity of care and in working with community agencies.

**2.4.1** Specialized Family Care Providers must be selected on the basis of their patience, flexibility, ability, experience, genuine interest and sincerity of purpose in providing care for an individual.

**2.4.2** Their home should show evidence of activity and total family involvement. The individual placed in a Specialized Family Care Home should be made to feel a welcome part of this environment.

**2.4.3** Potential Specialized Family Care Providers and their families must recognize the rights and needs of the individual and be willing to accept the person as a family member. This would include the recognition of religious, medical and social needs with some assistance offered for meeting those needs if necessary.

**2.4.4** Prospective SFC Providers must be nurturing, responsible, patient, stable, flexible, mature, healthy adults capable of meeting the needs of the individuals referred for placement services.

**2.4.5** The prospective Specialized Family Care Provider must be able to maintain meaningful relationships with members of their own family and with persons outside the family, free from chronic and/or severe conflict which would interfere with the care of the individual placed in their home.

**2.4.6** The prospective Specialized Family Care Provider must have demonstrated emotional stability and the ability to function adequately in relationship to family responsibilities and employment, as indicated both currently and in the history of the family.

**2.4.7** The prospective Specialized Family Care Provider must give evidence of flexibility and the ability to modify their expectations, attitudes and behavior in relation to the need of the individual with intellectual disabilities and/or developmental disabilities.

**2.4.8** The prospective Specialized Family Care Provider must be willing to seek and accept professional assistance when needed to address the problems of family living.

**2.4.9** The prospective Specialized Family Care Provider must recognize the importance of the Plan of Care or Individual Program Plan (IPP) and be willing to participate in training to carry out the goals of these plans, both in the home and community.

**2.4.10** The prospective Specialized Family Care Provider must have the ability to accept and maintain the family and friend relationships of the individual in placement unless prohibited by the legal guardian.

**2.4.11** The prospective Specialized Family Care Provider must demonstrate the willingness to learn new skills necessary to meet the individual's needs (i.e. signing, communication devices, etc.)

**2.4.12** The prospective SFC Provider and family members must demonstrate a concern and responsibility for others.

**2.4.13** The prospective SFC Provider and family members must demonstrate a desire to help a special individual grow and develop.

**2.4.14** The prospective SFC Provider and family members are able to give affection and care to an individual with intellectual disabilities and/or developmental disabilities in order to meet his/her needs, without expecting immediate appreciation.

**2.4.15** The prospective Specialized Family Care Provider is mature in their judgments and decision making.

**2.4.16** The prospective Specialized Family Care Provider must be willing and able to accept the level of involvement and supervision required by the Specialized Family Care Program and related agencies for the individuals in their home.

**2.4.17** The prospective Specialized Family Care Provider, as a mandated reporter, must report any suspected abuse/neglect allegations to the WVDHHR.

## 2.5 Family Constellation

It is desirable for the Specialized Family Care family to include two adults in order to provide the individual with maximum opportunities for personal development and to allow for shared responsibility of the individual's care. This is particularly important when a child is being placed in the home. The number and ages of family members in the home affect the Specialized Family Care Provider's stamina, skills at parenting and providing care, and the overall equilibrium of the family unit. The presence of other children or relatives in the home should be considered as they may be affected by, or have an effect upon, the individual being placed. One factor to explore with a single applicant is their financial status. The individual who requires full time care or intensive care due to fragile health conditions may compromise outside employment opportunities for the provider. In this circumstance careful team planning and special approval by the Specialized Family Care Program Manager is required in order to provide the necessary optimum level of care to the individual and still assure that the provider is able to meet all financial living obligations without being dependent on the monies received from either Personal Care or Title XIX Home and Community Based Services.

If a single provider should decide to marry or move a live-in partner or any other adult into the home, then the new addition to the home must obtain a clear state and federal fingerprint checks as well as a clear Child and Adult Protective Service check prior to the member moving into the household.

## 2.6 Family Health

**2.6.1** Every family member shall be under the supervision of a licensed physician. The prospective Specialized Family Care Provider, as well as all other household members, must possess good physical health, be free of communicable diseases and specific illnesses or disabilities which interfere with the family's capability to care for individuals in placement. All adult family members will complete a Tuberculin (TB) test.

**2.6.2** The prospective Specialized Family Care Provider and all members of the home over age 18 who will be providing care to the individual in the home must have a physical exam performed by a physician that assures that their physical health is appropriate to care for an individual in placement. All approved Specialized Family Care Providers and any other caregivers in the home must have a follow up physical examination every year.

**2.6.3** Records of immunizations for children under age 18 must also be submitted as part of the certification packet and annually thereafter.

**2.6.4** In order to avert unnecessary expenditures, prospective SFC Providers will not be required to undergo medical examinations until a preliminary evaluation of their home indicates a strong possibility that the home will be approved. The physician's report, along with other information about the prospective SFC Providers, shall be considered in the total evaluation of the home.

**2.6.5** Second hand smoke is harmful. Specialized Family Care Providers, their families, and visitors will not smoke in the Specialized Family Care Home while placed individuals and individuals receiving respite are present UNLESS a physician's statement is obtained that states a specific individual will not be harmed by second hand smoke. If an individual who smokes receives services through the Specialized Family Care Program, that individual's treatment team, legal guardian or Health Care Surrogate and physician will provide a smoking protocol for that specific individual.

**2.6.6** If the Family Based Care Specialist has a concern or evidence of a change in health status of the provider or other family member, an updated medical examination by a licensed medical professional will

be requested. Failure to secure an updated medical examination may result in a Corrective Action Plan and lead to closure of the home.

**2.6.7** A physical or mental disability of an applicant which does not prevent the prospective SFC Provider from providing adequate physical care to an individual with intellectual disabilities and/or developmental disabilities should not bar the approval of the prospective SFC Provider. The meaning and extent of the disability of the prospective SFC Provider, as well as the effect on his/her personality and the significance to a specific placement should be evaluated during the application process with consultation from the provider's primary care physician. The medical report must be completed with a "yes" statement in answer to the question: "Is the patient physically and emotionally able to assume responsibility for an individual with disabilities?"

**2.6.8** The prospective Specialized Family Care Provider, as well as all other household members, must be of sound mental health. If any member of the household has a long history/record of mental health or substance abuse issues or problems or if certain behaviors occur during the home study process, then the Family Based Care Specialist may request a psychological evaluation or a substance abuse evaluation.

**2.6.9** If the Family Based Care Specialist feels that a psychological evaluation or substance abuse evaluation is necessary to determine the parent's ability to provide services, the prospective Specialized Family Care Provider will sign a release of information permitting the WVDHHR to obtain a psychological evaluation/assessment or substance abuse testing. The information gathered from these assessments will then be used to determine the emotional well-being of the prospective Specialized Family Care Provider and his/her ability to care for an individual in placement. These evaluations shall be at the prospective SFC Provider's expense.

## **2.7 Family Income**

The family shall provide verification at certification and annual recertification in the form of the previous year's W-2 or check stubs, tax returns, monthly bills, etc. and should possess adequate financial resources to provide a reasonable standard of living for their immediate family without exploiting the individual's resources or being dependent upon the monies received for caring for an individual in their home. Any suspicion of financial exploitation will be reported to the WVDHHR Child Protective or Adult Protective Service Units for investigation. The family should be known to have financial integrity and an understanding of their responsibility to see that the individual placed in their home receives all benefits designated for his/her own personal use. Any prospective SFC Provider with a history of financial problems will be asked to provide extensive background financial information.

Unless the prospective SFC Provider provides a release of information, the Department may not search any records held by any other Office or WVDHHR.

If financial problems develop in the course of the family's care of the individual, and the individual's welfare would be best served by remaining in the home, then the Family Based Care Specialist, in conjunction with the individual's treatment team, will develop a Corrective Action Plan and assist the family in making referrals to appropriate resources for assistance. If the financial problems continue and the Corrective Action Plan is not successful, the result may be closure of the home and movement of the individual placed.

## **2.8 Employment of Specialized Family Care Providers**

The level of care and training required by an individual with intellectual disabilities and/or developmental disabilities is intensive and the Specialized Family Care Provider needs to be available to the individual frequently and for long periods of time. The individual is never to be left alone in the home thus it is not recommended that the Specialized Family Care Provider work outside the home. It is recommended that

the other adult in the home be the source of outside employment and financial assistance to the home. Couples in which both parents are employed outside the home shall not be excluded from consideration as Specialized Family Care Provider, however, when alternate care outside the home is needed, these arrangements need to be evaluated as part of the home assessment and approved by the Family Based Care Specialist. Title XIX I/DD HCBS will not pay for respite services while Specialized Family Care Providers are working outside the home.

## **Section 3. Standards of the Specialized Family Care Home**

### **3.1 Home Capacity**

Specialized Family Care Providers shall only accept children who are in the custody of the Department of Health and Human Resources. Adults who are accepted for placement may be their own legal guardians, have a legal guardian or a health care surrogate. All referrals for placement whether a child or an adult will be determined eligible for placement by the Specialized Family Care Program Manager. All referrals to prospective Specialized Family Care Provider will be presented by the Family Based Care Specialist.

No more than (2) individuals who have special needs (as defined by this program), are medically fragile or non-ambulatory may be placed in a Specialized Family Care Home at the same time. The limit of two individuals with special needs includes any household members, including biological and adoptive children.

No more than two (2) children under the age of two (2) are to reside in a Specialized Family Care Home at the same time.

### **3.2 Access to Support Systems**

Successful community placement of an individual depends largely upon the accessibility and availability of support systems that not only provide necessary care and stimulation for the individual, but provide additional resources to the Specialized Family Care family. When considering accessibility, transportation is a key issue to be explored. Specialized Family Care families are expected to provide transportation to needed local community services (i.e. doctor appointments) as well as to recreational activities within the community and treatment team meetings at the service coordination agency. Out of community transportation which would be a logistical and financial burden should be addressed by the Service Coordinator and Family Based Care Specialist.

The prospective Specialized Family Care Provider must have access to schools, recreational activities, medical care, and other community facilities. Recreational opportunities, suited to the interest and capability of the individual placed, shall be provided by the family. Outdoor play space and suitable recreational equipment which are age appropriate must be made available to the individual in placement.

### **3.3 Physical Facilities**

The physical facilities of the home will be carefully evaluated. The home of the Specialized Family Care Provider will be adequately furnished to meet the family's needs and it is the responsibility of the Specialized Family Care Provider to maintain the household facilities and appliances and to repair or replace these items due to the specific needs of the individuals with disabilities.

