

# **Specialized Family Care Program Policy**

**West Virginia Department of Health and  
Human Resources  
Bureau for Children and Families  
Office of Children and Adult Services**

Carla Harper, Director, Children and Adult Services

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# TABLE OF CONTENTS

<b>Section 1: Overview of the Specialized Family Care Program</b>	<b>4</b>
1.1 Historical Context.....	4
1.2 Specialized Family Care Background.....	5
1.3 Philosophical Principles.....	5
1.4 Mission.....	6
1.5 Core Duties of the Family Based Care Specialist.....	7
<b>Section 2: The Specialized Family Care Provider</b>	<b>8</b>
2.1 Approval of Providers.....	8
2.2 Limitations of Providers.....	8
2.3 Minimum Qualifications of Providers.....	9
2.4 Desirable Attributes of Providers.....	10
2.5 Family Constellation.....	12
2.6 Family Health.....	13
2.7 Family Income.....	15
2.8 Employment of SFC Providers.....	16
<b>Section 3: Standards of the Specialized Family Care Home</b>	<b>16</b>
3.1 Home Capacity.....	16
3.2 Access to Support Systems.....	17
3.3 Physical Facilities.....	18
3.4 Home and Housekeeping Standards.....	18
3.5 Home Safety.....	21
<b>Section 4: Standards for the Care of Individuals in Placement</b>	<b>24</b>
4.1 Guardianship, Power of Attorney, Health Care Surrogacy.....	25
4.2 Food and Nutrition.....	26
4.3 Care and Welfare Standards.....	27
4.4 Education.....	29
4.5 Discipline/Supervision.....	29
4.6 Medical Care and First Aid.....	32
4.7 Transportation/Car Safety.....	36
<b>Section 5: Standards for Certification of a SFC Home</b>	<b>37</b>
5.1 Home Study Process.....	37

5.2	Criminal Background Investigation.....	41
5.3	Protective Services Records Check.....	43
5.4	Medical Report.....	44
5.5	DHHR SFC Agreement.....	45
5.6	Initial Training.....	45
5.7	Certification Letters and Certificates.....	46
5.8	Initial Certification Home Report.....	46
5.9	Privacy Practices.....	46
5.10	Initial Application Denial.....	47
5.11	Provider Grievance Procedure.....	47
5.12	Annual Recertification of the SFC Home.....	48
<b>Section 6: Referral and Placement of Individuals</b>		<b>50</b>
6.1	Source of Referrals.....	50
6.2	Initiating a Referral.....	51
6.3	Standards for Placement of an Individual.....	51
6.4	Second Placement in a SFC Home.....	53
6.5	Limitations of SFC Homes.....	54
<b>Section 7: Compliance of Homes and Providers</b>		<b>55</b>
7.1	Standards for Compliance of the SFC Home.....	55
7.2	Standards for Performance Contract Compliance.....	55
7.3	Standards for Corrective Action Plans.....	56
7.4	Standards for Investigation of Abuse and/or Neglect.....	56
7.5	Standards for Closure of the SFC Home.....	57
<b>Section 8: Provider Training Requirements</b>		<b>58</b>
8.1	Pre-Service Training.....	58
8.2	On-Going Training.....	59
<b>Section 9: Roles of the SFC Home Providers</b>		<b>60</b>
9.1	Role of the SFC Provider.....	60
9.2	Monitoring of Provider.....	64
<b>Section 10: Funding in a Specialized Family Care Home</b>		<b>65</b>
10.1	Payment for Care.....	65
10.2	Room and Board Payments.....	67
10.3	Medley Demand Payments.....	68
10.4	Property Damage Reimbursement.....	70

# Section 1. Overview of the Specialized Family Care Program

## 1.1 Historical Context

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

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

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

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

## **1.2 Specialized Family Care Background**

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

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

WVDHHR currently contracts with West Virginia University's Center for Excellence in Disabilities. The WVU-CED employs a program manager to oversee the Specialized Family Care Program, a foster care program specifically for children and adults with intellectual and developmental disabilities.

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

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

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

Specialized Family Care is seen as providing permanency to the individual in placement since children do not age out of care. Specialized Family Care is unique

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

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

The mission of the Specialized Family Care Program is to recruit, train, and monitor a network of provider homes housing adults and children with intellectual and/or developmental disabilities. Specialized Family Care, originating from the Medley Consent Decree, has become a viable placement option in the spectrum of services for any individual with intellectual disabilities and/or developmental disabilities.

A Specialized Family Care Home is a place where an individual can grow and develop to his/her maximum potential; mentally, physically, emotionally, and socially in a family atmosphere. The Specialized Family Care Home can provide care until the individual is reunited with his/her family, is adopted, moves to another setting that better meets his/her needs, or chooses to remain in the Specialized Family Care Home.

Specialized Family Care will follow the guidelines established by § 441.710 WV State Plan for Home and Community-Based Services to focus on providing quality services to eligible individuals in their homes and communities. Specialized Family Care will work with HCBS to provide a sustainable, person-driven support system for individuals with disabilities to help them achieve outcomes of independence, health, and quality of life.

