

State of West Virginia Department of Human Services

Request to Provide Adult Family Care Policy

Bureau for Social Services

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SECTION 1 - INTRODUCTION AND OVERVIEW

1.1 Mission, Vision, and Values

The Bureau for Social Services promotes the safety, permanency, and well-being of children and vulnerable adults, supporting individuals to succeed and strengthening families. Our vision is for all West Virginia families to experience safe, stable, healthy lives and thrive in the care of a loving family and community. Our values include professionalism, integrity, excellence, relationships, and staff contributions.

1.2 Introduction

Adult Family Care (AFC) homes are placement settings for adults that provide support, protection, and security in a family setting. This may be an appropriate option for individuals who are no longer able to safely remain in their own homes due to physical, cognitive, and/or emotional conditions. Although an individual may be experiencing needs in one or more of these domains, the deficits are not significant enough to warrant the level of care provided in an assisted living facility or nursing home. The AFC provider must be certified by the department, Bureau for Social Services (BSS). Once certified, the provider may provide care for up to three adults. The provider receives payment for the care provided. This payment may come from the client placed in the home, the department, or a combination of these sources.

1.3 Recruitment of Adult Family Care Providers

With the ever-increasing need for supportive living placement options for vulnerable adults, it is important that the department continue with recruitment efforts to locate new AFC homes. This is one of the primary responsibilities of the AFC home finder.

The AFC home finding staff should follow the chain of command for approval of recruitment activities and coordinate efforts with the department's office of communications. All written material (brochures, news releases, posters, etc.) must be approved by the office of communications prior to being utilized for recruitment or distribution.

When additional AFC are needed, the following steps are to be taken to develop a successful recruitment campaign.

- Identify the number and type of homes needed.
- Plan or develop information to be disseminated within the community to create an interest in the program; and,
- Implement a recruitment campaign.

There is a great variation from one community to the next; therefore, these unique characteristics must be considered when developing a recruitment campaign. Individuals within the community must be made aware of the AFC program and encouraged to seek more information. A variety of methods may be applied.

Social Media Ads

Publicity through social media platforms such as Facebook, and Instagram are commonly used methods of advertisement. Ads are generated across platforms and devices. The AFC home finder will work with the office of communications to run advertisements.

Audio Ads in streaming apps

Publicity through streaming apps is another commonly used method of advertisement. Services such as Audiogo allows you to upload your audio and then you may choose your audience by targeting listeners by age, gender, location, language, and even music genre.

Newspaper Articles

Publicity through newspaper articles is a commonly used method of advertisement. Local newspapers generally are interested in supporting such community efforts. Ideally, there needs to be an initial article to generate interest and a follow up article a week to ten days later to provide more detailed information. There are various ways to present information in a newspaper.

Classified Advertising

This approach has not been commonly used because:

- It tends to emphasize the potential for financial gain and
- There is generally a cost associated with this option.

This option may be useful in those areas where other forms of newspaper publicity have been exhausted. An example of an ad would be: "Are you looking for a new meaning and purpose for your life? Why not open your home to a person who is looking for the care and support of a family? Call the local Department of Human Services and ask about Adult Family Care Home opportunities."

News Release

This type of article simply announces the existence of a program and tells a little about it, including pertinent information such as the program name, the name of the agency, the name and phone number of the contact person, etc. Also included in this advertisement would be news coverage of presentations to community groups and agencies.

Regular Columns

Many newspapers have regular columns on subjects of interest. The columnist usually becomes well-known and develops a following of readers. If the interest of a well known columnist can be stimulated, they can be of tremendous help in developing community interest, as their approach to the subject will add the human interest touch which is usually lacking in a regular news article. Personal endorsement of the AFC program by the columnist or newspaper will often cause the regular readers to consider it more seriously than they might otherwise.

Letters to the Editor

Letters written by local supporters of the program for publication on the editorial page of a local newspaper can be effective. This approach is most effective if it is written by a person who is well known in the community, but not associated with the department. A local physician, attorney, politician, or judge who has an interest in the program would be excellent. The AFC home finder, or home finding supervisor, responsible for recruitment may have to seek out and educate these individuals about the program. Often they will agree to have an agency representative draft the letter for their signature.

Feature Article

This may be the most effective form of newspaper publicity, but it is also the most difficult to obtain. These articles often appear in the family sections of the newspapers and almost always include human interest items and pictures. They go into a considerable amount of detail and local adult service staff which are fortunate enough to be given this type of publicity must coordinate efforts with the department's office of communication. This type of article is most effective in locations where some active AFC homes are already in operation. Written permission must be obtained in advance and a copy of this filed in the appropriate client and/or provider record. A copy of the authorization must be filed in the client/provider record, as applicable, and the location of the authorization is to be noted through document tracking in CCWIS.

Many local television stations have daytime interview programs similar to those on radio. The educational television stations are particularly good for this type of presentation. Local television stations are sometimes willing to put together a special, filmed program on subjects of general interest. Spot announcements on cable TV may be another option.

Church Groups

Religious organizations of all denominations provide an excellent pool of prospective AFC homes. The AFC home finder should interview local religious officials to inform them of the program and enlist their help in finding ways to present it to the members of their churches. In some churches, the minister may be willing to discuss the program from the pulpit, or he can usually recommend specific groups within the church organization who might be interested in knowing more about the program.

Civic Groups

There are local organizations around the state that are frequently looking for luncheon speakers and community service projects. The various women's clubs, garden clubs, and service organizations are appropriate sources for recruitment activity.

- Ministerial Association.
- Community Round Table.
- Civitan.
- Lions Club.
- Moose Lodge.
- Eagles.

Some of these have newsletters and most will welcome agency representatives as luncheon or dinner speakers.

Existing Adult Family Care Homes

Many times the AFC program will recruit for itself once a number of homes have been established and placements made. Providers are considered one of the best sources for new AFC homes. This resource is an important one to cultivate when working with providers from day to day.

Adult Family Care Promotional Material

Promotional materials must be available in every department county office. It is not intended to tell the whole story, but it can stimulate interest if properly used. Any location where people gather can be considered for distribution of promotional material. Many ministers will allow them to be placed in church lobbies. Local social service agencies and associations may also display this material, such as:

- Local behavior health center.
- Home Health Agencies
- Social Security
- Physicians.
- Dentists.

Note: It is recommended that an evaluation of the campaign be completed to look at things such as

- *Overall effectiveness.*
- *Most effective strategies.*
- *Least effective strategies.*

1.4 General Definitions

Abuse	The infliction or threat of physical or psychological harm, including the use of undue influence or the imprisonment of any vulnerable adult or facility resident. See, W. Va. Code §9-6-1
Adult Emergency Shelter Care home (ESC)	A home that is available on a short-term emergency basis for residential care type clients for whom no other appropriate alternatives currently exist, agreeing to accept placement on a 24 hour basis.
Adult Emergency Shelter Care (ESC) provider	An individual or family unit that has been certified by the department to provide support, supervision and assistance to adults placed in their home at any time on short notice.
Adult Family Care (AFC) home	A placement setting within a family unit that provides support, protection and security for up to three individuals over the age of 18 who meet the criteria for Adult Residential Services.
Adult Family Care (AFC) provider	An individual or family unit certified by the department. The provider will provide support, supervision, and assistance to adults placed in their home and receive a supplemental payment from the department

	for the adults' care.
Assisted living residence	Any living facility, residence or place of accommodation available for four or more residents, which is advertised, offered, maintained or operated by the ownership or management, for the express or implied purpose of having personal assistance or supervision, or both, provided to any residents therein who are dependent upon the services of others by reason of physical or mental impairment and who may also require nursing care at a level that is not greater than limited and intermittent nursing care. The facility is licensed by the Office of Health Facilities and Licensure and Certification (OHFLAC) and provides twenty-four hour awake supervision of activities of daily living. See, W. Va. Code §16-5D-2
Electronic Funds Transfer (EFT)	An electronic transfer of provider payment commonly known as Direct Deposit, into the provider's designated bank account.
Emancipated minor	A child over the age of 16 who has been emancipated by: 1) Order of the court based on a determination that the child can provide for their physical well-being and has the ability to make decisions for themselves or 2) marriage of the child. An emancipated minor has all the privileges, rights and duties of an adult including the right to contract. See, W. Va. Code §49-4-115
Emergency or Emergency situation	A situation or set of circumstances which present a substantial and immediate risk of death or serious injury to an incapacitated adult. See, W.Va Code See, W. Va Code §9-6-1 . .
CCWIS	CCWIS provides a comprehensive child welfare information system, allowing employees to more efficiently track and view data.
Financial exploitation	The intentional misappropriation, misuse, or use of undue influence to cause the misuse of funds or assets of a vulnerable adult or facility resident but does not apply to a transaction or disposition of funds or assets where a person made a good faith effort to assist the vulnerable adult or facility resident with the management of his or her money or other things of value. See, W. Va. Code §9-6-1
Incapacity	The inability because of physical or mental impairment to appreciate the nature and implications of a health care decision, to make an informed choice regarding the alternatives presented, and to communicate that choice in an unambiguous manner. See, W. Va. Code §16-30-3 . NOTE: Incompetence of an adult is determined by a legal proceeding and is not the same as a determination of incapacity. Similar definition of incapacitated adult is contained in W. Va. Code §61-2-29 , for abuse

	or neglect of incapacitated adult or elder person regarding criminal penalties.
Legal representative	A person lawfully invested with the power and charged with the duty of taking care of another person or with managing the property and rights of another person, including, but not limited to, a guardian, conservator, medical power of attorney, trustee, or other duly appointed person. See, W. Va. Code §9-6-1
Neglect	The unreasonable failure by a caregiver to provide the care necessary to maintain the safety or health of a vulnerable adult or self-neglect by a vulnerable adult, including the use of undue influence by a caregiver to cause self-neglect. See, W. Va. Code §9-6-1
Physical deficit	Impairment of an individual's physical abilities.
Vulnerable adult	Any person over the age of 18, or an emancipated minor, who by reason of physical or mental condition is unable to independently carry on the daily activities of life necessary to sustaining life and reasonable health and protection. See, W. Va. Code §9-6-1

SECTION 2 - INTAKE

2.1 Eligibility Criteria

In order for a prospective applicant to be approved as an AFC provider they must meet all the following criteria:

- 21 years of age or older.
- Submit a completed application packet.
- Meet all applicable standards for this type of setting; and,
- Be a US citizen and WV Resident.