### **3.4 Home and Housekeeping Standards**

**3.4.1** The family living quarters shall be adequate to provide space for the individual without disrupting the usual living arrangements for the family and at the same time provide ample opportunity for the individual to be part of family living.

**3.4.2** Each home shall provide an attractive, homelike and comfortable environment. It shall be maintained in a clean, hazard free and orderly manner, both inside and out.

**3.4.3** Rooms shall be accessible to the individual and not more than one flight above street level.

**3.4.4** Single occupancy in a bedroom shall be encouraged. No more than two (2) persons will occupy the same room and under no circumstances shall the Specialized Family Care Provider share the bed or bedroom with the individual. In the case of a medically fragile infant, a waiver may be requested from the Specialized Family Care Program Manager.

**3.4.5** A separate, comfortable bed with permanent space shall be provided for each individual in placement. There must be sufficient sleeping space so that the individual does not share a bedroom with a member of the opposite sex or with a different age group. For example: male children under the age of 18 may share a room and males over the age of 18 may share a room, but a younger child and an adult should not share a room together.

**3.4.6** The individual's bed shall be equipped with substantial springs, a clean and comfortable mattress, a mattress cover, two sheets, a pillow and covering as required to keep the person comfortable. Waterproof sheets shall be placed over the mattress cover when necessary. The linens shall be kept clean.

**3.4.7** Each infant shall have a crib that meets federal standards for sleeping.

**3.4.8** Folding cots, folding beds and sofa beds are not permitted. Double-decker or bunk beds are discouraged.

**3.4.9** Equipment necessary for the care and comfort of the individual, such as extra pillows, blankets and bed linens, shall be available.

**3.4.10** Closet space shall be available either in the individual's room or immediately adjacent to it.

**3.4.11** The individual(s) bedroom shall not be used by any other members of the household. This includes not keeping the family computer, exercise equipment or tanning beds in the individual(s) bedroom.

**3.4.12** The bedroom of an individual with a physical disability shall be within easy access of a responsible person who is approved to provide care when needed. In some instances, the individual's bedroom may need to be located on the ground level and the same floor as the bathroom.

**3.4.13** Each bedroom shall contain space for storage of clothing and personal belongings as well as other furnishings necessary for the individual's comfort. Furniture and accessories shall be in good condition, attractive and comfortable. The individual shall be encouraged to bring some personal furnishings, if possible.

**3.4.14** Each individual bedroom must have a window leading to the outside and an interior door leading to the rest of the home. At least one window in the individual's bedroom will be large enough to allow the emergency evacuation of the individual.

**3.4.15** Attic or basement bedrooms must meet the same standards as all bedrooms in the home.

**3.4.16** Bathrooms must have windows and/or fans for ventilation.

**3.4.17** Bathrooms shall be easily accessible and equipped to meet the needs of the individual placed in the home.

**3.4.18** Bathrooms shall be clean and toilet and bathing facilities shall be free from odors and in good working order.

**3.4.19** Bathrooms must have doors for privacy.

**3.4.20** Adequate artificial and/or natural light and ventilation shall be available in bathrooms.

**3.4.21** Each home must have a working telephone that is available in the home at all times.

**3.4.22** Both indoor and outdoor play space and suitable recreational equipment, books, etc., must be available to the individual and age appropriate.

**3.4.23** Individuals shall not be housed in unapproved rooms or detached buildings.

**3.4.24** Due to the specialized care that may be required for an individual, alterations in the physical surroundings, such as the addition of hand rails inside or outside the home, or special equipment may be required.

**3.4.25** When a placement of an individual is being considered, the Family Based Care Specialist will discuss any necessary renovations, home accessibility modification or additional equipment that may be required and what funding, if any, is available to assist with the cost.

## **3.5 Home Safety**

**3.5.1** The prospective Specialized Family Care Home will be inspected by the Family Based Care Specialist during certification and annually thereafter.

**3.5.2** The use of mobile homes will be limited to those manufactured after 1976. In addition, all mobile homes must be equipped with push out window frames that are designated for emergency escape.

**3.5.3** All homes must have screens on all windows that are opened and have at least two exits that can be used for emergency exits.

**3.5.4** A home diagram must be made identifying rooms and occupants that reflects a fire escape plan, escape route, and an outside meeting place. This schematic will be included in the annual recertification packet and posted within the home.

**3.5.5** Each individual must be taken through the fire escape route within twenty-four (24) hours of placement and monthly thereafter.

**3.5.6** If the individual's bedroom is located on an upper floor of the house, it must have a fire escape ladder or other approved method of evacuation available for emergency exits.

**3.5.7** If a garage is attached to the house, it must be separated from the house by a tight fitting door which is kept closed, when necessary, to prevent exhaust fumes from entering the home.

**3.5.8** Furniture, carpets and accessories shall be sanitary, in good condition, comfortable and free from odors.

**3.5.9** Heat sources such as fireplaces, furnaces, stoves, radiators, water heaters, and other heaters must have safeguards including thermostatic controls, automatic shut off valves, vents, and screens that are functioning, when required on the heat source. Gas heaters advertised as "ventless" still need to be vented utilizing a cracked window or door according to most owner manuals.

**3.5.10** Walls, ceilings and floors must be adequately protected from heating and cooking equipment by sufficient clearance or noncombustible insulation. Areas near the chimney, furnace, water heater and stove must be free from items that could catch fire.

**3.5.11** Ashes from burning coal or wood must be kept in a metal container clear of wood floors and walls. The exhaust pipes for wood stoves, fireplaces and coal-burning stoves must be maintained to keep them free of creosote.

**3.5.12** Makeshift heating or cooking devices such as charcoal grills, camping stoves, kerosene heaters, etc. which could cause carbon monoxide poisoning or other accidents may not be used indoors.

**3.5.13** Extension cords must be used properly.

**3.5.14** Electrical circuits must be protected by a maximum twenty (20) amp fuse or circuit breaker.

**3.5.15** All chemicals and flammable materials must be stored in unbreakable, clearly labeled containers out of the reach of the individual placed. This includes household cleaning supplies, gasoline, pesticides, weed killers, etc.

**3.5.16** All firearms must be kept properly stored in locked containers inaccessible to individuals in placement. Ammunition and all other weapons including knives, throwing stars, etc. shall also be stored in a separate locked container out of the reach of the individual in placement.

**3.5.17** The residence must have an appropriate supply of water, including a hot water supply to sanitize cooking and eating utensils.

**3.5.18** If drinking water is supplied by means other than a municipal water supply, it must be evaluated and approved safe by the local Department/Division of Health or by an objective, independent facility capable of making such distinctions. This shall occur at the time of initial certification and annually thereafter and documented on the SFC Guidelines for the Home Environment.

**3.5.19** Liquid waste shall be disposed of in a sanitary manner into a public sewage system, or if none is available, into a system which meets the standards of the Department/Division of Health.

**3.5.20** Garbage and trash shall be collected and disposed of in compliance with established standards of the Department/Division of Health and proof of such presented during the certification process and annually thereafter.

**3.5.21** All pets kept at the home must have proof of current vaccination/certification which is required by West Virginia Code 19-20A.2. If the animal is sickly or vicious, it must be confined in an area not accessible to the individual in placement. All individuals in placement will be instructed in the proper care methods before they are allowed to handle or care for an animal. All individuals in placement must be carefully supervised when handling or caring for an animal.

**3.5.22** Decks eighteen inches (18") from the ground or higher must have appropriate railing around the parameter of the deck and the area below the deck must be enclosed with wire mesh or wood lattice, unless there is useable living space below the deck.

**3.5.23** The provider shall ensure that all pools used by an individual in placement shall have working filtration systems and are maintained to prevent the development of bacteria and algae.

**3.5.24** Wading pools, inflatable pools and hot tubs are prohibited for use by the individual placed in the home. Any hot tubs used by the provider and their immediate family are equipped with hard covers.

**3.5.25** All in-ground pools must be enclosed with a fence that is at least four (4) feet high with a locking gate.

**3.5.26** Above ground pools must be equipped with an entry gate and ladder that remains locked when the pool is not in use. A fence is required that encloses the pool and is at least four (4) feet high; or a fence is required that is manufactured strictly for above-ground pools that extends at least two (2) feet above the pool with a locking ladder attached.

## **4.2 Food and Nutrition**

**4.2.1** Adequate food shall be provided to meet the nutritional requirements of the individual placed according to his or her age and activity. Meals shall be well balanced and prepared with consideration for any prescribed special dietary food requirements/needs and the cost of such shall be included in monthly room and board payments.

**4.2.2** Any prescribed diets shall be in writing, dated and kept on file in the individual's medical notebook. Meals shall be carefully planned to adhere to the prescribed diet.

**4.2.3** Any food preferences of the individual in placement shall be taken into consideration without sacrificing good nutrition.

**4.2.4** Food shall be stored in such a manner as to be free from contamination.

**4.2.5** Sinks and surrounding kitchen area shall be clean and free from odors and all major appliances shall be in good working order.

**4.2.6** The individual shall eat meals with the family and, when possible, be encouraged to assist in preparation as a family member or as specified on the individual's IPP.

**4.2.7** At least three nutritionally balanced meals per day shall be served with not more than a 14 hour span between the evening and breakfast meals. Between meal snacks that adhere to any special diets as prescribed by a licensed physician should be available to individuals.

**4.2.8** The costs of liquid nutritional supplements for adults prescribed by a licensed physician are included in the cost of the monthly room and board payments. If the cost of these nutritional supplements is more than half the cost of the monthly room and board payment, then the Family Based Care Specialist may assist the Specialized Family Care Provider in accessing other available resources.

**4.2.9** Adults placed in Specialized Family Care Homes may be eligible for food stamps and may access this resource.

### **4.3 Care and Welfare Standards**

The purpose of a Specialized Family Care Home is to provide the individual with a living situation as much like family life as possible. Therefore, in most instances, standards which are conducive to the health and welfare of the family would be compatible with the health and welfare standards for the individual.

**4.3.1** The individual shall be suitably dressed at all times and given assistance, when needed, in maintaining good body hygiene and grooming.

**4.3.2** Toiletry articles, such as towels, shaving equipment, brushes and combs shall not be used by other household members.