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

- 1.5.1** Responsible for the quality assurance of up to 27 Specialized Family Care (SFC) provider homes throughout a particular region.
- 1.5.2** Assess and evaluate foster care providers and their homes for placement of adults and children with intellectual and/or developmental disabilities (I/DD) for both long term and respite (part-time or occasional) care.
- 1.5.3** Conducts monthly home visits in the homes of providers or phone contacts in the event of illness or inclement weather, visiting with both the providers and persons in placement, and reviewing and inspecting the homes to assure the health, safety, and security of the home environment of the person placed in the home.
- 1.5.4** Assures that SFC home providers successfully complete all annual training requirements to maintain their certification to care for individuals with I/DD.
- 1.5.5** Assures that certification information and back-up documentation is received, reviewed, and approved on an annual basis and in a timely, complete, and accurate fashion.
- 1.5.6** Serves as a resource to SFC home providers, other Family Based Care Specialists, and various representatives in state and local agencies and consumers daily.
- 1.5.7** Conducts outreach to educate the community, other agencies, and the public about the Specialized Family Care Program and to recruit new homes into the program.

## Section 2. The Specialized Family Care Provider

### 2.1 Approval of Providers

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

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

### 2.2 Limitations of Providers

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

Although all family members are expected to contribute to the well-being and growth of individuals in full -time placement or receiving respite, **only one adult per home is considered the designated Specialized Family Care Provider. This person is considered the Primary Care Provider and the person who has the authority to bill Title XIX I/DD Waiver and/or Personal Care for the services being provided to the individuals in the home.**

The spouse and/or significant other of the designated Specialized Family Care Provider or other adults in the home may be employed through a behavioral health



center to provide and bill for services in the community. However, they cannot provide or bill for services in the Specialized Family Care home.

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

- 2.3.1** The prospective Specialized Family Care (SFC) Provider must be at least twenty-one (21) years of age at the time of application. The prospective SFC Provider may not be older than 65 years of age, unless a waiver is granted by the Specialized Family Care Program Manager.
  
- 2.3.2** The prospective SFC Provider who wishes to provide services in their home must reside in the home being certified.
  
- 2.3.3** No one residing in the home as a family member will have a history or incidence of neglect, abuse, maltreatment or exploitation as determined by the APS/CPS Protective Service Background Checks.
  
- 2.3.4** The decision to become a foster/adoptive parent shall be agreed to by all members of the household, including children over the age of twelve (12).
  
- 2.3.5** The prospective Specialized Family Care Provider must be a United States Citizen and a resident of West Virginia. There may be certain instances when a prospective Specialized Family Care Provider must remain a citizen of another country due to retirement purposes, but a waiver must be granted by the Specialized Family Care Program Manager prior to approval.
  
- 2.3.6** The prospective Specialized Family Care Provider may not function as a daycare provider, adult family care provider, foster/adoptive care provider or any other social service provider without prior approval of the Specialized Family Care Program Manager and the supervisor of the dual program. This dual certification will be reviewed annually during the review process or more often, if needed.
  
- 2.3.7** The prospective Specialized Family Care Provider may not provide services for private pay without a waiver from the Specialized Family Care Program Manager.

- 2.3.8** The prospective Specialized Family Care Provider must be financially stable and able to meet the financial needs of their household without being dependent on any monies received from the placement of an individual in their home.
  
- 2.3.9** The prospective Specialized Family Care Provider, as well as all other household members, must possess good physical and mental health. The prospective Specialized Family Care Provider should be free of communicable diseases or illnesses or disabilities which interfere with the person's capability to care for an individual in their home.

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

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

- 2.4.1** Specialized Family Care Providers must be selected based on their patience, flexibility, ability, experience, genuine interest and sincerity of purpose in providing care for an individual.
  
- 2.4.2** Their home should show evidence of activity and total family involvement. The individual placed in a Specialized Family Care Home should be made to feel a welcome part of this environment.
  
- 2.4.3** Potential Specialized Family Care Providers and their families must recognize the rights and needs of the individual and be willing to accept the person as a family member. This would include the recognition of religious, medical and social needs with some assistance offered for meeting those needs if necessary.

- 2.4.4** Prospective SFC Providers must be nurturing, responsible, patient, stable, flexible, mature, healthy adults capable of meeting the needs of the individuals referred for placement services.
- 2.4.5** The prospective Specialized Family Care Provider must be able to maintain meaningful relationships with members of their own family and with persons outside the family, free from chronic and/or severe conflict which would interfere with the care of the individual placed in their home.
- 2.4.6** The prospective Specialized Family Care Provider must have demonstrated emotional stability and the ability to function adequately in relationship to family responsibilities and employment, as indicated both currently and in the history of the family.
- 2.4.7** The prospective Specialized Family Care Provider must give evidence of flexibility and the ability to modify their expectations, attitudes and behavior in relation to the needs of the individual with intellectual disabilities and/or developmental disabilities.
- 2.4.8** The prospective Specialized Family Care Provider must be willing to seek and accept professional assistance when needed to address the problems of family living.
- 2.4.9** The prospective Specialized Family Care Provider must recognize the importance of the Plan of Care or Individual Program Plan (IPP) and be willing to participate in training to carry out the goals of these plans, both in the home and community.
- 2.4.10** The prospective Specialized Family Care Provider must have the ability to accept and maintain the family and friend relationships of the individual in placement unless prohibited by the legal guardian.
- 2.4.11** The prospective Specialized Family Care Provider must demonstrate the willingness to learn new skills necessary to meet the individual's needs (i.e., signing, communication devices, etc.)
- 2.4.12** The prospective SFC Provider and family members must demonstrate a concern and responsibility for others.