2.2 Application Process

When an inquiry is received from a person expressing interest in becoming a provider, the home finding specialist will mail a packet of information about the AFC program to the prospective provider. The application packet must include:

- *Application to Provide Adult Family Care.*
- *Physician's Letter.*
- *Two Personal Reference Letters.*
- *Credit Reference Letter.*
- *Fire Safety Checklist.*
- *Provider Tax Information Reporting Form (W-9).*
- *Provider Agreement for Participation.*

2.3 Inquiry Requirements

- The worker receiving the initial inquiry about AFC will complete the request to provide intake in CCWIS.
- The home finding supervisor will determine if the individual is a new inquiry, a re-application from a voluntary closed home, or a re-application from an involuntary closed home.
- If the AFC home was involuntarily closed for failure to meet general adult residential services (ARS) requirements, the home-finding supervisor should discuss with the AS program manager whether the request to provide should be refused or permitted to proceed with the application process.
- If the AFC home was closed involuntarily, for a reason other than failure to meet one of the general ARS requirements, the home-finding supervisor will refuse the request to provide. If the request to provide is denied the applicant must be informed of the grievance process.
- If the former ARS home was voluntarily closed for less than two years, it may be reopened by the previous ARS provider submitting a letter requesting their home be reopened. The AFC provider must have a current annual review and receive the most recent policy and procedures. The home-finding supervisor will assign the request to provide to a home-finding specialist within five business days.
- If the former AFC provider was voluntarily closed for more than two years, the home-finding supervisor will assign the request to provide a home-finding specialist within five business days.
- The completed application packet must be returned within thirty days, or the intake is to be closed.

SECTION 3 - ASSESSMENT

3.1 Introduction

The assessment is the process the home finder goes through to determine if the prospective provider, household members and the provider's home meet all the required criteria to be an AFC provider. A thorough evaluation of the home and family must be completed within 90 days after receipt of the application.

3.2 Initial Interview

Upon receipt of the completed application, the home finder will arrange an appointment to meet with the applicant. This initial interview is to be conducted in the applicant's home with only the applicant, the applicant's spouse, and the home finder. This interview shall include a discussion of all the items contained in the outline for the AFC home study summary and the standards for AFC homes as outlined in this policy. The home finder must make a thorough inspection of the home and its grounds during this visit. This inspection shall include all areas that are required for completion of the Annual Fire and Safety Review and all physical standards for the AFC home.

It is the home finders responsibility to discuss with the prospective provider:

- Obligations in assuming care, supervision, and protection of adults.

- Agency standards and requirements for AFC providers; and,
- Agency expectations for the provider and provider for the agency.

Due to the amount of information to be covered, it may be necessary to complete the interview in more than one visit.

3.3 Report Screening

Upon completion of the initial interview with the applicant and inspection of the physical facilities of the home, the home finder will make arrangements to interview all other household members individually. Adult family care involves all household members and it is essential to evaluate all household members.

A thorough description of each household member is required including interest, attitudes, occupation, temperament, physical/mental health, relationships with other household members, and attitude about providing AFC.

If, on the application to provide AFC, it is indicated that someone in the immediate family has ever been arrested for or ever been involved in any criminal activities, this must be explored thoroughly. The home finder must determine the cause of arrest and what criminal activities were involved.

3.4 Record Check

The following will occur:

- The home finder will complete an adult and child protective services record check on all applicants and other household members over the age of 18, to ensure that they do not have a record of substantiated maltreatment.
- The home finder will deny the application if the records check discloses previous substantiated adult or child maltreatment for an applicant or another household member. The home finder will notify the applicant in writing and inform the family of the department's grievance process.
- If any of the adult household members, who are or would be responsible for providing care, had prior employment in a nursing facility, the home finder must also check the Nurse Aide Abuse Registry by contacting or checking the [OHFLAC](#) website.
- If any household member is listed on the Nurse Aide Abuse Registry, the application will be denied.
- The home finder will document all records check results in CCWIS.

3.5 Criminal Records Check

All applicants and other adults in the home will authorize the release of criminal records to the department by completing the WV CARES Self Disclosure form. The form allows the provider to disclose any prior convictions and authorizes the department to complete a criminal records search. If the prospective 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 indicates a conviction that deems them ineligible according to the WV CARES qualifiers and no variance is permitted, the home will not be

approved.

The following will occur for potential providers:

- An email containing the provider ID will be sent to the WV CARES liaison.
- The WV CARES liaison will then contact the potential provider within three business days to discuss the process, scheduling an appointment for all adult household members to be fingerprinted, discuss the self-disclosure form, ask for additional documentation as needed and provide the provider(s) with a coupon code to pay the fee associated with fingerprinting. The provider(s) and all household members should be scheduled for fingerprinting within three business days **after** the required five-day, first encounter visit by the home finder.
- The WV CARES liaison will track the provider(s) specific information including names, date coupon code was given, and the date the fingerprinting was completed.
- The WV CARES liaison will update the eligibility status of the provider(s) on the WV CARES website.
- The WV CARES liaison will enter the results into the CIB screen in CCWIS.
- Eligibility letters can then be downloaded and entered into the CCWIS file cabinet.

Disqualifying Offenses

[W. Va. St. R. §69-10-2](#), requires that certain crimes (convictions or pending charges) result in an automatic disqualification or a “not eligible” determination. Below are examples of these crimes. WV CARES makes the final decision on eligibility, and the information below is not exhaustive and is to be used to provide guidance when determining if a variance needs to be submitted at the time of the application.

1. State or federal health and social services program related crimes including but not limited to (misdemeanor and felony).
 - a. Welfare fraud
 - b. Unemployment fraud
 - c. Worker’s compensation fraud
 - d. Social security fraud
2. Patient abuse or neglect (misdemeanor and felony).
3. Health care fraud (misdemeanor and felony).
4. Crimes against care-dependent or vulnerable individuals (misdemeanor and felony).
 - a. Child abuse and neglect
 - b. Vulnerable adult abuse, neglect, or financial exploitation
5. Sexual offenses (misdemeanor and felony).
6. Felony drug crimes.
7. Felony crimes against a person.
8. Felony crimes against property.
9. Felony crimes against chastity, morality, and decency.
 - a. Pandering
 - b. Bigamy

10. Felony crimes against public justice.
 - a. Failure to pay child support
 - b. Perjury
11. Falsification of self-disclosure form
12. Felony driving offenses
13. Felony crimes against the peace
 - a. False reports concerning bombs
 - b. Threats of terrorist acts

Note: The list above is not exhaustive, and the final eligibility determination is decided by WV CARES and all variances are issued through WV CARES and are not determined by the department.

Variances

Pursuant to [W. Va. Code §16-49-5](#), et seq. and [W. Va. Code R. §69-10-7](#), the applicant may submit, in writing, a request for a variance, to include any mitigating circumstances surrounding the negative finding or disqualifying offense. A variance request must be submitted, via email to varianceswvcares@wv.gov, no later than 30 days after the date of the notification of INELIGIBLE fitness determination. The written request for a variance may include supporting documentation. Supporting documentation is not required but highly encouraged. Variances issued by WV CARES for criminal findings, are similar to waivers previously issued by the home finding unit. The department has no authority relating to variances issued by WV CARES for criminal findings.

3.6 References

A total of three reference letters are required for each potential provider. These reference letters include:

- Two personal references, one of which must not be related to the applicant.
- One credit reference, to be completed by a current utility provider or bank/lending institution.
- The home finder must conduct a face-to-face- interview with at least one (1) personal reference.

Note: If the home finder feels the need for additional references to determine if an applicant qualifies to be an AFC provider, it is permissible for the home finder to request additional references. It is not permissible to ask for additional references to replace references that may have given negative feedback. The only time additional references may replace the original references are when the original references refuse to respond.

3.7 Group Interview

A group interview is required as the final step in the home study process. All members of the applicant's household must be present for this interview. This will provide the home finder with the opportunity to observe interactions between family members and to discuss questions, problems, and assurances that the home finder has in relation to approval of the home. Improvements or changes in the home that are required to bring the home into compliance with agency standards will also be discussed at the time.

3.8 Required Medical Statements

Designated Provider

The family member who will be the AFC provider must obtain a statement from a physician, at their own expense, stating they are free of communicable diseases and are physically and mentally able to care for adults to the best of the physician's knowledge. It must be dated no greater than 90 days from the AFC provider application date and must be reviewed by the home finder prior to final certification and approval for the AFC home and provider.

If the home finder believes it is likely that the home and all household members will meet agency standards and that approval of this home is likely, the home finder must request a medical statement for all household members aged 18 and over that may provide any direct care to clients. This statement must also state they are free of communicable diseases and are physically and mentally able to care for adults to the best of the physician's knowledge.

If a household member has ever been committed to a mental institution or treated for severe mental or emotional disturbances, the home finder must obtain information to determine the nature of that illness and a statement from an attending physician or other involved behavioral health professionals documenting that person's status. The home finder must consider all characteristics of each household member in determining the family's ability to care for vulnerable adults in their home.