**4.3.3** The individual shall be provided soap, shampoo, clean towels, wash cloths, individual mouthwash cups and toothbrushes.

**4.3.4** Although an individual shall not be denied the right to rest periods, the individual shall be encouraged to use other areas of the home and to take part in social activities.

**4.3.5** The individual shall not be denied the right to privacy, however, the individuals will be monitored twenty-four (24) hours per day in accordance with their needs.

**4.3.6** An individual's correspondence shall not be opened except as authorized by the individual or his/her legal guardian.

**4.3.7** The individual shall not be housed in unapproved rooms or in detached buildings or trailers.

**4.3.8** Special equipment, such as walkers or wheelchairs, shall be available to the individual, if needed.

**4.3.9** Assistance in laundry or minor repair of clothing shall be given when necessary. Replacement of the initial supply of clothing shall be made when necessary.

**4.3.10** An individual in placement shall be provided with the opportunity for participation in religious services of his/her choice. In the case of a child, the biological parents' choice should be taken into consideration at the time of placement.

**4.3.11** Opportunities for personal and private counseling shall be provided, as desired by the individual.

**4.3.12** Second hand smoke is harmful. Specialized Family Care Providers, their families, and visitors will not smoke in the Specialized Family Care Home while placed individuals and individuals receiving respite are present UNLESS a physician's statement is obtained that states a specific individual will not be harmed by second hand smoke. If an individual who smokes receives services through the Specialized Family Care Program, that individual's treatment team, legal guardian or Health Care Surrogate and physician will provide a smoking protocol for that specific individual

## **4.4 Education**

Each school age individual placed shall have an Individual Education Plan (IEP) developed. Specialized Family Care Providers shall participate in the development of the IEP as well as the Family Based Care Specialist. If that is not possible, then both parties must be aware of the plan. Specialized Family Care Providers are expected to cooperate with the local Board of Education to carry out the goals established in the IEP.

Home schooling is not an option for school age individuals who are in the custody of the Department of Health and Human Resources.

## **4.5 Discipline/Supervision**

**4.5.1** Punishments of a physical nature, including hitting on the body in any manner, or any punishment that subjects an individual to verbal abuse, ridicule, or intimidation is strictly prohibited.

**4.5.2** Threats of removal from the home, humiliating words or acts, screaming at the individual in anger, verbal abuse, derogatory remarks about the individual or his/her biological family, keeping an individual out of school or day programming, denying meals or food, closing or locking an individual in a closet, shed, room or inside or outside the home or fondling or any form of sexual abuse is not acceptable.

**4.5.3** Half doors or gates with or without locks are not permitted on individual's bedrooms or any other rooms in the home unless it is approved by a Behavioral Health Center's Human Rights Committee and reviewed at least annually.

**4.5.4** Individuals shall be disciplined by Specialized Family Care Provider with kindness and understanding.

**4.5.5** The Specialized Family Care Provider shall use disciplinary measures designed to and carried out in such a way as to help the individual develop self-control and to assume responsibility for his/her own actions.

**4.5.6** Simple understandable rules shall be established by the Specialized Family Care Provider. These rules shall set forth specific expectations for behavior and reward for appropriate behavior.

- 4.5.7** Discipline shall be related to the developmental stage of the individual and within line with the individual's abilities to comply.
- 4.5.8** Discipline shall be related to the individual's act, handled without bias and without prolonged delay on the part of the foster/adoptive parent. The individual shall be aware of the relationship of the act to its consequences.
- 4.5.9** The individual may be given time out for a short period of time, if necessary, to help him/her regain control. When possible, the individual should help set time limits.
- 4.5.10** Behavior problems shall be treated individually and privately. If there is an assessment of an individual's pattern of unacceptable behavior, the Specialized Family Care Provider should be involved and cooperate in carrying out the specific positive behavior support plan for the individual after they have been given an approved plan and been trained on the plan.
- 4.5.11** Positive behavior support should be used when treating behavior problems.
- 4.5.12** Denial of mail, phone calls and/or visits with family members will not be used as a disciplinary measure.
- 4.5.13** Specialized Family Care Providers are not to use or permit the use of any form of physical restraint of an individual in their care. Use of restraints, except for placing a small child in a chair for feeding or transportation is strictly prohibited.
- 4.5.14** Only Specialized Family Care Providers who have been trained in passive restraint by a certified trainer and have been certified by the trainer as having the required knowledge and skills to use this technique may use this as a crisis intervention method and only as a last resort. All other possible means of de-escalation shall be attempted before making the decision to use passive restraint.
- 4.5.15** The Family Based Care Specialist will discuss approved disciplinary procedures with the Specialized Family Care Provider during the initial certification process and recertification process and obtain a signed Discipline Policy.
- 4.5.16** Each individual in placement must be supervised at all times unless otherwise specified on their Individual Program Plan.
- 4.5.17** Individuals must be closely supervised by an adult when participating in activities such as swimming, jumping on a trampoline, skiing, snowmobiling, horseback riding, etc. Individuals of any age with a developmental disability who lack the ability to protect themselves must not be left unattended at any time when participating in dangerous activities such as those listed above. Specialized Family Care Provider should assure that; individuals in placement utilize proper safety equipment such as helmets, knee pads, wrist and elbow pads, etc. when riding bikes, using roller blades or participating in any other activities that may cause injury.
- 4.5.18** The Specialized Family Care Provider will not allow children, under the age of twelve (12) years old to operate an All-terrain vehicle.
- 4.5.19** The Specialized Family Care Provider will assure that individuals, age twelve (12) years and older, do not operate All-terrain vehicles without a certificate of completion of a vehicle rider awareness course as offered or approved by the Commissioner of Motor Vehicles. During the operation of this activity, the individual must wear protective gear and be closely supervised by an adult.

**4.5.20** Specialized Family Care Provider will assure that individuals are not passengers on All-terrain vehicles unless more than one passenger is allowed on the vehicle, specified by the manufacture's recommendations, and the driver is an adult caretaker.

**4.5.21** All persons born on or after January 01, 1975 must first successfully complete a certified hunter education course before purchasing a hunting license. When purchasing a hunting license, the person must present a certificate of completion to the agent issuing the license.

## **4.6 Medical Care and First Aid**

**4.6.1** The individual placed, shall be under the supervision of a licensed physician.

**4.6.2** The Specialized Family Care Provider shall be responsible for obtaining medical care from a licensed physician in case the individual in placement encounters an accident, acute illness or emergency medical situation.

**4.6.3** The Specialized Family Care Provider shall also ensure that the individual in placement will have, at a minimum, a routine yearly physical examination, bi-annual dental visits, yearly eye examinations as well as any specialty services as ordered, such a neurology, physical therapy, podiatry services, etc. unless otherwise ordered by a physician in writing.

**4.6.4** Some individuals may not require yearly dental visits if they are edentulous but a statement from a doctor must be on file before bi-annual dental visits can be suspended.

**4.6.5** The Specialized Family Care Provider will keep an ongoing record of the entire individual's medical treatment, including routine and emergency appointments, medications prescribed and any conditions needing follow-up medical attention. This information is to be provided to the individual's Family Based Care Specialist to be included in the IPP or care plan and discussed during IPP or MDT meetings. This list shall be maintained at all times and be quickly available upon request.

**4.6.6** Foster children under the age of 21 are required to be screened by Early Periodic Screening, Diagnosis and Treatment Services (EPSDT)/WV Health Check within seventy-two (72) hours of placement and at scheduled intervals during their stay in foster care. Specialized Family Care Providers are required to use this program for physical examinations for the children under the age of 21 placed in their homes.

**4.6.7** The Specialized Family Care Provider shall be responsible for transporting or arranging transportation to medical appointments for the individual in placement. The Specialized Family Care Provider may be reimbursed through the use of Non-Emergency Medical Transportation (NEMT) funds through an application with the Office of Family Support. If the individual is funded by Title XIX I/DD HCBS then the waiver program should be billed for transportation to and from medical appointments identified on the individual's IPP.

**4.6.8** All sickness and accidents causing injury to the individual in placement must promptly be reported to the Service Coordinator, Family Based Care Specialist, the individual's Guardian or Health Care Surrogate and Medley Advocate, if a Medley Advocate is assigned to the individual. Serious accidents or illnesses must be reported by the Specialized Family Care Provider to the legal guardians or health care surrogate via the protective services hotline if they occur after regular business hours. Additionally, the Specialized Family Care Incident Report is to be completed immediately after the incident has de-escalated and faxed or mailed to the Family Based Care Specialist.

**4.6.9** The Specialized Family Care Provider shall give an individual in placement prescribed medications and any over the counter medications only with a physician's or dentist's prescription or authorization and shall dispense only the exact dosage of medication prescribed to the individual in placement.

**4.6.10** All medications, either prescription or over the counter, must be stored in places inaccessible to the individuals in placement by the Specialized Family Care Provider. This includes both the medication for the individual in placement and all members of the Specialized Family Care home. All medications must have child-proof caps.

**4.6.11** Specialized Family Care Provider must inform the Family Based Care Specialist within one (1) day of any psychotropic medications prescribed for the individual in placement. If an individual is twelve (12) years or older refuses the psychotropic medication, the Specialized Family Care Provider will abide by the individual's wishes and not force the medication upon them. If the individual displays danger to himself or others, due to refusing the medications, the Specialized Family Care Provider must contact a local hospital/treatment center to have the individual evaluated immediately. All information pertaining to the individual's desires/concerns about the psychotropic medication must be reported to the MDT or IDT immediately for review.

**4.6.12** All prescription medications shall be in original containers which are labeled with the individual's name, prescription number and directions for dosage. These shall be kept in a safe location out of the reach of the individual in placement and in some situations; this may entail the use of a lockbox purchased at the provider's expense.

**4.6.13** Pillboxes are not approved for storage of medications. Bubble packs or other storage methods from licensed pharmacies that are labeled with the individual's name, prescription number and directions for dosage are approved for use.

**4.6.14** The care and accuracy of properly administering prescription medications cannot be overemphasized and it is of critical importance and utmost safety that an approved procedure be adopted and followed without exception.

**4.6.15** Specialized Family Care Providers are not required to be trained in the Approved Medication Administration Personnel (AMAP) according to WV Code 16-5O-2, but are required to complete the 5 hour Medication Administration Training prior to accepting an individual for placement or providing respite.

**4.6.16** Specialized Family Care Providers are expected to use universal precautions when dealing with any spill of blood or other bodily fluid. Universal precautions currently recommended by the American Red Cross and the Department of Health and Human Resources will be presented by the Family Based Care Specialist during the initial certification of the home and annually thereafter. If additional training is needed, the Department of Health will be contacted.

**4.6.17** All Specialized Family Care Providers must be certified in skills based CPR and First Aid prior to becoming certified and must keep their certification up to date at their own expense. The type of CPR required will be based upon the individual placed in their home. Internet CPR and First Aid classes are not allowed by this program.

**4.6.18** First Aid supplies as recommended in the Medication Administration training shall be available and stored in a place easily accessible to adults in the home.

**4.6.19** An individual shall not require a degree of care beyond the skill level of the Specialized Family Care Provider, unless necessary and reliable assistance can be obtained from outside sources.

## **4.7 Transportation/Car Safety**

**4.7.1** Every driver who transports an individual in placement shall provide for the protection of such individual by properly placing, maintaining and securing such individual and themselves in the safest manner applicable federal motor safety standards.

**4.7.2** The safest place for an individual twelve (12) years old and under is in the backseat.

**4.7.3** Infants up to twenty (20) pounds and up to one (1) year old should ride in a rear-facing child seat. The child seat must be in the back seat and face the rear of the car, van or truck. Infants riding in a car must never face front. In crashes or sudden stops, the infant's neck can be injured. Infants in car seats must never ride in the front seat of a car with air bags. In a crash, the air bag can hit the car seat and hurt or kill the infant. Never hold a infant or allow a infant to be held when riding in a car. In a crash or sudden stop, the child could be injured or killed.

**4.7.4** Children over twenty (20) pounds and at least one (1) year old should ride in a car seat in the back seat that faces the front of the car, van or truck. It is best to keep children in a forward facing car seat as long as they fit comfortably in it.

**4.7.5** Older children up to the age of eight (8) years old should ride in a booster seat in the back seat that meets Federal Vehicle Safety Standards. If the individual is at least four (4) foot, nine (9) inches tall, they may be secured in the vehicle with the car's safety belt system. A car safety belt must fit low and snug on the individual's hips. The safety belt must not cross the individual's face or neck. Never put the shoulder belt behind the individual's back or under their arm.

**4.7.6** Individuals who use wheelchairs shall be properly secured using the approved method for their individual type of wheelchair.

**4.7.7** Smoking inside a vehicle is prohibited when the individual in placement is being transported.

**4.7.8** The prospective Specialized Family Care Provider and his/her spouse or significant other shall provide copies of their current driver's licenses during the initial certification process and for the annual recertification. Copies of automobile registrations and insurance cards for each automobile that will be used to transport the individual in placement shall also be provided during the initial certification process and for the annual recertification.

## **Section 5. Standards for Certification of a SFC Home**

### **5.1 Home Study Process**

The home study is the process that the Family Based Care Specialist uses to seek and understand the strengths and weaknesses of the prospective Specialized Family Care Providers; their ability to care for an individual with special needs; their motivations for participation in this program; their significant life experiences which enable them to assume these responsibilities and to discern the type of home they could best provide for an individual.

**5.1.1** An individual or family interested in providing Specialized Family Care or respite for an individual will complete an application which gives basic information about the family unit and home.

**5.1.2** An individual or family interested in providing Specialized Family Care or respite for an individual will complete a Financial Self Study for the family which gives basic information about the family's income, finances, and financial obligations.

**5.1.3** Both the prospective SFC Provider and his/her partner/spouse will complete a Family Situation Self Study, which gives more detailed information about the background and family environment of the home.

**5.1.4** The home study process involves a series of interviews with the family, most of which are to be conducted in the prospective SFC Provider's home. All family members are significant to the process and must be studied in-depth either through individual or group settings. Significant issues to be assessed are: individual traits; strengths and weakness of family members; relationships of each member of the family to the other; and the total functioning of the family unit. In order to assure knowledge and commitment of a family in accepting an individual with special needs into their home, all parties must be involved in the home study process.

**5.1.5** Another focus of the interviews shall include the general social, intellectual, financial, and cultural functioning of the family and their ability to cope with stress and handle crisis. The Family Based Care Specialist will explore the reactions of the parents, children, relatives, friends and neighbors in the plan to care for an individual with intellectual disabilities and/or developmental disabilities. During the entire home study process, the Family Based Care Specialist shall observe family interactions, their ease with one another and how decisions are made.

**5.1.6** If the prospective SFC Provider is a one-person family, several areas need to be explored including existing financial independence as well as support systems in place to provide respite and emergency back-up for the prospective Specialized Family Care Provider. It would be difficult for a single Specialized Family Care Provider to work outside the home so financial independence separate from any reimbursements received from this program is a must.

**5.1.7** Significant experiences in a prospective SFC Provider's history are to be explored, particularly experiences with individuals with intellectual disabilities and/or developmental disabilities.

**5.1.8** The Family Based Care Specialist will explore with the prospective SFC Provider the type of individual for whom they feel they can best provide a home. Age, disability or health conditions, developmental level and types of behaviors are to be discussed.

**5.1.9** When there is a child in placement and the Family Based Care Specialist is considering placement of an adult, or vice versa, the plan must be discussed with each individual's treatment team. If the team feels that the needs of both individuals can be met, authorization must be obtained by the Specialized Family Care Program Manager.

**5.1.10** The purpose of visiting in the home is to observe whether or not the family maintains an adequate standard of living in terms of the physical surroundings, housekeeping, recreational area, sleeping and living space. The Family Based Care Specialist assesses the home for accessibility for a non-ambulatory individual. The neighborhood shall be observed and described, as well as the family's home in relation to the community's standards. The family shall be asked to describe their daily routines. In this way, the Family Based Care Specialist shall gain some idea of how routines such as meals, school or work are handled and how an individual with intellectual disabilities/developmental disabilities would be affected by life in this home.

**5.1.11** A major part of the home study process is to include reviewing with the prospective SFC Provider the requirements and standards of the Specialized Family Care Program. Should the Family Based Care Specialist have any questions about the family's qualifications or abilities, they are to be shared at this time. The prospective SFC Provider may be able to provide the necessary clarification or upon further discussion, decide that the Specialized Family Care certification is not appropriate to undertake.

**5.1.12** Discussing the responsibilities which are undertaken in relation to meals, room furnishings and personal services will help the prospective Specialized Family Care Provider understand what is involved in terms of the entire family's financial, physical and emotional investment. The Family Based Care Specialist is to explain the types of activities that may be required in the provision of care, such as the personal care of the individual with intellectual disabilities/developmental disabilities, special diets and medication administration. The activities will vary with the age and special needs of the individual placed in the home.

**5.1.13** The family cannot be reliant upon payments received through the Specialized Family Care Program as their primary income source and be sufficient to meet the needs of the family prior to the placement of the individual with special needs. The services and facilities of the home are to be such that the individual in placement is not exploited and his/her social and physical needs are met in a way that they will protect and promote his/her health, safety, comfort and well-being.

**5.1.14** Seldom can families who are surviving on a substandard income be considered as prospective Specialized Family Care families. However, the home with marginal income may be appropriate for some individuals and shall not be eliminated from consideration merely on the factor of income. The philosophy is that by setting such standards the individual in placement shall be safeguarded from placement with a family whose only interest may be financial.

**5.1.15** The Family Based Care Specialist will request a detailed financial statement and verification of income including employment check stubs, tax returns, etc. to assess financial stability both during the initial certification process and as part of the annual recertification. Questions or concerns regarding financial stability may be addressed by the Specialized Family Care Program Manager.

**5.1.16** The primary concern is to have a home which provides the individual with access to medical and habilitation services. Proximity to necessary services and adequate transportation is to be considered.

**5.1.17** The interior and exterior of the entire home, as well as the room to be occupied by the individual in placement, is to be examined assuring program standards.

**5.1.18** Fire and safety standards and sanitation conditions of the home are to be assessed at the first home visit by the Family Based Care Specialist. Prospective SFC Providers must complete and comply with these standards as outlined on the SFC Guidelines for the Home Environment during the initial certification process and during the annual recertification. The results of these guideline standards and any recommendations by the Family Based Care Specialist are to be included in the written home study.

**5.1.19** The FBCS will acquire six (6) references during the initial home study process. The Family Based Care Specialist is to follow-up with, either in person or by telephone, at least two (2) of the six (6) references. This follow-up is intended to seek out any additional information about the prospective SFC Provider or to ask questions that were raised in the review of their particular reference. The Family Based Care Specialist can also contact neighbors and other significant acquaintances of the family who the worker believes could provide relevant information about the family. When gathering reference information in a face-to-face or telephone interview, findings are to be written and submitted as part of the written Home Report.

**5.1.20** Another area to be explored is the potential provider's past work in caring for individuals in their home. Potential providers must fill out the necessary release of information forms for the Department to exchange information with other foster/adoptive agencies. This information will inform the FBCS as to whether or not the potential provider has ever been a certified provider in the past, their history as a provider, any closures or denials that they may have had, or any other information that may affect the decision about approving them as a SFC provider. The following steps must occur:

- a) The FBCS will have the potential provider complete the Authorization and Release for Records Check Disclaimer/Release of Information Form for any and all existing records held by any public or private child welfare agency relating to their past work as a provider;
- b) The FBCS will conduct a check in FACTS on each provider applicant to determine if previous work has been done with the Department in providing foster care;
- c) If a prior foster parent record exists in FACTS, the FBCS will send the signed Disclaimer/Release of Information form to each of the foster care agencies listed in association with the individual to obtain provider records;
- d) Upon receipt of a signed Disclaimer/Release of Information form, the agency's designee will gather any and all paper and/or FACTS record information pertaining to the potential provider. The records will be

redacted to remove identifying child or adult client demographic information that might be contained therein. The designee will provide a copy of the redacted records to the requesting specialized foster care agency.

## **5.2 Criminal Background Investigation**

West Virginia State Code §49-2B-8 requires a criminal background check be completed on potential SFC Provider. The Adam Walsh Child Protection and Safety Act of 2006 (Public Law 109-248) requires States to complete a finger-print based criminal background check on all prospective foster/adoptive parents through the National Crime Information Database (NCID) prior to placement, whether a maintenance payment will be made to the family or not. If the prospective SFC Provider or any adult member of the household refuses to authorize the check, the home will not be approved. If the applicant or other adult in the home indicate a conviction for which there is no waiver permitted, the home will not be approved.