3.9 AFC Home Study Summary

The results of the home finders evaluation of an applicant and all household members must be documented on the AFC Home Study Summary including:

- Applicant information
 - Name and demographic information.
- Residence
 - The interior and exterior of the home, the neighborhood, and community resources.
- Arrangements for AFC Residents
 - Recreational/educational activities for the client, the clients placed in the AFC home, the resident's bedroom and furnishings available, and home accessibility for the AFC client.
- Finances and Resources for the Provider
 - Details the household income for the prospective AFC provider. Also, the employment history for all household members, financial security, resources, property, insurance, and transportation available.
- Applicants Family
 - Describe each household member including age, interest, education, social activities, and medical/mental health history. Also, it will explore family relationships, attitudes, and health standards.
- Reasons for being an AFC/ESC Provider
 - The values provided by the provider to be documented along with the observations of the home finder on how the applicable plans to handle unique issues such as

supervision, medical care, transportation, being able to handle/recognize emergencies, issues that may arise and the challenges/satisfactions in caring for incapacitated adults.

- Ability to Care for Incapacitated Adults
 - The home finder will determine if the provider has anticipated the issues when providing care.
- Results of Record Check
 - Documentation for a summary of the CIB and other record check results for each member of the household including whether a waiver was justified and/or requested.
- References
 - A summary of all written references including personal and credit references.
- Animals/Pets
 - Documentation will be made for any animals in or outside of the home including the type of pet, vaccination record information, and the pet's demeanor. If the home finder is uncertain of the vaccination schedule, contact with the veterinarian is necessary to determine compliance by the provider. According to [W. Va. Code §19-20A-2](#) , dogs and cats are required to have rabies vaccinations.

3.10 Standards for Selection of AFC Home

The department has established certain standards and requirements which must be met before a home will be approved to provide AFC.

Fire Safety Standards

- Installation of smoke detectors at the entrance of every bedroom is required and batteries must be replaced every six months.
- Carbon monoxide detectors are required for any home that is not totally electric, or if there is an attached garage.
- The home must have at least one portable five lb. or larger fire extinguisher capable of extinguishing all types of fires, be ABC certified, and located in the kitchen. It is recommended that an additional fire extinguisher be placed near the heating source, particularly if a fireplace or wood burning stove is used as a source of heat.
- The provider must develop fire evacuation routes and be sure that clients are aware of escape procedures in the event of an emergency.
- Heat sources such as fireplaces, furnaces, stoves, radiators, water heaters, and other heaters must have safeguards including but not limited to, thermostatic controls, automatic shut off valves, vents, and screens that are functioning.
- 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; and,
- Makeshift heating or cooking devices such as charcoal grills, camping stoves, kerosene heaters, etc. which could cause carbon monoxide poisoning or other accidents cannot be used indoors.

Mobile Homes

If a mobile home is the family residence, it will be considered for approval if manufactured after 1986 and meets all fire safety standards. It is further recommended that the mobile home be inspected by the Fire Department. In addition, all mobile homes must be equipped with push out window frames that are the type that raise and can be used as an emergency exit.

Sanitation Standards

The sanitation inspection may be completed by the home finder or the local health department. The *Annual Sanitation Review* must be completed to document the inspection. The form is designed so that it can be used either by the home finder or local health department.

- If the water supply is other than a municipal water supply, the water must be approved by the local health department or an approved independent laboratory prior to approval of a prospective provider. If the water is determined to be unsafe, this does not automatically disqualify the home, but appropriate action must be taken to correct these conditions to ensure a safe water supply is available for drinking, cooking and bathing. While the water supply typically should not need to be retested on a routine schedule, if something should occur that could compromise the water quality, the provider must have the water tested and take actions necessary to ensure a safe source of water. The provider is responsible for payment for any water testing that is needed.
- Toilet and bathing facilities should be in working condition
- Liquid and solid waste disposal shall be disposed of in a sanitary manner into a public sewage system or, into a system approved by the Local Health Department.
- Garbage disposal should be collected and disposed of in compliance with established requirements of applicable state and local authorities. Garbage containers shall be watertight, rodent proof, and have tight-fitting covers.

Health Standards

The health status of each household member, related to their ability to provide care to adults in their home, shall be assessed by the home finder. The home finder must consider information reported on the *Physician's Statement* as well as information obtained during individual and group interviews with household members. Providers and members of the household must meet the following:

- Providers and all household members shall be free from communicable diseases including tuberculosis and hepatitis.
- Providers and all household members shall be free from disabling conditions which render them unable to properly supervise and care for clients.
- The health and physical abilities of the provider must allow quality and protective care to be provided.
- Providers and household members shall not have an illness or condition which would have a negative impact on the care of the clients; and,
- Providers and household members shall not have exhibited behavior patterns that would be physically harmful or emotionally damaging to clients placed in the home.

Nutritional Standards

The home finder must assess the provider's ability to meet the nutritional needs of the adults placed in their home. Providers must be able to comply with the following requirements regarding meal preparation, food handling and sanitation.

Meal Preparation

- Diets prescribed by physicians shall be in writing, dated, and kept on file. The provider will carefully plan and prepare meals that adhere to the prescribed diet. Food preferences shall be taken into consideration without sacrificing good nutrition.
- At least three nutritional meals shall be served daily. Nutritional between-meal snacks must be available to residents except when conflicting with special diets prescribed by a licensed physician.

Food Handling/Sanitation

- All food shall be stored in a safe and sanitary manner.
- Refrigerators shall be kept clean and in proper working condition.
- Kitchen floors, walls, sinks, ceilings, light fixtures, storage areas and equipment shall be kept clean and in good repair; and,
- Open kitchen windows and doors shall be screened and maintained.

Social Standards

The home finder must assess the provider's ability to meet the social and supportive needs of clients placed in their home. Providers must be able to comply with all the following:

- The location of a home must be accessible by automobile.
- The atmosphere within the home is to be supportive of the emotional needs of the clients.
- The clients must be allowed to dine with other members of the family.
- The clients will utilize the normal facilities of the home, and generally share in the life of the family.
- Appropriate health care services will be utilized when needed.
- An approved AFC shall not accept any private placement without prior approval by the department
- The number of residents placed in an AFC home shall not exceed three.
- Excluding clients, there can be no more than six members in a provider's household. Homes with more than six members will require a policy exception prior to approval.
- Clients shall be encouraged by the family to engage in any activity or function supporting and enhancing their physical, mental, emotional and spiritual well-being.
- Clients will be afforded the opportunity for participation in religious services of their choice; and,
- Telephone services must be available in the home and made reasonably available to the client. Clients will be responsible for the cost of their long-distance calls.

Home and Housekeeping Standards

Appearance of Home

- The provider shall ensure a homelike and comfortable atmosphere, and the home shall be maintained in a clean, hazard free, and orderly manner; and,
- The exterior of the home and surrounding yard shall be well-maintained and free of clutter.

Sleeping Facilities

- A bedroom shall not be used as a common passageway to other rooms.
- More than double occupancy in a single bedroom is not permissible.
- With the exception of a married couple placed in an AFC home, no more than one resident may sleep in the same bed.
- Beds shall have a clean, comfortable mattress.
- Bed linens consisting of two sheets, a pillow and a covering shall be provided and must be changed, at least weekly, and a rubber impervious sheet may be used, when necessary.
- Folding cots, portable beds, and double-decker beds are not permitted.
- Beds shall be placed so that no resident may experience discomfort because of proximity to radiators, heat outlets, air conditioners, or by exposure to drafts.
- Closet space shall be available for each client either in the client's bedroom or immediately adjacent to it and have space for storage of clothing and personal belongings.
- Sleeping room for clients shall not be used for any purpose by any other member of the family's household.
- Furniture and accessories shall be in good condition and working order.
- The client is to be encouraged to bring some personal furnishings of their own as space permits and adheres and complies with all other AFC Rules and/or Safety Regulations.
- Each bedroom shall have at least one outside window. A chair is also optional, if needed, for the client.
- Each single occupancy bedroom shall have, at a minimum, 100 square feet of floor space (10x10) and each double occupancy bedroom shall have, at a minimum, 80 square feet of floor space per occupant, total of 160 square feet.

Accessibility

- Clients shall be housed within the provider's residence and have a common entrance.
- Upstairs bedrooms are not permitted for mentally or physically incapacitated adults who are unable to make a quick emergency exit.
- The bedroom shall not be entirely below ground level. If the bedroom is partially below ground level, it must have direct access from the bedroom to the outside. Direct access means that the room has a window or door which is large enough to allow emergency exit to the outside without going through an adjoining room; and,
- Bathroom(s) shall be situated where they are easily accessible to the clients and equipped to meet their needs.

Lighting and Ventilation

- There shall be sufficient artificial and/or natural light throughout the home.
- Ventilation shall be available in bathrooms. Ventilation means a window that opens to the outside or an exhaust fan.
- Open windows and doors must be screened; and,
- House must have metered electricity service.

Safety

- Devices and measures necessary to ensure the safety of clients must be used.
- Handrails for stairs.
- Hand grips for tubs, showers, and toilets, as necessary to meet the needs of clients.
- Non slip stools and mats.
- Non skid floor surfaces; and,
- Non skid rugs.

Firearms, Ammunitions and/or Weapons

All weapons not in use or securely worn must be kept properly stored in a locked container, preferably one made from solid wood or metal. If a glass case is utilized to store firearms, trigger locks must be used on all firearms. Ammunition and all other weapons including knives, throwing stars, etc. shall also be stored in a separate locked container. The following are considered weapons:

- Firearms.
- Air guns.
- BB guns.
- Hunting slingshots; and,
- Any other projectile weapons.

All ammunition, arrows, or projectiles for these weapons must also be stored in a locked space separate from the weapons. For additional safety guidelines, visit [NRA gun safety rules](#).

Durable Medical

Equipment prescribed by a physician is to be available and readily accessible to the client prescribed. Determination of what readily accessible means is to be based on the type of special equipment and the capabilities and needs of the client.

Standards of Care

The home finder must assess the applicant's ability to provide necessary care, support, and assistance to clients placed in their home. The provider must be able to comply with personal care standards, rights of clients, and inclusion of clients in activities at a minimum.

Personal Care/Grooming

- Clients shall be suitably dressed at all times.
- Assistance must be provided when needed in maintaining personal hygiene and good grooming.

- The client shall be provided with soap, clean towels, clean wash cloths, individual mouthwash cups, personal toothbrushes, and personal denture containers.
- Assistance in laundry including but not limited to washing, drying, and storing of laundry.

Rights of Clients

- Clients shall not be forced into a placement against their will. The client's wishes will be considered when a legal decision maker has been appointed. Physical and chemical restraints are not to be used.
- Clients shall be permitted the right of rest periods in their beds.
- Visitation will be encouraged to maintain relationships with family and others and be in accordance with established AFC house rules.
- A client's right to privacy will be respected and a client's correspondence shall not be opened except as authorized by the client or the legal representative.
- No form of physical punishment will be tolerated.
- Adequate seasonal appropriate clothing shall be maintained for each client; and,
- The client may use the personal expense allowance to purchase any item(s) they choose unless it conflicts with established house rules or regulations applicable to operation as an AFC home.

Inclusion in the Family

- Clients shall be encouraged to use all common areas in the home and to take part in social activities within their capacity and wishes; and,
- Depending upon the client's physical condition or the advice of the physician, the client will be encouraged to perform certain tasks around the home, such as caring for their room or occasionally assisting with meal preparation and cleanup as long as the client is not exploited.

Emergency/Special Needs

- During periods of temporary illness clients may be given more intense assistance with activities of daily living (ADL) by the provider not to exceed six months without an approved policy exception. The intent of providing this additional assistance on a short-term basis is to prevent movement to a higher level of care. Home health services may be provided on a short-term basis, not to exceed 90 days per episode. Services provided in the home by another agency must be additional care being furnished by the AFC provider, not instead of.
- Hospice care may be provided in the home by a licensed hospice provider, as needed. Services provided in the home by the hospice agency must be in addition to care furnished by the AFC provider, not instead of.
- If the client has special equipment, such as walkers or wheelchairs, it shall be made available to them at all times. If a client placed in the home requires special equipment, the physical structure must be able to accommodate its use; and,
- The provider must have established procedures for obtaining assistance in an emergency, and the home finder must be aware of emergency plans and contact information.

Personal Characteristics of Providers

- Interested in caring for adults and the ability to recognize the importance of rehabilitative services.
- Free of personal problems which would consistently take priority over the care of clients.
- Must be able to work collaboratively with the home finder, APS workers, social service agencies and the client's family and friends.
- Willing to consult with the APS worker and home finder regarding the client's adjustment to the home and cooperate in maintaining the standards and necessary records.
- Physical, mental, and emotional capacity to meet all applicable responsibilities in the care of the client.
- The prospective provider must have adequate financial resources to provide a reasonable standard of living for the immediate family and maintain financial stability for the family. The provider may be required to provide copies of tax returns, check stubs, copies of monthly bills, etc. This means that the provider must have sufficient income to meet all the families' expenses without depending on the AFC supplement or the resources (WV Works, SNAP, TANF) of the client. Any exception to these requirements must be authorized via an approved policy exception; and,
- The provider must have the ability to understand the ARS payment agreement and the client's personal expense allowance requirement.

Relative Placements

AFC payments will not be made to a provider for the care of a spouse. When considering payment to a relative for provision of AFC care, the following will be considered:

- If the relative has provided these services to the client for any period of time prior to requesting payment. The home finder must determine why they are requesting payment for these services now.
- The provider must be willing to accept other clients unless the home does not have adequate space to accommodate additional clients.
- The degree of burden placed on the provider in furnishing care to the relative in placement will be considered, such as amount of time spent and cost involved. For example, the provider's presence may be required in the home on a 24 basis.
- If the relative is giving up employment to care for the client, an AFC payment may be necessary to enable the person to continue to provide the service. However, the client's resources and the AFC payment cannot be the only income in the household. If a relative is giving up employment to care for a disabled relative and that relative has been providing the household's sole source of income, an AFC payment cannot be approved without a policy exception. If no recent changes have occurred and the request for payment is being made because the client or relative has only recently become aware of the AFC Program, a social service supplement may be made if it can be demonstrated that the circumstances of burden or hardship have existed for a period of time and that the home meets all standards for AFC homes; and,

- AFC homes shall not be approved to care for more than three adults. Relatives to whom care is provided and private paying residents must be included in this number. The AFC home Study summary and the annual AFC approval letter will reflect how many adults the provider has been approved to care for, and this will be made clear to the provider.

Dual Providers

In general, providers are discouraged from providing services to more than one program at a time (i.e., Foster Care, Day Care, Specialized Family Care, Private Agencies, AFC, etc.) due to the amount of time and effort each of the programs require. When a person is approved to provide more than one service, the demands placed on providers who serve dual client populations often become excessive, reducing the level of service to all clients and disrupting the provider's household. Requests to become a dual provider must be given careful consideration. Before a provider may offer dual services, the worker(s) and the supervisor(s) of both programs must evaluate all aspects of the situation to determine the best possible arrangement in regards to the ages, needs, and circumstances of the children and adults.

It would be rare for a provider to deliver services to more than one program simultaneously. The case plans for all programs must document specific goals, tasks and time frames to accomplish the goals. The ultimate goal must be placement in the least restrictive living arrangement that is appropriate to meet the individuals' needs. If it is determined AFC is appropriate, a policy exception must be requested.

A policy exception requires the following:

- The client wishes to remain in the home.
- The provider wishes to continue to provide services.
- The client meets all AFC eligibility requirements; and,
- The provider meets all applicable standards to be an AFC provider.

The client, provider, child welfare workers, APS worker, and the home finder must have discussed this thoroughly and deemed this to be the best plan for the clients. A policy exception must be requested and approved by the program manager. The exception request must have documentation showing why the client is not capable of independent living, steps taken to prepare the person for independent living, and how removal from this home would be detrimental to the clients' well-being. If the request is approved, final approval of a request to become a dual provider must be granted by policy exception. If the AFC provider is certified as a Title XIX waiver provider or employed as a personal care provider, the provider must decide if they want to continue being a provider with that program or if they want to be a provider through the AFC Program. If the client receives services from the Title XIX Waiver program, the client is not eligible for a Supplemental AFC payment and the client's AFC case may be closed.

If the decision is to continue as a provider with the Title XIX waiver program or as a personal care provider, the AFC provider record must be closed. If the client receives services from any other agency that provides supervision or care for the client, this must be evaluated to determine if the client remains eligible to receive a supplemental payment from the department or remains eligible for AFC placement.

An AFC provider cannot accept care for an Aged and Disabled waiver client, as the recipient requires more advanced care than AFC provider can provide.

3.11 Liability Insurance

The department and the State Board of Risk and Insurance Management have implemented an agreement to provide liability and property damage insurance protection for AFC providers. The insurance afforded AFC providers by this program is not intended to replace any of their existing property or liability insurance (comprehensive personal liability insurance, homeowner's insurance, etc.), as only acts of AFC clients are covered. It seeks to reduce the cost of the provider's existing coverage and ensure quality care for vulnerable adults. This insurance protection does not provide coverage for any injury or property damage resulting from a client's operation of the provider's automobile or their licensed motor vehicle. The provider must not permit a client to operate any licensed motor vehicle that is not owned by the client. The liability and property insurance protection coverage include general liability insurance and property insurance through the State Board of Risk Management.

General Liability Insurance

General liability insurance protects the department, including its employees, and the AFC providers in the event of negligent acts of the client that cause injury or damage to persons other than the AFC provider. The limits of liability are \$1 million per occurrence. There is no deductible required for general liability claims.

Property Insurance

Property insurance protects the AFC provider in the event of property damage caused by the client to the provider's own property. Losses will be adjusted on an actual case value basis (replacement cost, less physical depreciation). Each loss will be subject to a \$2,000 deductible with the care provider responsible for the first \$300.00 of the deductible and the department assuming the remaining \$1,700. Providers are to immediately notify the home finder of any property damage caused by the client in excess of \$300, or any negligent act of a client that causes injury or damage to a person. When needed, the home finder may assist the AFC provider with completing the appropriate claim form ([Form #RMI-3](#)) and describing the losses incurred or damage and file with the [Board of Risk and Insurance Management \(BRIM\)](#).

When a home finder is informed of a loss suffered by an AFC provider, the following procedures apply:

- The provider and/or the home finder complete the claim form immediately ([Insurance Loss Notice Form](#)). The form is used to report general liability losses and property damage caused by the client to the provider's own property.
- The completed form must be co-signed by the program manager.
- Submit the completed form to the Director, Division of Assets and Project Management (Building 3, Room 232, Capitol Complex, Charleston WV 25305).
- Retain a copy of the completed form in the client's record and the provider's record.
- Send a copy of the completed form to the commissioner of BSS .

- Upon receipt of the necessary information by the Division of Assets and Project Management, an insurance adjuster will complete their investigation directly with the care provider.
- Private pay clients would not be covered under the department's insurance.

3.12 Approval Process for the AFC Provider

The AFC home approval is based on the evaluation of the home finder and review by the home finding supervisor.