**5.2.1** Both a State and Federal Criminal Investigation Bureau check must be completed during the initial certification process for all household members over the age of 18 and every three (3) years thereafter. Anyone over the age of 18 moving into the home must have both types of fingerprint checks completed prior to moving into the home.

**5.2.2** The FBCS will coordinate with their local DHHR offices to have prospective SFC Providers fingerprinted using digital/electronic fingerprinting technology.

**5.2.3** If the Specialized Family Care Provider or any other household members over the age of 18 are charged with any crimes then the Family Based Care Specialist will have that member submit state and federal fingerprints for updated information.

**5.2.4** Anyone who visits or has overnight visits on a frequent basis in the Specialized Family Care Home must submit state and federal fingerprints for review.

**5.2.5** All State and Federal fingerprint results must meet the standards set forth in the WVDHHR Criminal Investigation Bureau Check Policy. Waivers may be granted for specific crimes listed in the policy.

**5.2.6** Any individuals over the age of 18 who have been adjudicated incompetent and have a legal guardian may be exempted from submitting State and Federal fingerprints upon presentation of the guardianship papers to the Family Based Care Specialist for review.

**5.2.7** If the CIB shows that there has been a criminal conviction for a member of the household, the FBCS will determine the ability to move forward with the certification process within the following guidelines.

**5.2.8** A CIB waiver will be required for any household member who has one or more felony convictions or two or more misdemeanor convictions. A CIB waiver is not necessary for household members with a criminal record of only one misdemeanor offense.

**5.2.9** No waiver will be granted for any crime against a person, such as domestic assault or battery, battery, incest, rape, sexual assault, molestation, indecent exposure, contributing to the delinquency of a minor, murder, manslaughter, abduction, kidnapping, neglect/abuse, exploitation, etc.

**5.2.10** Note that simple assault of a non-domestic nature is NOT included in this category of crimes against a person, meaning that a waiver is not automatically denied in these cases.

**5.2.11** A CIB waiver will not be considered for household member who are currently on probation or parole supervision, or serving weekend time in jail.

**5.2.12** In cases where a CIB waiver is being sought, the FBCS will gather a team of at least three members from their local Children and Adult Services unit to review the case. A written recommendation will be made by that team to the SFC Program Manager, with signatures affixed from each member of the team. The SFC Program Manager will evaluate the record and review the team recommendation. A finding will be made in writing and returned to the FBCS, with a copy to the Program Secretary who will be responsible for entering the waiver information into the FACTS system. Factors to be considered in this decision are: length of time since conviction, program completion or evidence of rehabilitation, current participation in community activities or faith-based activities, character witnesses, mitigating circumstances at the time of the conviction (i.e. age, life situations, etc., et cetera).

### **5.3 Protective Services Record Check**

**5.3.1** During the initial certification process, the Authorization and Release for Protective Services Record Check for Adoption/Foster Care shall be completed by the applicant. The Authorization and Release for Protective Services Record Check shall be completed on the applicant and any household member over the age of 18, during the initial certification and annually thereafter.

**5.3.2** Anyone over the age of 18 moving into the home must have the form for Individuals in the Home completed prior to moving into the home.

**5.3.3** Anyone who visits or has overnight visits on a frequent basis in the Specialized Family Care Home must have the form for Individuals in the Home completed.

**5.3.4** If this record check results in a finding that maltreatment has occurred then this home will not be certified for the Specialized Family Care Program.

**5.3.5** The FACTS (Family and Children Tracking System) is the main avenue for completing the Protective Services Record Check in the State Office in Charleston, but the Family Based Care Specialist may also ask for information and/or that paper records prior to 1996 be searched at the local WVDHHR office.

### **5.4 Medical Report**

**5.4.1** During the initial certification process, the SFC Medical Report will be completed by a licensed physician for all adults providing care to the person in placement and will be renewed annually thereafter for the provider and other caregivers in the home.

**5.4.2** For children (under age 18), a copy of their immunization records is needed during the initial certification process and annually thereafter.

**5.4.3** The SFC Medical Report is to be reviewed by the Family Based Care Specialist. Any questions about the prospective SFC Provider's health, emotional or physical ability to care for an individual with intellectual disabilities/developmental disabilities are to be discussed with the prospective SFC Provider and/or the physician with a completed Informed Consent Form from the SFC Provider.

**5.4.4** If health problems arise during the recertification process or any time during the year, the Family Based Care Specialist should request a new medical form on the family member's health.

**5.4.5** If the Specialized Family Care Provider is proven to be unable to care for the individual, then Family Based Care Specialist is to follow procedures to secure respite and/or other placement for the individual with the IDT members' approval and support.

## 5.5 SFC Agreement

The SFC Agreement sets forth the expectations and responsibilities of the Specialized Family Care Program and is to be discussed and reviewed with the family during the initial certification process and during the annual recertification process. By signing the agreement, the family agrees to comply with the terms of the contract.

Providers working as respite providers will sign the SFC In-Home Respite Care Agreement rather than the full SFC Agreement.

## 5.6 Initial Training

Providers are required to complete specified courses for initial certification processes. Annually, providers are required to complete 24 hours of training. The training topics for annual certification processes are varied and will be based on the needs of the provider and person in placement. As a general rule, training provided by the Specialized Family Care Program are written courses that assess the provider's completion through a written examination.

## 5.7 Certification Letters and Certificates

The Family Based Care Specialist will prepare the SFC Certification Letter, a standard form letter indicating the date the home is certified as well as for how many full time and respite placements. This letter and a SFC Certification Certificate will be forwarded when the home has been approved by the Specialized Family Care Program Manager and annually thereafter. A copy of this letter will be in the provider's file as well as sent to any participating behavioral health agencies or nursing agencies that provide services in the home. This letter will clearly state the dates of the approval as well as defining exactly how many individuals, the ages of the individuals and in what circumstances the Specialized Family Care Provider may provide services to in their home.

## 5.8 Initial Certification Home Report

A home study narrative report, known as the SFC Initial Certification of Provider Home Report, is completed after all items on the Specialized Family Care Initial Certification Checklist are in place. This written report will thoroughly cover all areas included in the Home Study Outline

## 5.9 Privacy Practices

The Family Based Care Specialist will make the prospective Specialized Family Care Provider aware of the organization's privacy practices.

In order to ensure that the Notice of Privacy Practices have been received and understood by the prospective SFC Provider, the Family Based Care Specialist will ask that the Receipt of Privacy Practices form be signed by the Provider and will include that signed document as part of the initial certification packet.

## 5.10 Initial Application Denial

**5.10.1** The FBCS may discover information that is contrary to the standards and policies set forth by the Department during the assessment process and make the determination to deny the application. Some possible reasons for denial may include:

- a) Behaviors that display a chaotic lifestyle such as chronic tardiness for appointments, missed appointments, threatening behaviors, foul language, and/or inability to maintain employment;
- b) Inability to provide basic needs for persons to be placed in home;
- c) Life-style choices that demonstrate risk-taking behaviors such as gambling, excessive alcohol use, etc.;
- d) Life-style choices that display concerning behaviors that would act against maintaining the health, welfare and safety of persons in placement;
- e) Conditions of the home not being maintained as safe and stable;
- f) Failure to cooperate with the FBCS completing the home study;
- g) Overall attitude that the potential provider is more concerned about the monetary payments than they are the safety and well-being of the persons that would be placed in their home.

**5.10.2** If during the home study process, the FBCS has determined that the home or the prospective SFC Providers within the home do not meet the requirements, the prospective Specialized Family Care Provider shall be informed in writing of the reasons through certified letter. The letter will be sent by registered mail and will list the deficiencies and will include the DHHR grievance form.

**5.10.3** Should the prospective Specialized Family Care Provider wish to continue the certification process the grievance form must be completed and returned to the Specialized Family Care Program Manager within two weeks of receipt of the denial letter. A copy of the denial letter is to be retained in the prospective SFC Provider's file until the deadline has passed for filing the grievance. After this date, all material pertaining to the potential home will be destroyed in a confidential manner more information on the filing a grievance.

## **5.11 Provider Grievance Procedure**

**5.11.1** When a prospective SFC Provider does not agree with the agency's reason to deny him or her from becoming a provider, or when an SFC Provider does not agree with a decision made by the SFC Program, the Family Based Care Specialist will explain that the family has a right to have a conference with the SFC Program Manager to review the matter and will assist in arranging an appointment.

**5.11.2** If no solution is achieved, the SFC Program Manager or FBCS will inform the prospective SFC Provider or SFC Provider of their right to file a grievance, as indicated in the letter notifying them of a decision made by the Program. The FBCS will assist the SFC Provider in completing the Grievance Hearing Request Form, if necessary.

**5.11.3** The prospective SFC Provider or SFC Provider must file the grievance within sixty (60) days of the written notification from the FBCS of their right to file a grievance concerning the Program's decisions, with which they disagree.

**5.11.4** A grievance hearing will be scheduled by one of the State Hearings Officers. The SFC Provider or prospective Provider may be represented by an attorney, at their own expense, if they so desire.

**5.11.5** The FBCS will be expected to testify in said hearing to their decisions, reasoning in their decision-making process, and any policy, procedural, or code basis for their decision.

**5.11.6** A written summary and decision will be prepared by the hearings officer and all parties will be notified. The hearings officer's decision is to be implemented within ten (10) days of receipt of the decision.

**5.11.7** SFC Providers or prospective SFC Providers may petition the Circuit Court of Kanawha County to review their concerns if they are dissatisfied with the decision of the hearings officer.