Written Notification of Decision on Application

- Written notification of the decision of an application must be prepared by the home finder and sent to the applicant within five working days from the date of the decision.
- If the application is denied, the home finder must send the Negative Action Letter, SS-13, stating the reason(s) for the denial, within five working days.
- If the application is approved, the AFC approval letter and certificate of approval must be sent to the applicant.
- The home finder must explain the agreement for participation and secure the required signatures.
- The home finder must explain the EFT and provider portal option to the provider. Additional Information can be found at the [WV Auditor's website](#) and CCWIS.

3.13 Combination AFC/ESC Homes

An existing AFC provider would be eligible to participate as a combination home after they have provided services for six months and demonstrated the ability to care for clients. The home finder must carefully evaluate the capacity of the AFC home provider before assuming the additional responsibility of also providing Emergency Shelter Care (ESC). A combination home must have a separate room for the ESC client to accommodate placements of either sex. An exception is permitted if the provider has both a male and a female AFC client already housed in separate rooms, each of the rooms must be large enough to accommodate another person of the same sex.

- The total number of clients in the home cannot exceed three at any one time.
- The monthly stipend applies only to the ESC beds and does not apply to AFC beds.
- The placement cannot be disruptive to clients already residing in AFC.

SECTION 4 - CASE MANAGEMENT

4.1 Introduction

Once an individual has been approved as an AFC provider, various case management activities are required of the home finder. The requirements may include identification of available homes based on the client characteristics, monitoring of the placement, follow-up on complaints related to compliance with program standards, providing or arranging needed training, and completion of annual provider reviews. The home finder should be a source of support for providers.

4.2 Training Requirements

An AFC provider is required to have, at least, six hours of face-to-face, in-service training prior to accepting clients in their home. Three hours of this may be completed during the home study process. Annually thereafter, the training requirement is no less than eight hours, requiring four hours to be completed face-to-face with the home finder. The home finder is responsible for the development and implementation of the on-going training.

Suggested topics for in-service face-to-face training:

- Program guidelines.
- Homes and prospective clients.
- Legal rights and responsibilities of the client and provider
- Provider liability
- Responsibilities of the department.
- Role of the provider in interdisciplinary team (IDT) or multidisciplinary team (MDT) approach.
- Utilization of department resources.
- Utilization of community resources.
- Overview of human needs- resident and provider: motivation, sexuality, communications, etc.
- Crisis intervention overview.
- Record keeping; and,
- Confidentiality.

Suggested topics for detailed pre-service and on-going training include:

- Crisis intervention- detailed techniques for dealing with persons experiencing emotional turmoil such as depression, anxiety, trauma, and general fear of placement.
- Behavior management.
- Basic first aid.
- CPR.
- Nutrition including meal planning and budgeting.
- Characteristics of aging.
- Information about disabilities .
- Medication- including prescriptions and over the counter (OTC) medications, and their importance, side effects, and interactions between medications.
- Effects of being institutionalized.
- Signs of abuse, neglect, and financial exploitation and mandatory reporting.
- End of life.
- Safety in the home.
- Basic health care.
- Medication.
- Fire prevention and safety.
- Client activities including recreational and therapeutic activities.
- Sanitation.
- Utilizing community resources.

- Use of volunteers.
- Topics to address specific needs and concerns.
- Changes in policy and procedures; and,
- Topics of interest to the department or AFC providers

Respite providers are required to receive abuse, neglect, and financial exploitation training prior to providing care. Providers may receive a training allowance, and this shall be entered as a demand payment.

4.3 Respite Care

Respite care can be arranged with an advance five-day notice to provide temporary care to AFC clients to offer short term relief to the regular AFC provider. The purpose is to allow the fulltime providers to have planned times for vacations, other activities, and to provide emergency care in the event of illness of the provider or a provider's family member. Although providers are encouraged to take their residents with them on vacations, it is also recognized that sometimes families may need to spend some time by themselves. An AFC provider is entitled to use up to fourteen nights of respite care per calendar year. Additional respite care can be approved for emergency situations with an approved policy exception. During these fourteen nights, the AFC provider will continue to receive the regular AFC payment uninterrupted. At no time can an AFC provider's household member be a paid respite provider.

Approval as a Respite Provider

A request to provide service intake must be completed by the home finder for respite providers. The home finder will approve a respite provider to provide care in their home after a determination the home and all other AFC standards have been met. If the provider is going to provide respite in the AFC provider's home, a home study is not required of the respite provider, but all other provider standards must be met. No standards for respite care or respite providers may be waived by the home finding staff; however, the home finder may submit a waiver request to the program manager.

Determining the Need and Planning for Paid Respite Care

All paid respite is to be planned and approved by the APS worker and home finder in advance, except an emergency involving the provider or a member of the provider's household. When respite is needed in an emergency, verbal approval of the home finder must be obtained prior to placement of the client.

Prior to payment for respite care, the respite provider must submit a written signed and dated statement or invoice, verifying dates, name of the respite provider, name of client(s), and the regular AFC provider's name. Upon receipt of this written statement, the APS worker is to request a demand payment for the appropriate amount. In the event respite care would continue beyond the allowed 14 nights, the worker should request a policy exception for approval of continued respite. The respite provider will receive the same per diem rate as the regular AFC provider.

Currently Approved AFC/ESC Respite Providers

Prior to provision of the respite, the respite provider must become familiar with the client(s) they will be providing care (medications, allergies, primary physician, dietary requirements, legal representatives, etc.) The following criteria is required prior to providing respite care:

- Must be active AFC/ESC provider with current certification; and,
- The home may not exceed the total number of clients the home is approved, including the respite client (IE AFC home is approved for three clients).
- There are currently two AFC clients in placement in the AFC home.
- The AFC provider could furnish respite to only one additional client.

Unpaid Respite

Respite that is not reimbursed by the department, unpaid respite, must be addressed on the case plan and approved in advance by the worker. Though the department is not making payment in these instances, only approved respite providers may furnish respite care. Unpaid respite may be provided by an adult household member, age 18 or older.

- Written notification of the decision must be prepared by the home finder and sent to the applicant within five working days from the date of decision.
- If the application is denied, the home finder must send the *Negative Action Letter, SS-13*, within five working days advising the applicant of the denial, stating the reason(s) for the denial. The *Negative Action Letter* serves as written notification of the grievance procedures which are available to the applicant.
- If the application is approved, *Notification of Application for Social Services* must be sent to the applicant.

4.4 Adult Protective Services and Adult Family Care Homes

The department has a dual responsibility when supervising the care provided in AFC homes. A clear distinction must be made between abuse, neglect, and financial exploitation and compliance issues related to certification as an AFC provider. Abuse, neglect, and financial exploitation allegations are investigated by APS, while issues related to compliance with AFC standards are addressed by the home finder. The AFC program policy requires that the homes meet specified standards to ensure that quality care is provided. The APS law addresses those situations in which there are allegations of abuse and neglect in an AFC home. [W. Va. Code §61-2-29](#) specifically addresses potential penalties if a caregiver maltreats an incapacitated adult or elderly person.

- Any person, caregiver, guardian, or custodian who neglects an incapacitated adult or elder person or who knowingly permits another person to neglect said adult, is guilty of a misdemeanor and, upon conviction thereof, shall be fined not less than five hundred dollars and not more than fifteen hundred dollars, or imprisoned in the county or regional jail for not less than ninety days nor more than one year, or both fined and imprisoned.
- Any person, caregiver, guardian or custodian who intentionally abuses or neglects an incapacitated adult or elder person is guilty of a felony and, upon conviction thereof, shall, in the discretion of the court, be confined in a state correctional facility for not than two years and not more than ten years.

- Abuse, neglect, financial exploitation, or creation of an emergency situation involving an vulnerable adult requires investigation when criteria is met and possible intervention by APS. Indications of potential abuse, neglect, or financial exploitation will not be ignored by AFC home finder and will be addressed with the provider. Also, in such situations a referral to APS is required through
- Immediate action is required, if necessary, to protect the client's safety. In addition, if abuse or neglect of an incapacitated adult by any household member is substantiated, and the perpetrator remains in the home, the client(s) must be removed from the home. Court action may be required if the client refuses to leave or if a provider refuses to allow the client to leave. If removal of one client is deemed necessary all AFC clients in that home are to be removed, until an investigation can be completed.

4.5 Use of Volunteers

It is recognized the value of volunteers to the AFC Program; however, if there will be unsupervised contact for more than two hours, the following guidelines are required:

- WV CARES check.
- Completion of a record check in CCWIS to verify that there is no APS/CPS history.
- Check the Nurse's Aide Abuse Registry (OHFLAC) to ensure that there is no history of abuse, neglect, or financial exploitation while employed as a CNA.
- Interview by the department's home finder; and,
- Approval by the department.

4.6 Adult Residential Services Corrective Action Letter

When deficiencies have been determined, the home finder will notify the provider in writing of those deficient areas and what changes are required to bring their home back into compliance with agency standards. The corrective action letter must be sent to the provider within seven calendar days of the completion of the review or the conclusion of the non-compliance investigation to notify the provider of deficiencies found.

The provider will be required to submit a corrective action plan within 15 days. The home finder will work with the AFC provider to determine that the non-compliance issues have been corrected within 30 days.

Additional time beyond the 30 day timeframe requires a policy exception. If the required changes have not been made within the timeframe, the provider is to be notified in writing by the home finder, advising them of the department's intention to close the home using the negative action letter, SS-13. The home finder must also notify the APS worker that the AFC provider is going to be closed, so any clients currently in the provider's home and care can be moved. Clients are not to be placed with the AFC provider once the provider is closed.

4.7 Record Keeping by Provider

The provider must establish a file for each individual placed in their home and maintain all information about the client for reference, as needed. Information to be retained by provider:

- Identifying information.
- Information about significant others such as family members, friends, legal representatives etc.
- Information about client's interest, hobbies, church affiliations.
- Medical status including current medications, prescriptions, limitations, attending physicians, hospital preference, allergies, special diet, etc.
- Advance directives.
- Information about the client's burial wishes, plans and resources.
- Completed resident agreement for participation.
- Completed payment agreements.
- Completed case plan.
- Any information related to the client is to be maintained in the provider's client file.
- This information must be maintained in a confidential manner. This includes information provided by the adult service worker or home finder and any information from other sources.

Any time a client is missing from an AFC home, the provider must immediately contact the West Virginia State Police, the home finder, and APS, and supply them with all necessary information including a recent photograph.

4.8 Exceptions to Policy

In certain circumstances, exceptions to AFC policy must be requested. Exceptions will be considered on an individual basis and only in circumstances sufficiently unusual to justify an exception. Exceptions must ONLY be requested after all other resources have been exhausted. Request may be submitted in accordance with the following procedure:

The home finder is to submit a policy exception to the program manager and shall include reference to the policy in question, the information supporting the request, time period the exception is requested, and what other resources have been explored or exhausted.

The home finder will send the policy exception request to the program manager to approve or deny the policy waiver request.

The approval is sent to the home finder in writing; however, in an emergency, the request may be completed verbally. The home finder will complete the required documentation within CCWIS on the next business day, and the program manager must approve the request within five working days following verbal approval.

4.9 Relocation of AFC Provider

When an AFC provider moves between regions or relocates to a new residence within the same region, the provider is to notify the home finder of their intention to relocate prior to the move taking place. If the home study of the new residence does not meet the requirements as outlined in this policy, the provider must be closed.

When relocation is between counties, the provider and client records must be transferred to the county of residence. When a case must be transferred, this must be a planned effort with close coordination, between the sending home finder and the receiving home finder. The home finder must notify the client's APS worker of the provider's plans to relocate as soon as they are notified.

Sending District Responsibilities

When it is necessary to transfer an AFC provider and any associated client case(s) from one district to another, the sending district is responsible for:

- The home finder and APS supervisor in the sending district must call the home finder and APS supervisor in the receiving district to provide notification that the case is being transferred to the district. They will provide pertinent information regarding the provider and client(s).
- Complete all applicable case documentation prior to case transfer.
- Immediately upon transfer send the paper files; and,
- Notify the Bureau for Family Assistance (BFA), the Social Security Administration office and all other appropriate agencies of the provider's change of address.

Receiving District Responsibilities

The receiving district is responsible for:

- Be involved in preparing for the transfer.
- Notify BFA of the provider's arrival when the transfer is complete.
- Do a home visit and complete all applicable documentation.
- Assist the provider with the adjustment to the new community and assist or initiate any referrals to needed community resources.

4.10 Confidentiality

Legal provisions concerning confidentiality have been established on both the state and federal levels. In Federal Law, provisions are contained in the Social Security Act. On the state level, provisions related to confidentiality of provider information can be found in Chapter 200 of *The Common Chapters*.

Refer to *Adult Services Legal Requirements and Processes*, Section 4 for additional information pertaining to confidentiality and when to release information.

SECTION 5 - CASE REVIEW

5.1 Annual Review

The home finder must complete a review of AFC and respite providers at least annually. The review requires at least two face to face interviews in the home with the provider. The review must include:

- Notification of AFC provider review.
- Changes in family composition.
- Changes in financial resources.
- Changes in the health of the provider or their family members.
- Provider's description of being an AFC provider.
- Client's adjustment to the AFC home.
- Provider's ability to adequately care for the client's needs.
- Provider's cooperation with the department.
- Complaints received regarding the home.
- Changes in location of the home.
- Expectations and requirements of a provider – review of Provider Agreement for Participation
- Goals for the upcoming year.
- Recommendations for continued use of the home.
- A medical statement from the provider's physician is required every three years, although the home finder can request an updated medical statement if circumstances warrant. If the provider does not have insurance or sufficient resources to cover the statement, this can be paid by demand payment at Medicaid rates.
- Annual sanitation review.
- Annual fire and safety review.
- Updated forms required due to changes in circumstances (CIB, medicals on new household members, etc.).
- A record check in CCWIS of APS/CPS history for all household members over the age of 18 and,
- The status screen must be updated to reflect the home finders recommendation for the continued use of this home.
- If the provider is going to be certified for an additional year, notification must be sent using the AFC recertification Letter and a new certificate sent to the provider. If the provider is not going to be certified to continue providing care, the form letter Notification of Application for Social Services is to be used.

5.2 Conflict of Interest

To avoid any conflict of interest and ensure optimal client services, the home finder and APS worker must inform their supervisor immediately upon discovering that a friend, relative, or former coworker, and anyone with close ties to the worker has been assigned to them for ongoing case management or investigation. Upon this disclosure, the supervisor has the discretion to transfer the case to another worker or district and restrict the case in CCWIS for limited access. The supervisor will then be responsible for informing their program manager of this issue.

SECTION 6 - PAYMENTS

6.1 Introduction

Providers of AFC services may receive reimbursement from the department by automatic payment and demand payments. Reimbursement to the provider for the care and supervision furnished to the client will be done by automatic payment. Demand payments are available for a limited and specific set of expenses that may occur in the AFC setting.

If an overpayment is received by the provider, the office of finance will notify the provider in writing of any overpayment including amounts and months the overpayment occurred. The provider must negotiate an agreement to repay either in one lump sum payment or monthly payments. The time frame for the repayment will usually be within 30 days; however, additional time may be granted.

After reasonable attempts have been attempted, if the provider does not agree to repay or defaults on monthly payments a corrective action plan is required. The office of finance will work collaboratively with the home finder to complete the corrective action plan. Failure to comply may result in closure of the home.

The following types of demand payments are to be completed by the APS worker. Refer to *Adult Residential Services policy* for more information on these payments.

- Annual medical evaluations
- Durable medical equipment, supplies, and food supplements.
- Personal expense allowance.
- Payment agreement.
- Demand payment.
- Copayment on prescription medications.
- Over the counter drugs/Drug Efficacy Study Implementation (DESI) drugs or RX not covered
- Payment adjustment.
- Educational expenses for special education students.
- Respite care.
- Trial visit.
- Non Medicaid covered services.
- Clothing allowance.

6.2 Bed Hold

The AFC provider may continue to receive uninterrupted payments for a medical and social bed hold period. A medical bed hold is permitted for up to 14 days or until it is determined the client will not be returning to the AFC Home. A social bed hold will allow an AFC client to be absent from the AFC home for up to 14 days per calendar year for social activities that may include visiting natural family, specialized camps, overnight trips, or visiting friends. The client is eligible for each bed hold in a calendar year.

6.3 Specialized Adult Family Care Payment

This demand payment type applies only to payments made to existing Specialized Adult Family Care Providers. The rate of payment for this type of provider is different from the rate of payment for a regular AFC home, therefore, this demand payment type is only to be used to reimburse Specialized AFC providers for the balance of payment due each month.

6.4 Provider Training Incentive Payment

AFC Providers who are currently receiving a supplemental payment for a client(s) placed in their home by the department are entitled to receive reimbursement for approved training they receive; respite providers are not eligible for the training incentive payment. This reimbursement is offered as an incentive to encourage providers to participate in relevant training opportunities to enhance their skills and knowledge as an AFC provider.

Training that would be acceptable in order to qualify for this payment would include training provided by the department or training that is furnished by another entity that has been approved, in advance, by the department policy staff and/or program manager.

The provider may request payment of the training allowance by the department. Verification of attendance of the approved training must be submitted and the time reimbursement is being requested. Without verification of training attendance, payment shall not be made. Upon receipt of the required verification of attendance of approved training, the home finder may then prepare a request for a demand payment in the amount of \$25.00.

6.5 Annual Adult Family Care Provider Medical Report

After an AFC home is approved, the person(s) in the household who is primary responsible for furnishing care to the clients placed in the home is required to a medical evaluation completed at a minimum of every three years; however, the home finder has the flexibility of requesting an updated medical prior to the expiration of the three year time frame, if they question the provider's ability to care for the incapacitated adult(s). The purpose of the medical evaluation is to ensure that the person(S) who has responsibility for providing care remains in good health and able to provide the necessary care and support to adults placed in their home.

The provider is to arrange for completion of the medical report with their physician. When arranging for completion of this evaluation, providers are to be encouraged to request that their physician complete this evaluation during a regularly scheduled medical appointment, whenever possible.

If the provider has no other resources or insurance to pay for the medical report, they may request reimbursement from the department for this expense. To request reimbursement, the provider must submit a receipt, along with the completed medical report to the home finder and indicate reimbursement is being requested.

If the home finder feels a medical statement is warranted for respite providers and/or request an updated medical statement, the respite provider may request reimbursement by the department for this expense if the respite provider does not have sufficient resources or insurance to cover the cost.

If the home finder has concerns with the provider's capacity to fulfill their duties, the home finder may request that a psychological/physical evaluation be done on the provider. A demand payment may be requested for payment at current Medicaid rates.

6.6 Other Demand Payment – Not Specified

In certain situations, the cost of obtaining needed supplies or services may be reimbursed for the provider or for clients who have been placed in an AFC home by the department and for whom the department is making a supplemental payment. For the department to reimburse the provider for these costs, the provider must submit a receipt for these costs incurred. The responsibility of completing the demand payment can be either the APS worker or the home finder.

SECTION 7 - CASE CLOSURE

7.1 Introduction

A final evaluation must be completed as part of the review process prior to closure of the provider home. Upon completion, the home finder must document the results of this assessment, including the reason(s) closure is being recommended. The home finder will submit the completed review in CCWIS to the program manager. Upon approval, the provider is to be closed for AFC services.