## 5.12 Annual Recertification of the Specialized Family Care Home

### 5.12.1 Service Encounters (i.e. Home Visits, Meetings, Correspondence)

- a) The Specialized Family Care Home will be continually evaluated throughout the year by the Family Based Care Specialist through regular monthly home visits for homes that have full-time placements and visits every three months to homes that only provide respite.
- b) Additionally, Family Based Care Specialists shall make every effort to attend team meetings (i.e. IEP's, IPP's, MDT's) for the person in placement in order to provide support to the SFC Provider.
- c) Family Based Care Specialists may also be in contact with Providers via email and phone calls.
- d) The Family Based Care Specialist will record all contacts with the Provider on a SFC Service Encounter Form and then uploading the service encounter form information into the FACTS system. These reports will be used to help create the annual recertification.
- e) The Family Based Care Specialist will conduct a monthly home visit in the provider home each month of the year. At least every other month, the FBCS will schedule home visits for a time when the person in placement is present and can be seen in the home environment. If a monthly home visit is not possible due to extenuating circumstances, an extensive phone contact will be made to cover all the items listed on the Service Encounter Form.
- f) During monthly home visits, on the Service Encounter Form, the Family Based Care Specialist will note any changes to the home environment, financial condition of the provider family, provider family or person in placement health, any family structures or moves, and will list the names of respite providers, service coordinators, and nursing staff each month during the visit.
- g) The FBCS will also record on the Service Encounter Form who was present in the home during the visit, whether various areas of the home were inspected or checked during the visit, the status of the person in placement's finances, as well as whether respite services were provided or received by the provider. Additional notes regarding these items should be recorded in the mid-section of the Service Encounter Form.
- h) Both the provider and the FBCS will sign the bottom portion of the form attesting to the home visit and any items that were covered during that time.

**5.12.2** A home study narrative report, known as the Certification of Specialized Family Care Provider Home Report, is completed annually. This written report will thoroughly cover all areas included in the

**5.12.3** Annual certification is a process, not an event. Over a period of 12 months, the SFC Provider and FBCS must work together to complete the required domains/elements of the certification process.

**5.12.4** The certification process is tracked through the monthly service encounters (home visits), and are reflected on this form.

**5.12.5** The date of certification is the date that the home report is completed.

**5.12.6** Recertification dates of Provider homes are essentially the home's birthdate in the program. For example, if a home was initially certified on January 1<sup>st</sup>, then January 1<sup>st</sup> of every year will be the date by which the certification process is due.

## Section 6. Referral and Placement of Individuals

### 6.1 Source of Person in Placement (PiP) Referrals

Referrals come to the Specialized Family Care Program in a variety of ways. Most often the referrals are from the WVDHHR Child or Adult Protective Services unit, but do come from Behavioral Health agencies, nursing homes and natural families. The referrals from WVDHHR are usually the result of emergency custody situations of children and adults who are not Medley Class Members, but are eligible for possible placement by virtue of the special services the individual requires. Children under the age of 18 must be in WVDHHR custody in order to be considered for placement in Specialized Family Care. Parents/Guardians may voluntarily relinquish their guardianship for a child to enter the program by completing a SS-FC-4A form. All referrals must be sent to the Specialized Family Care Program Manager to determine eligibility for the program before placement is made.

## **6.2 Initiating a Referral**

Referrals for placements can be received by any member of the SFC team. The FBCS will complete or have the referring party complete the SFC System Point of Entry/Referral Form or the online version. The online version is the program's preferred method of receiving referrals. Referrals will be screened for appropriateness, i.e. I/DD diagnosis, available funding streams, etc. Additional information, such as status report; physical/medical report; psychological assessment; social history and a copy of the most recent IPP if the client is a Waiver participant, may be requested by the FBCS taking the referral in order to make the most appropriate placement.

### **6.2.1 Search and Study Process**

- a) If determination of ineligibility is made, the original referral source will be notified and the process stopped. Written notification will be made to the referring party.
- b) If the person being referred has been found to be eligible, but NO placement is currently available, a record of the outstanding referral will be kept.
- c) If the person being referred is eligible and a potential placement is found, steps will be made to finalize the placement.

## **6.3 Standards for Placement of an Individual**

**6.3.1** By assessing the strengths of the family, their experience, education, the home's accessibility to community services needed by the individual and type of individual the family is interested in, the Family Based Care Specialist determines the match. Information regarding the individual's age, sex, ethnicity, presenting medical, physical and/or behavioral needs and the natural family's involvement is shared with the potential provider. The Specialized Family Care Provider family is not required to take any individual into their home if they don't feel the individual is suited to their family and lifestyle. Likewise, it is best if the individual has several Specialized Family Care Homes to choose from and is able to choose the home and family that best suits the individual.

**6.3.2** A pre-placement treatment meeting (IDT) is not mandatory, but may be held to review the residential and individual assessments, individual and community placement needs, transition plan, provider needs and the specifics of what services must be in place at the time of placement.

**6.3.3** At a minimum, the service coordinator of the person being placed and guardian should be involved in the process of transitioning the person into an SFC Provider's home.

**6.3.4** For individuals with challenging behaviors, an effective behavior support plan for intervention must be in place. The provider must know the plan and be trained in behavior management principles, such as positive behavior support. Delay in placement should occur until all identified key supports are in place. Experience has shown that placement without these key supports in place often lead to serious problems

in the Specialized Family Care Home and short-lived placements which can be quite detrimental to any individual.

**6.3.5** Pre-Placement visits are recommended prior to any placement. These visits are to be held at the individual's residence, if possible, and at the Specialized Family Care Home. Visits at the individual's residence allows the Specialized Family Care Provider an opportunity to see how the individual interacts with others, become familiar with his/her routine, and to receive any specific training needed to provide for his/her individual needs.

**6.3.6** Visits held in the Specialized Family Care Provider's home help the individual obtain a sense of his/her new surroundings, to become aware of the family's routine, meet other family members, as well as visit the community in which he/she will live.

**6.3.7** Arrangements for the Specialized Family Care Provider to visit the individual's current residence are to be made by the Service Coordinator and/or WVDHHR worker when this is practical, feasible and appropriate. The Family Based Care Specialist should accompany the Specialized Family Care Provider on the initial visit. The number of pre-placement visits is to be determined by the particular needs of the individual and the Specialized Family Care Provider. In some instances, there may be a need to have several pre-placement visits before there are any overnight visits.

**6.3.8** A trial placement into a Specialized Family Care Home is an important step in the transition process. Trial placements may be for one overnight, for a weekend, a series of weekends, or up to 30 days. The trial placement must work for both the person in placement and SFC Provider.

**6.3.9** The Family Based Care Specialist will visit the Specialized Family Care Provider and the individual placed within seventy-two (72) hours of the actual placement. Another home visit or contact is to be made during the second week of placement. More frequent visits or contacts may be made depending upon the adjustment needs of the individual or provider. These post-placement visits are made to provide support to the family and individual, assess the adjustment process, and identify any additional supports needed and to address any concerns expressed by the Specialized Family Care Provider or individual placed. Monthly home visits will occur or more frequently if necessary.

**6.3.10** Individuals placed in Specialized Family Care homes should be provided the supportive services and information necessary to make informed choices and to receive the assistance necessary to make informed choices and to receive the assistance necessary to change their place of residence. If the individual is satisfied with their placement and the placement is appropriate, then only the supports should change, not the location. At all times the legal guardian, if there is one, must be informed of any change in residence.

## **6.4 Second Placement in a Specialized Family Care Home**

The first individual must have been in placement a minimum of six (6) months before a second placement can be considered unless a waiver is granted by the Specialized Family Care Program Manager. No second placement shall be made unless it meets the needs of both individuals and the addition of a second individual will not disrupt the initial placement or place unnecessary stress and demands upon the Specialized Family Care Provider and their family.

## **6.5 Limitations of Specialized Family Care Home**

One of the most controversial issues in terms of determining community placement is the recommendation of a team member to place an individual in a more supervised or restrictive setting than is offered in the Specialized Family Care Home. The Family Based Care Specialist and all treatment team members must carefully examine an individual's current skills, behavior intervention(s) required, medical intervention(s) required and services that can be obtained both for the individual and the Specialized Family Care Provider in the Specialized Family Care Home and in the community.

Some individuals require a more intensive habilitation setting than can be offered in a Specialized Family Care Home. An individual who currently requires a ratio of 1:1 or 2:1 to adequately protect others or the

individual themselves from injury due to aggressive behavior may not be appropriate for a Specialized Family Care Home.

Individuals with complex medical needs will only be placed in a Specialized Family Care Home after the provider has had sufficient training for those medical needs and adequate support services are available. Due to the high level of need and demands that are placed upon the Specialized Family Care Provider and their family, there is a limit of two (2) recipients who may receive services per home. This includes biological and adoptive children and adults, as well as foster children and adults placed in this home by the WVDHHR. There may be circumstances when a waiver of this requirement may be granted by the Specialized Family Care Program Manager, such as when sibling groups are placed together. In those special circumstances, the Program Manager will approve the policy exception and put the exception in writing. The exception will also be listed on the annual recertification letters and noted in the narrative section of the annual re-certification by the Family Based Care Specialist.

## **Section 7. Compliance of Homes and Providers**

### **7.1 Standards for Compliance of the Specialized Family Care Home**

All Specialized Family Care Homes are expected to meet all standards within the policy manual. Documentation of meeting these standards is present in the initial certification packet and all recertification packets submitted to the Specialized Family Care Program Manager.

The Specialized Family Care Provider will receive an approval letter and a Certificate when the home has been approved by the Specialized Family Care Program Manager and annually thereafter. A copy of this letter will be in the provider's file as well as sent to any participating Behavioral Health agencies or nursing agencies that provide services in the home. This letter will clearly state the dates of the approval as well as defining exactly how many individuals, the ages of the individuals and in what circumstances the Specialized Family Care Provider may provide services to in their home.

### **7.2 Standards for Performance Contract Compliance**

The Specialized Family Care Agreement sets forth the expectations and responsibilities of the Specialized Family Care Program and is to be discussed and reviewed with the family during the initial certification process and during the annual recertification process.

The Family Based Care Specialist should report problems with contract compliance to the Specialized Family Care Program Manager promptly in order to develop a plan to remedy the situation. Problems with contract compliance should be discussed with the provider at the time a problem is discovered. Efforts should be made to alleviate problems informally.

### **7.3 Standards for Corrective Action Plans**

If informal methods have failed to correct the problem, then a corrective action plan may be developed by the Family Based Care Specialist and the treatment team members, including the Specialized Family Care Provider. The plan will include goals and objectives to correct the problem, time frames for completion, list methods of monitoring and identifying possible consequences for failure to complete the plan, including possible closure of the Specialized Family Care Home.

The Corrective Action Plan must be agreed to and signed by at least the Family Based Care Specialist, the Provider, and the Program Manager. Other team members involved in the care of the person in

placement (i.e. the service coordinator, the guardian for the minor child or incapacitated adult, the advocate, etc.) may be included in the corrective action plan.

Failure to comply with the Corrective Action plan or refusal to sign the Corrective Action Plan may result in the home being closed. If this occurs, the Specialized Family Care Provider will receive a closure letter sent by registered mail and which lists the reasons for the closure and will include the DHHR grievance form. For more information on the filing a grievance, reference DHHR policy.

#### **7.4 Standards for Investigation of Abuse and/or Neglect**

Specialized Family Care Providers are mandatory reporters for suspected abuse and/or neglect. All allegations or suspicions of abuse and/or neglect of an individual in a Specialized Family Care Home must be reported. Upon completion of any investigations, the appropriate unit will report to the Specialized Family Care Program Manager or the Family Based Care Specialist whether abuse and/or neglect has been substantiated. A copy of the letter or email notifying the FBCS about the outcome of the investigation will be placed in the Specialized Family Care Provider's file.

If abuse and/or neglect is substantiated, then the individual placed will immediately be moved to another setting and the home closed. The Specialized Family Care Provider will be sent a certified closure letter stating the reason for closure and given a grievance form in case the Specialized Family Care Provider does not agree with the decision.

If the safety of the individual may be in jeopardy or it is apparent that the individual is in danger, then the individual may be moved to another setting while the investigation is being completed.

#### **7.5 Standards for Closure of the Specialized Family Care Home**

**7.5.1** A provider home may be closed on an involuntarily basis when situations arise that place a person in placement at risk of maltreatment or when the placement may cause a detriment to the person in placement's well-being. Although, the FBCS SHALL close an approved home when any of the following occur, the FBCS is not limited to these reasons for closing an approved home:

- a) Substantiated neglect or abuse of a person in placement, including sexual abuse or exploitation by the providers or household members, as per §49-2-14(a);
- b) Presence of a serious physical or mental illness which may impair or preclude adequate care of the person in placement by the provider;
- c) Failure of the provider to cooperate with the terms of the corrective action plan and/or to correct existing situations identified in the corrective action plan;
- d) Presence of a non-compliance issue or multiple issues, which cannot be alleviated by a corrective action plan. Or, a non-compliance issue or multiple issues which are serious enough to not warrant a corrective action plan;
- e) Failure of a provider to comply with meeting the certification standards to become fully certified by completing the training requirements within the time period set out in policy;
- f) Repeated abuse referrals that display a pattern of concerning behaviors and attitudes that while may not rise to the level of abuse and neglect, call to question the intentions and motivations of the provider(s);
- g) Abuse and neglect investigations that result in no maltreatment findings but demonstrate that the provider is overwhelmed, dissatisfied or frustrated by the parenting requirements outlined in foster care policy;
- h) Evidence that the persons in placement in said home are fearful and voice the desire to be moved from the home;
- i) Any other acts or situations that place a person in placement at risk of maltreatment, or are seen as a detriment to the person's well-being;

**7.5.2** Specialized Family Care Providers who fail to meet standards will receive a standard letter sent by registered mail and which lists the reasons for the closure and will include the DHHR grievance form. The Family Based Care Specialist will document the reasons for closure in FACTS and forward information to the Program Secretary to have the provider record in FACTS closed.

**7.5.3** The Specialized Family Care Provider may also request closure of their homes. This happens for a variety of reasons such as the Specialized Family Care Providers adopting the child placed in their home, thus completing their family or the Specialized Family Care Providers retiring from the program. The Family Based Care Specialist is to confirm in writing to the family that the home was closed for Specialized Family Care per their request. This confirmation is made by way of a standard letter.

## **Section 8. Provider Training Requirements**

### **8.1 Pre-Service Training**

**8.1.1** Pre-service training is required for initial certification. The pre-service curriculum will be provided to the prospective Specialized Family Care provider. It will include, at a minimum, the following training programs: Overview of the Specialized Family Care Program; Developmental Disabilities; Financial and Legal Matters; OSHA Blood Borne Pathogens; Medication Administration Guide; CPR & First Aid; Nutrition; Home Safety; Abuse, Neglect, & Exploitation; Ethics for Specialized Family Care Providers; Privacy in the SFC Home.

**8.1.2** PRIDE training is mandatory for all prospective Specialized Family Care providers and any other caregivers in the home prior to placement of a child into the foster home. The PRIDE program is designed to strengthen the quality of family foster/adoptive care and services by providing a standardized, consistent, structured framework. This training is a twenty-seven hour training course and is only offered at various intervals state-wide.

**8.1.3** Prospective Specialized Family Care providers who only want to provide care to adults may sign a Waiver for PRIDE Training

### **8.2 On-Going Training**

**8.2.1** On-going training is provided to enhance the skills of the Specialized Family Care Provider as well as help them meet the changing needs of the individual in placement. Annually the Specialized Family Care Provider must complete twenty-four (24) hours of approved training.

**8.2.2** On-going training can be provided through individual or group sessions and may be presented by a variety of professionals, such as Service Coordinators, therapeutic consultants, nurses, Family Based Care Specialists, etc. Training credits received through training programs at Behavioral Health Centers can be credited toward the Program's 24 hour requirement; however the Family Based Care Specialist will evaluate the training for appropriateness and credit towards annual recertification training hours. Measurable behavioral objectives, procedures for learning the specific objectives and methods of evaluating how well the behavioral objectives were understood must be listed on the Training Plan.

**8.2.3** CPR and First Aid certifications must always be kept current.

**8.2.4** Other mandatory annual trainings are: OSHA blood borne pathogens; Medication Administration refresher course; Training on abuse, neglect, and exploitation; ethics training; health & welfare training; HIPPA training.

## **Section 9. Roles of SFC Home Providers**

### **9.1 Role of the Specialized Family Care Provider**

The Specialized Family Care Provider and other household members have a responsibility to adhere to all standards previously noted and abide by their performance contract. Failure to meet standards or abide by the contract may result in closure of their home and removal of the individual(s) placed. Additionally the Specialized Family Care Provider has responsibilities to other professionals and agencies as listed below.

#### **9.1.1 Responsibilities of the Provider to the Biological Family**

a) The Specialized Family Care Provider should engage in cooperative interaction to encourage a positive relationship between the individual and the biological family. Many times children are placed in this type of foster care setting until reunification with their biological family can occur. Cooperative interaction between the Specialized Family Care Provider and the biological family will best meet the individual's needs. The Specialized Family Provider shall present a positive image of the individual's family and demonstrate respect for the individual's own family and agree to work with the individual's family members as indicated in the child's treatment plan.

b) If the child is in the custody of the WVDHHR, then the child's worker is responsible for ensuring that the visitation plan is followed. (General Foster Care Policy, Section 13.9 Caseworker Visitation & Contact)

c) The Specialized Family Care Provider shall assist in transporting the child as needed for visitation and may be reimbursed for this.

#### **9.1.2 Responsibilities of the Provider to WVDHHR**

a) The Specialized Family Care Provider will not accept any child or adult into their home without discussing the placement with their Family Based Care Specialist. All children referred must be in WVDHHR custody unless their parent has entered into a voluntary placement agreement via the FC-4A.

b) The Specialized Family Care Provider shall cooperate in the ongoing monitoring of their home and share the information required for the agency to verify compliance.

c) The Specialized Family Care Provider is a mandated reporter and will report any suspected abuse and/or neglect to the Department.

d) The Specialized Family Care Provider shall not allow the individual in their care to visit or be supervised by anyone not approved of by the Family Based Care Specialist and the guardian, if applicable.

e) The Specialized Family Care Provider will participate and work cooperatively as a member of all treatment teams for individuals who are in WVDHHR custody. This will involve attending all scheduled meetings, helping in the development of treatment plans and participating in any plans for reunification with the individual's biological family or placement in other identified residential options.

#### **9.1.3 Responsibilities of Provider to the Treatment Team Members**

a) The Specialized Family Care Provider shall attend and participate in all treatment team meetings by informing the team members of any changes in the individual's status including but not limited to any critical incidents or accidents. The Specialized Family Care Provider will inform team members of any emergency situations and share information about problems regarding the individual as well as any progress the individual has made. The Specialized Family Care Provider will participate in any training that an agency requires and complete all documentation required in a neat and timely manner.

#### **9.1.4 Responsibilities of Provider to Respite Care Providers**

a) The Specialized Family Care Provider will be able to schedule routine respite with certified providers without involving the Family Based Care Specialist. When the need for respite arises that is out of the

regular routine, such as long weekends or periods of a week or more, the Specialized Family Care Provider needs to discuss this needs with the Family Based Care Specialist. The Specialized Family Care Provider will provide information regarding the individual's routines, medications, needs and programs to the certified respite provider via the individual's medication binder.

#### **9.1.5 Responsibilities of Provider as or to the Legal Guardian**

- a) The Specialized Family Care Provider must inform the legal guardian of any medical issues, scheduled appointments, or problems that have arisen in placement.
- b) Specialized Family Care Providers may serve as legal guardians of the minor children placed in their homes if WVDHHR is in agreement. For more information on providers serving as legal guardians of minor children, see WVDHHR General Foster Care Policy Section 13.
- c) Specialized Family Care Providers may not serve as legal guardians of adults placed in their home. This also applies to any family members or affiliates of the Specialized Family Care Provider. If the Specialized Family Care Provider chooses to become legal guardian for any adults placed in their home, then the home will be closed and any service agencies providing services or financial support will be notified that the provider may no longer bill Title XIX Home and Community Based Waiver Services or Personal Care Services since their home is no longer certified.

#### **9.1.6 Responsibilities of Provider to the Health Care Surrogate**

- a) The Specialized Family Care Provider must inform the Health Care Surrogate of any medical issues or scheduled appointments.
- b) The Specialized Family Care Provider may not serve as Health Care Surrogate for any adults placed in their home. This also applies to any family members or affiliates of the Specialized Family Care Provider.

#### **9.1.7 Responsibilities of Provide to the Family Based Care Specialist**

- a) The Specialized Family Care Provider must communicate openly and honestly about all issues as it pertains to being a certified provider with the Family Based Care Specialist. Failure to disclose important issues that impact the standards of the Specialized Family Care Home may result in closure of the home and removal of the individual placed.
- b) The Specialized Family Care Provider must be present for all scheduled home visits or cancel the appointment with good reason in a timely enough manner that the monthly home visit can be rescheduled. Family Based Care Specialists cover large regional areas and it is important to keep scheduled home visit appointments. Failure to keep scheduled appointments or continually cancelling home visits without good reason may result in closure of the Specialized Family Care Home and removal of the individual placed.
- c) The Specialized Family Care Provider must notify the Family Based Care Specialist in a timely manner of all scheduled treatment team meetings on individuals placed as well as any upcoming medical appointments.