7.2 Notification of Closure

If the provider is closed for AFC services for any reason other than provider death, written notification to the provider is required. A form letter titled "Negative Action Letter" (SS-13) is to be used for this purpose.

7.3 Provider's Right to Appeal

A provider has the right to appeal a decision by the department at any time for any reason. To request an appeal, the provider will complete the IG-BR-29 and submit it to the program manager.

The program manager is to schedule a pre-hearing conference to consider the issues. If the provider is dissatisfied with the decision rendered by the program manager, the appeal and all related information is to be forwarded to the Board of Review for further review and consideration.

SECTION 8 - NONDISCRIMINATION, PROCEDURE & DUE PROCESS STANDARDS, REASONABLE MODIFICATION POLICIES, AND CONFIDENTIALITY

8.1 Nondiscrimination

As a recipient of Federal financial assistance, the Bureau for Social Services (BSS) does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, national origin, disability, age, sex, religion or creed in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by BCF directly or through a contractor or any other entity with which BSS arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (nondiscrimination on the basis of race, color, national origin) ("Title VI"), Section 504 of the Rehabilitation Act of 1973 (nondiscrimination on the basis of disability) ("Section 504"), the Age Discrimination Act of 1975 (nondiscrimination on the basis of age) ("Age Act"), regulations of the U.S. Department of Health and Human Services issued pursuant to these three statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

The Bureau for Social Services shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

In addition, BSS will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all BSS programs, services, and activities. For example, individuals with service animals are welcomed in the Department of Human Services, BSS, offices even where pets are generally prohibited.

In case of questions, or to request an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a BSS program, service, or activity, please contact:

Children and Adult Services
Section 504/ADA Coordinator
350 Capitol St. Rm 691
Charleston, WV 25301
(304) 558-7980

8.2 Non-Discriminatory Placement Protocol

The department ensures that all parties involved in adult welfare programs have equal opportunities. All potential placement providers for vulnerable adults, are afforded equal opportunities, free from

discrimination and protected under the [Americans with Disabilities Act](#) (ADA). The department will not deny a potential placement provider the benefit of its services, programs, or activities due to a disability. Under the Americans with Disabilities Act it defines a person with a disability as:

“An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.”

The ADA does not specifically name all the impairments that are covered. The ADA does not allow a person to be discriminated against due to a disability in employment, state and local government activities, public transportation accommodations, telecommunication relay services, fair housing, air carrier access, voting accessibility or education. Examples of disabilities include physical disabilities which require auxiliary aids and mental health issues. Those persons with substance use disorders, including opioid use disorder, currently participating in a treatment option such as Medication Assisted Treatment (MAT), are also covered by the ADA. Participation in a MAT program is not considered the illegal use of drugs. Qualifying MAT programs are defined in [W. Va. Code §16-5Y-1](#), *et seq.* The ADA also addresses the civil rights of institutionalized people and architectural barriers that impact people with disabilities.

When making diligent efforts to locate and secure appropriate placement for vulnerable adults, a worker cannot discriminate against a potential placement based upon a person with a disability according to the Americans with Disabilities Act (ADA) Title II. The department shall determine if the potential placement for the vulnerable adult represents a direct threat to the safety of the adult. Safety threat decisions will be based on assessment of the individual and the needs of the vulnerable adult, as the safety of the adult always remains at the forefront of the determination of the best interest of an adult, when placing a vulnerable adult in anyone’s home. This determination cannot be based on generalizations or stereotypes of individuals.

If a provider protected under the ADA is identified as an appropriate and best interest placement for a vulnerable adult they may, at some point, require services specific to their disability in order to preserve the placement. In such situations, consideration for services must be given if it is in the best interest of the adult to preserve the placement. Any specific auxiliary aids or services should be determined by the worker at no cost to the provider and should be considered on a case-by-case basis.

8.3 Complaint Procedure and Due Process Standards

A: Complaints Based on Disability or other Forms of Discrimination

It is the policy of the West Virginia Department of Human Services (DHS), not to discriminate on the basis of race, color, national origin, disability, age, sex, religion, or creed. The department has adopted an internal complaint procedure providing for prompt, equitable resolution of complaints alleging discrimination. Laws and Regulations, 28 C.F.R. Part 35 and 45 C.F.R. Part 84, may be examined by visiting <https://www.ada.gov/reg3a.html>. Additional laws and regulations protecting individuals from discrimination in adult welfare programs and activities may be examined by visiting the U.S Department

of Health and Human Services website at <https://www.hhs.gov/civil-rights/for-individuals/special-topics/adoption/index.html>.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, disability, age, sex, religion, or creed may file a complaint under this procedure. It is against the law for the Bureau for Social Services, including employees, contracted providers or other BSS representatives, to retaliate in any way against anyone who files a complaint or cooperates in the investigation of a complaint.

Procedure

Complaints due to alleged discriminatory actions must be submitted to the Department of Human Services, Equal Employment Opportunity (EEO)/Civil Rights Officer within 60 calendar days of the date the person filing the complaint becomes aware of the alleged discriminatory action.

The complainant may make a complaint in person, by telephone, by mail, or by email. To file the complaint by mail or email, a Civil Rights Discrimination Complaint Form, IG-CR-3 (See Appendix A) must be completed and mailed or emailed to the West Virginia Office of Shared Administration, Office of Human Resources Management, EEO/Civil Rights Officer, One Davis Square, Suite 400, Charleston, WV 25301 or email at OSACivilRights@WV.Gov. If the complainant requires assistance completing the IG-CR-3 form, they may request assistance from the department. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The complainant may also contact the WV DHHR, EEO/Civil Rights Officer, for more information.

West Virginia Office of Shared Administration
Office of Human Resource Management
EEO/Civil Rights Officer
One Davis Square, Suite 400, Charleston, WV, 25301
(304) 558-3313 (voice)
(304) 558-6051 (fax)
OSACivilRights@WV.Gov (email)

The EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The EEO/Civil Rights Officer will maintain the files and records of Bureau for Social Services relating to such complaints. To the extent possible, and in accordance with applicable law, the EEO/Civil Rights Officer will take appropriate steps to preserve the confidentiality of files and records relating to complaints and will share them only with those who have a need to know.

The EEO/Civil Rights Officer shall issue a written decision on the complaint, based on the preponderance of the evidence, no later than 30 calendar days after its filing, including a notice to the complainant of his or her right to pursue further administrative or legal remedies. If the EEO/Civil Rights Officer documents exigent circumstances requiring additional time to issue a decision, the EEO/Civil Rights

Officer will notify the complainant and advise them of his or her right to pursue further administrative or legal remedies at that time while the decision is pending. The person filing the complaint may appeal the decision of the EEO/Civil Rights Officer by writing to the Director of Human Resources within 15 calendar days of receiving the EEO/Civil Rights Officer's decision. The Director of Human Resources shall issue a written decision in response to the appeal no later than 30 calendar days after its filing.

The person filing the complaint retains the right to file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Human Services.

The availability and use of this procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, disability, age, sex, religion or creed in court or with the US Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint portal at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or by phone at:

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Ave., S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201
800-368-1019 (voice) 800-537-7697 (TDD)
OCRCComplaint@hhs.gov

For complaints to the Office for Civil Rights, complaint forms are available at: <https://www.hhs.gov/ocr/complaints/index.html>. Complaints shall be filed within one hundred and eighty (180) calendar days of the date of the alleged discrimination.

The Bureau for Social Services will make appropriate arrangements to ensure that individuals with disabilities and individuals with Limited English Proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed, to participate in this process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing recorded material for individuals with low vision, or assuring a barrier-free location for the proceedings. The EEO/Civil Rights Officer will be responsible for such arrangements.

B: Grievances Regarding the home finder or Casework Process

At any time that the Bureau for Social Services is involved with a client, the client, or the counsel for the vulnerable adult has a right to express a concern about the manner in which they are treated, including the services they are or are not permitted to receive.

Whenever a vulnerable adult or counsel for the vulnerable adult has a complaint about Adult Services or expresses dissatisfaction with Adult Services the worker will:

- Explain to the client the reasons for the action taken or the position of the BSS which may have resulted in the dissatisfaction of the client.
- If the situation cannot be resolved, explain to the client his/her right to a meeting with the supervisor.
- Assist in arranging for a meeting with the supervisor.

The supervisor will:

- Review all reports, records and documentation relevant to the situation.
- Determine whether all actions taken were within the boundaries of the law, policies and guidelines for practice.
- Meet with the client.
- If the problem cannot be resolved, provide the client with the form “Client and Provider Hearing Request”, IG-BR-29 .
- Assist the client with completing the IG-BR-29, if requested.

Submit the form immediately to the Chairman, state board of Review, DHHR, Building 6, Capitol Complex, Charleston, WV 25305.

For more information on Grievance Procedures for Social Services please see Common Chapters Manual, Chapter 700, and Subpart B or see W.Va. Code §29A-5-1.

Note: Some issues such as the decisions of the Circuit Court cannot be addressed through the Grievance Process. Concerns about or dissatisfactions with the decisions of the Court including any approved Case plan must be addressed through the appropriate legal channels.

8.4 Reasonable Modification Policy

A: Purpose

In accordance with the requirements of Section 504 of the Rehabilitation Act of 1973 (Section 504) and Title II of the Americans with Disabilities Act of 1990 (ADA), the Bureau for Social Services shall not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities. The BSS shall make reasonable modifications in Adult Services program policies, practices, or procedures when the modifications are necessary to avoid discrimination on the basis of disability, unless BSS can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity.

B: Policy

DHHR is prohibited from establishing policies and practices that categorically limit or exclude qualified individuals with disabilities from participating in the BSS Adult Services program.

The Bureau for Social Services will not exclude any individual with a disability from the full and equal enjoyment of its services, programs, or activities, unless the individual poses a direct threat to the health or safety of themselves or others, that cannot be mitigated by reasonable modifications of policies, practices or procedures, or by the provision of auxiliary aids or services.

The Bureau for Social Services is prohibited from making Adult Services program application and retention decisions based on unfounded stereotypes about what individuals with disabilities can do, or how much assistance they may require. The BSS will conduct individualized assessments of qualified individuals with disabilities before making Adult Services application and retention decisions.

The Bureau for Social Services may ask for information necessary to determine whether an applicant or participant who has requested a reasonable modification has a disability-related need for the modification, when the individual's disability and need for the modification are not readily apparent or known. BSS will confidentially maintain the medical records or other health information of Adult Services program applicants and participants.

The Bureau for Social Services upon request, will make reasonable modifications for qualified Adult Service program applicants or participants with disabilities unless BSS can demonstrate that making the modifications would fundamentally alter the nature of the service, program, or activity. Individuals do not need to reference Section 504 or Title II or use terms of art such as “reasonable modification” in order to make a request. Further, BSS staff are obligated to offer such reasonable accommodations upon the identification of a qualifying disability or to an individual with Limited English Proficiency.

BSS must consider, on a case-by-case basis, individual requests for reasonable modifications in its Adult Services programs, including, but not limited to, requests for substitute caregivers, respite caregivers, more frequent support from a case worker, additional classroom and/or online training, mentorship with an experienced foster/adoptive parent, note takers, and other auxiliary aids and services. When auxiliary aids or language interpretation services to ensure effective communication for individuals with hearing, vision, speech impairments, or Limited English Proficiency (LEP) are needed, they shall be provided to the participant at no additional costs. DHHR evaluates individuals on a case-by-case basis to provide auxiliary aids and services as necessary to obtain effective communication. This would include but not be limited to:

- Services and devices such as qualified interpreters, assistive listening devices, note takers, and written materials for individuals with hearing impairments.
- And qualified readers, taped texts, and Brailled or large print materials for individuals with vision impairments.
- Access to language and interpretation services.

For more information on obtaining auxiliary aids, contact:

Center for Excellence in Disabilities (CED)
959 Hartman Run Road

Morgantown, WV 26505
Phone: 304-293-4692.
Toll Free: (888) 829-9426
TTY: (800) 518- 1448

For language translation and interpretation services Adult Services may Contact 911 Interpreters or the Section 504/ADA Coordinator (see also section 11.5 Limited English Proficiency). To contact 911 Interpreters, utilize the information below:

911 Interpreters Inc.
1-855-670-2500
BSS Code: 16233

When requesting language translation services directly through 911 Interpreters, staff must report the accommodation to the Section 504/ADA Coordinator by completing the *Reasonable Accommodation Reporting Form*.

The Bureau for Social Services will not place a surcharge on a particular qualified individual with a disability or any group of qualified individuals with disabilities to cover the cost of measures, such as the provision of auxiliary aids and services or program accessibility, that are necessary to provide nondiscriminatory treatment required by Title II of the ADA and Section 504.

To address any violations of this Reasonable Modification Policy, consult the Bureau for Social Services Grievance Procedure. To request reasonable modifications, or if you have questions, please contact:

Children and Adult Services
Section 504/ADA Coordinator
350 Capitol St. Rm 691
Charleston, WV 25301
(304) 558-7980
DHHRCivilRights@WV.Gov (email)

Staff who make reasonable accommodations for an individual must be reported to the Section 504/ADA Coordinator utilizing the *Reasonable Accommodation Reporting Form*.

8.5 Limited English Proficiency

The Bureau for Social Services (BSS) will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of BSS is to ensure meaningful communication with LEP clients and their authorized representatives involving their case. The policy also provides for communication of information contained in vital documents, including but not limited to, information release consents, service plans, etc. All interpreters, translators and other aids needed to comply with

this policy shall be provided without cost to the person being served, and clients and their families will be informed of the availability of such assistance free of charge. Language assistance will be provided through use of contracted vendors, technology, or telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in the effective use of an interpreter and the effective use of technology including telephonic interpretation services. The Bureau for Social Services will conduct a regular review of the language access needs of our population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Procedures:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE

The Bureau for Social Services will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with clients or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER

911 Interpreters Inc. has agreed to provide qualified interpreter services. The agency’s telephone number is 1-855-670-2500 (BSS Code: 16233). Interpretation services are available 24 hours a day. Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person’s file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, BSS will provide qualified interpreter services to the LEP person free of charge. Children and other clients will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS

When translation of vital documents is needed, BSS will submit documents for translation to 911 Translators Inc. or the Section 504/ADA Coordinator. BSS will generally provide language services in accordance with the following guidelines:

- (a) BSS will provide written translations of vital documents for each eligible LEP language group that constitutes five percent or 1,000, whichever is less, of the population of persons eligible to be served or likely to be affected or encountered. Translation of other documents, if needed, can be provided orally; or

(b) If there are fewer than 50 persons in a language group that reaches the five percent threshold in (a), BSS will not translate vital written materials but will provide written notice in the primary language of the LEP language group of the right to receive competent oral interpretation of those written materials, free of cost.

Additionally, when making a determination as to what languages services will be provided, BSS may consider the following factors: (1) the number and or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

Documents being submitted for translation will be in final, approved form with updated and accurate information. Staff who utilize 911 Translators must report the utilization using the *Reasonable Modification Reporting Form* to the Section 504/ADA Coordinator.

4. PROVIDING NOTICE TO LEP PERSONS

The Bureau for Social Services will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in DHHR office lobbies and waiting areas. Notification will also be provided through one or more of the following: outreach documents and program brochures.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION

On an ongoing basis, BSS will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, BSS will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from clients and community organizations, etc.

APPENDIX A- DoHS CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR SOCIAL SERVICES

Civil Rights Discrimination Complaint Form

Complainant First Name		Complainant Last Name
Home Phone <i>(include area code)</i>		Work Phone <i>(include area code)</i>
Street Address		City
State	Zip Code	Email <i>(if available)</i>

Is this complaint being completed by someone other than the complainant? ☐ Yes ☐ No

If yes, please provide your information below:

First Name	Last Name	Telephone Number <i>(include area code)</i>
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The complainant feels they have been discriminated against on the basis of:

- | | | |
|---|---|------------------------------|
| <input type="checkbox"/> Race/Color/National Origin | <input type="checkbox"/> Religion/Creed | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Age | |

Who or what bureau within the West Virginia Department of Health and Human Resources is believed to have been discriminatory?

Name/Bureau/Office		
Street Address	City	County
Zip Code	Telephone	

Date(s) discriminatory action is believed to have occurred:

Which program(s) is the complainant alleging the discriminatory action took place in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Child Welfare <i>(includes CPS, Youth Services, Foster Care, Adoption, home finding, and Legal Guardianship)</i> | <input type="checkbox"/> Adult Welfare <i>(includes APS, Guardianship, Health Care Surrogate, Residential Services Request to Receive and Request to Provide)</i> | <input type="checkbox"/> Low Income Energy Assistance Program (LIEAP) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> School Clothing Voucher | <input type="checkbox"/> Indigent Burial |

Complaints involving the Supplemental Nutrition Assistance Program (SNAP) must be sent directly to the U.S. Department of Agriculture. See below for more information.

Describe briefly what happened. How and why does the complainant believe they have been discriminated against? What is the relief or remedy sought by the complainant?

(Attach additional pages as needed.)

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Please sign and date this form. If submitting by email, you may type your name and date. Your email will represent your signature.

Signature	Date (mm/dd/yyyy)
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The West Virginia Department of Human Services shall not retaliate against, intimidate, threaten, coerce, or discriminate against any individual for the purpose of interfering with any right or privilege secured by Title VI, Section 504 or the Age Act, or because she or he has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing.

EEO/Civil Rights Officer shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. EEO/Civil Rights Officer will maintain the files and records of DoHS relating to such grievances. The EEO/Civil Rights Officer shall issue a written decision on the complaint no later than thirty (30) calendar days after its filing, unless the Coordinator documents exigent circumstances requiring additional time to issue a decision. To submit this complaint or request additional information, please contact:

West Virginia Office Of Shared Administration
Office of Human Resource Management
EEO/Civil Rights Officer
One Davis Square, Suite 400, Charleston, WV 25301
(304) 558-3313 (voice)
(304) 558-6051 (fax)
OSACivilRights@WV.Gov (email)

The person filing the grievance retains the right to file a grievance with the U.S. Department of Human Services, Office for Civil Rights, regardless of the decision made by the West Virginia Department of Health and Human Resources. The availability and use of this grievance procedure does not prevent a person from filing a private lawsuit in Federal court or a complaint of discrimination on the basis of being a member of a protected class, with the:

U.S. Department of Health & Human Services
200 Independence Ave., S.W.
Room 509F HHS Bldg.
Washington, D.C. 20201
800-368-1019 (voice)
202-619-3818 (fax)
800-537-7697 (TDD)
OCRComplaint@hhs.gov (email)
The complaint form may be found at <https://www.hhs.gov/ocr/complaints/index.html>

For SNAP complaints, please contact the U.S. Department of Agriculture.

The USDA Program Discrimination Complaint Form, can be found online at: <https://www.ocio.usda.gov/document/ad-3027>, or at any USDA office. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form by mail, email, or fax to:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C. 20250-9410
(202) 690-7442 (fax)
(866) 632-9992 (telephone)
program.intake@usda.gov (email)