#### **9.1.8 Responsibilities of Provider as a Representative Payee**

- a) The Specialized Family Care Provider who is payee for an individual placed in their home must have a separate checking account set up for the individual for their benefits check to be direct deposited. The checking account must clearly reflect the beneficiary's ownership of the funds and your relationship as a fiduciary, such as "(Beneficiary's name) by (your name), representative payee". The Specialized Family Care Provider payee must keep meticulous records and be prepared for the Family Based Care Specialist to review this record including bank statements monthly.
- b) Monies must be spent in a reasonable and ethical fashion always allowing enough money to be in the account to pay for vision, dental, medical co-pays without allowing the total to exceed \$2000.00. Plans for burial in the form of an irrevocable burial fund should also be explored by the team. A Specialized Family

Care Provider may not purchase an insurance policy from the individual's monies in which the provider or any other family members are beneficiaries.

c) An accounting of all other monies spent through the month must be kept. It is the responsibility of the Specialized Family Care Provider payee to spend the individual's money in a manner that directly benefits the individual, not the Specialized Family Care Provider. Any items purchased must be removable so that they can be taken with the individual if he/she should ever move. The Specialized Family Care Provider payee must make a yearly accounting when requested by authorized agencies. At no time may the Specialized Family Care Provider take a fee from the beneficiary's funds for their services as representative payee.

## **9.2 Monitoring of Provider**

**9.2.1** The Family Based Care Specialist will assess the Specialized Family Care Provider's ability to appropriately provide services for the individuals seeking placement.

**9.2.2** The Family Based Care Specialist will conduct announced and /or unannounced monthly home visits, in every Specialized Family Care Home. Visits to homes that have a full-time placement will occur monthly and homes that only provide out-of-home respite will be visited quarterly by the Family Based Care Specialist. The purpose of the visit is to determine whether the individual placed is receiving care in accordance with the above standards and in relation to identified needs.

**9.2.3** During the monthly home visit, a review of documentation, either for Personal Care Services or for Title XIX Home and Community Based Services, will be reviewed to determine that the documentation is being completed in a timely and professional manner. Documentation should not be completed prior to the current date of the visit nor should documentation be left blank for any dates prior to the current visit.

**9.2.4** During the monthly home visit, the Family Based Care Specialist will also review the home for safety standards, including proper medication storage and note any changes in the physical structure that have occurred since the last month's visit.

**9.2.5** During the monthly home visit, the Family Based Care Specialist will review the individual's medication chart to ensure that all current medications are listed.

**9.2.6** During the monthly home visit, the Family Based Care Specialist will review the journey notebook of each child to ensure that all information is up to date and that papers documenting the child's journey through life are being kept.

**9.2.7** The Family Based Care Specialist will also review with the family any changes within the family, including but not limited to the health of family members, training needs, employment status and any moves into or out of the home. If the Specialized Family Care Provider has provided or accessed any respite services from the last month's visit, this will be reviewed also.

**9.2.8** A review of the individuals in placement will also be conducted and will include but not be limited to any change in the individual's health, medications and day activities. A review of any upcoming doctor visits or assessments that have occurred in the last month will occur as well as a review of any upcoming appointments.

**9.2.9** If the provider is the Representative Payee of an individual's Social Security Income/Disability, Supplemental Security Income or other income source, then the Family Based Care Specialist shall review these records and determine the appropriateness of purchases.

## Section 10. Funding in a Specialized Family Care Home

### 10.1 Payment for Care

**10.1.1** Personal Care services are medically necessary activities or tasks ordered by a physician, which are implemented according to a Nursing Plan of care developed and supervised by a registered nurse. These services enable people to meet their physical needs and be treated in their residence. Assistance is in the form of hands-on assistance, as in actually performing the personal care task for the person. Services include those activities related to personal hygiene, dressing, feeding, nutrition, environmental support functions, and health related tasks.

**10.1.2** Through the Medicaid Title XIX I/DD Waiver Program, providers may receive payment for care based on monitoring, support and training services delivered in the individual's home and community that provide instruction and assistance to allow that individual to acquire and maintain skills which allow that individual to live and socialize more independently. The Specialized Family Care Provider will contract with or work for the individual's behavioral health center to provide these services or may be paid through a self-directed service agency. Payment will be received from those entities.

**10.1.3** No Specialized Family Care Provider who cares for individuals on a full-time basis may bill more than sixteen (16) hours per twenty-four (24) hour day. This is to ensure that there is adequate resting/sleeping time for the provider in order to provide the best quality care and supervision of the people in placement. This is applicable to those providers paid through Personal Care or I/DD Waiver.

**10.1.4** Respite care is temporary care given to meet the planned or unplanned need of the Specialized Family Care Provider or natural family. Respite is for a specific amount of time, generally a brief period. The need for and frequency of respite is to be addressed during the Individual Program Plan (IPP), although it should be recognized by the team that emergencies will occur outside normal planning and that not all respite can be routinely scheduled.

a) Under no circumstance is it appropriate for the Specialized Family Care Provider to access respite services for the individual(s) placed in their home so that the Specialized Family Care Provider may provide Respite Services to any other individuals.

**10.1.5** Out-of-Home respite services:

a) Are provided to the individual receiving services out of the home in which he/she resides. The out-of-home respite provider must meet all the certification standards of the Specialized Family Care Program and the service must be delivered in an approved Specialized Family Care Home by a Specialized Family Care Provider. Out of home respite providers must be proficient in the medical services needed by the individual in placement and have completed the 5 hour Medication Administration Training.

b) The Family Based Care Specialist coordinates out-of-home respite placement for individuals placed in Specialized Family Care Homes with the assistance of the individual's Service Coordinator. Additionally, the Service Coordinator is responsible for arranging for reimbursement to the respite provider if the individual receives Title XIX Home and Community Based Waiver Services. The Family Based Care Specialist, in conjunction with the Service Coordinator, provides training and certification for the out-of-home respite provider.

**10.1.6** In-home respite services are provided in the home of the individual receiving services. The in-home respite provider for an individual receiving Title XIX HCBS does not require approval by the Family Based Care Specialist. This provider is hired or contracted and trained by the individual's Service Coordinator at a specified hourly or daily rate. In-home respite providers are employees of behavioral health agencies and must be AMAP trained in order to administer medications.

**10.1.7** Transportation service is for the sole purpose of transporting the individual receiving Title XIX HCBS to or from a service that is reimbursed by Medicaid such as Day Habilitation services, medical appointments, Respite Care and/or to or from specific Residential Habilitation activities which are detailed as an objective in the individual's IPP.

## **10.2 Room and Board Payments**

**10.2.1** Specialized Family Care Providers will receive room and board payments. For children in the custody of WVDHHR, payment will be according to the current Foster Care policy and payment will be made directly to the Specialized Family Care provider or to the child placing agency from WVDHHR.

**10.2.2** For adults placed in Specialized Family Care Homes, the amount of room and board will be based upon the current policy set by the Bureau for Behavioral Health and Health Facilities.

**10.2.3** If an individual spends more than fourteen (14) continuous days in a certified respite home, then that individual's representative payee or conservator is required to begin paying the Specialized Family Care Respite provider room and board at the current rate.

**10.2.4** Room and Board is defined as the provision of: food and shelter, including private and common living space; linen; bedding; laundering and laundering supplies; housekeeping duties and common lavatory supplies (i.e. hand soap, general hygiene supplies, towels, toilet paper); maintenance and operation of home and grounds; including all utility costs.

**10.2.5** The following items are not included in the room and board payment of persons in placement to providers, making the person in placement financially responsible for the purchase and payment: modest savings; special purchases or those articles where the expenses exceed the normal economical cost for such items; personal care items (i.e. individual preferred soap, shampoo, cologne, deodorant, etc.); gifts (i.e. special occasion, birthdays, holidays, etc.); other personal items and services (i.e. watch, jewelry, make up, tobacco, haircuts, manicures, etc.).

## **10.3 Medley Demand Payments**

Medley Demand Payments are a funding source provided by the Bureau of Children and Families for Medley Class Members and At Risk Class Members who reside in Specialized Family Care Homes. This is a payment system of last resort since it is funded totally with state dollars and is for services and items not otherwise covered by the individual's insurance and/or Medicaid card. It is permissible to use this funding source in conjunction with an individual's personal funds.

**10.3.1** There are eight (8) priority needs that Medley Demand Funds may be utilized for:

### **a) Specialized Family Care Medley Demand Funds**

This is used to pay the Specialized Family Care Providers any time an individual is hospitalized and the provider is required to stay with the individual in the hospital. The provider is unable to provide any training or personal care services while the individual is hospitalized, yet the hospital requires the provider's presence. The Medley Demand Fund will pay up to \$25.00 per day if the provider spends at least eight (8) hours at the hospital with the individual.

### **b) Out of Home Respite Medley Demand Funds**

This is used to pay for Specialized Family Care Providers who need out of home respite, but the individual living in their home has no funding source that pays for respite or day program services or for personal care services. It is designed to give the caregiver a much needed break or for emergency care.

c) Medical Medley Demand Funds

This is used to pay for medical expenses not covered on an individual's Medical card or insurance, yet are valid expenses. The most common use of these funds is to pay for food supplements or dental work for individuals over the age of 18.

d) In-Home Respite Medley Demand Funds

This is used to pay for respite in the Specialized Family Care Provider's home for individuals that have no funding source that pays for respite or day program services or personal care services. It is designed to give the caregiver a much needed break or for emergency care.

e) Transportation Medley Demand Funds

This is used to reimburse Specialized Family Care Providers for transportation to medical appointments when the individual does not have a funding source that will pay for transportation. For individuals who have Medicaid cards, the providers are encouraged to use the Non-Emergency Transportation (NEMT) forms available at their local DHHR office.

f) Equipment Medley Demand Funds

This is used for equipment needed but not reimbursable through a Medicaid card.

g) Alterations to Structure Medley Demand Funds

This is used for minor remodeling to make the Specialized Family Care home more accessible for the individual placed. It should be noted that any major remodeling that adds to the value of the Specialized Family Care Home will be considered the responsibility of the Specialized Family Care Provider.

h) Other Special Needs Medley Demand Funds

This is used to pay for a variety of services and items that do not appear to fit any of the other categories, but are necessary to support the placement of the individual in a community setting.