- 2.4.13** The prospective SFC Provider and family members must demonstrate a desire to help an individual with special needs grow and develop into the most independent individual they can be.
- 2.4.14** The prospective SFC Provider and family members can give affection and care to an individual with intellectual disabilities and/or developmental disabilities in order to meet his/her needs, without expecting immediate appreciation.
- 2.4.15** The prospective Specialized Family Care Provider is mature in their judgments and decision making.
- 2.4.16** The prospective Specialized Family Care Provider must be willing and able to accept the level of involvement and supervision required by the Specialized Family Care Program and related agencies for the individuals in their home.
- 2.4.17** The prospective Specialized Family Care Provider, as a mandated reporter, must report any suspected abuse/neglect allegations to the WVDHHR. Reports may be made to the Abuse/Neglect Hotline at **1-800-352-6513**.

## **2.5 Family Constellation**

It is desirable for the Specialized Family Care family to include two adults to provide the individual with maximum opportunities for personal development and to allow for shared responsibility of the individual's care. This is particularly important when a child is being placed in the home. The number and ages of family members in the home affect the Specialized Family Care Provider's stamina, skills at parenting and providing care, and the overall equilibrium of the family unit. The presence of other children or relatives in the home should be considered as they may be affected by, or have an effect upon, the individual being placed. However, this does not prohibit single individuals from becoming a Specialized Family Care "family".

One factor to explore with a single applicant is their financial status. The individual who requires full time care or intensive care due to fragile health conditions may compromise outside employment opportunities for the provider. In this circumstance careful team planning and special approval by the Specialized

Family Care Program Manager is required to provide the necessary optimum level of care to the individual and still assure that the provider is able to meet all financial living obligations without being dependent on the monies received from either Personal Care or Title XIX Home and Community Based Services.

On occasion, circumstances change in an established SFC home such as a death of a spouse or a divorce changing the support makeup of the home emotionally and financially. These occasions will be evaluated on a case-by-case basis to best meet the needs of the individuals in placement.

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

## **2.6 Family Health**

- 2.6.1** Every family member shall be under the supervision of a licensed physician. The prospective Specialized Family Care Provider, as well as all other household members, must possess good physical health, be free of communicable diseases and specific illnesses or disabilities which interfere with the family's capability to care for individuals in placement. All adult family members will complete a Tuberculin (TB) test.
- 2.6.2** The prospective Specialized Family Care Provider and all members of the home over age 18 who will be providing care to the individual in the home must have a physical exam performed by a physician that assures that their physical health is appropriate to care for an individual in placement. All approved Specialized Family Care Providers and any other caregivers in the home must have a follow up physical examination every year.
- 2.6.3** Records of immunizations for children under age 18 must also be submitted as part of the certification packet and annually thereafter.
- 2.6.4** In order to avert unnecessary expenditures, prospective SFC Providers will not be required to undergo medical examinations until a preliminary evaluation of their home indicates a strong possibility that the home will be approved. The physician's report, along with other information about the prospective SFC Providers, shall be considered in the total evaluation of the home.

- 2.6.5** Secondhand smoke is harmful. Specialized Family Care Providers, their families, and visitors will not smoke in the Specialized Family Care Home while placed individuals and individuals receiving respite are present UNLESS a physician's statement is obtained that states a specific individual will not be harmed by secondhand smoke. If an individual who smokes receives services through the Specialized Family Care Program, the individual's treatment team, legal guardian or Health Care Surrogate and physician will provide a smoking protocol for that specific individual.
- 2.6.6** If the Family Based Care Specialist has a concern or evidence of a change in health status of the provider or other family member, an updated medical examination by a licensed medical professional will be requested. Failure to secure an updated medical examination may result in a Corrective Action Plan and may lead to closure of the home.
- 2.6.7** A physical or mental disability of an applicant which does not prevent the prospective SFC Provider from providing adequate physical care to an individual with intellectual disabilities and/or developmental disabilities should not bar the approval of the prospective SFC Provider. The meaning and extent of the disability of the prospective SFC Provider, as well as the effect on his/her personality and the significance to a specific placement should be evaluated during the application process with consultation from the provider's primary care physician. The medical report must be completed with a "yes" statement in answer to the question: "Is the patient physically and emotionally able to assume responsibility for an individual with disabilities?"
- 2.6.8** The prospective Specialized Family Care Provider, as well as all other household members, must be of sound mental health. If any member of the household has a long history/record of mental health or substance abuse issues or problems or if certain behaviors occur during the home study process, then the Family Based Care Specialist may request a psychological evaluation or a substance abuse evaluation at the prospective provider's expense.
- 2.6.9** If the Family Based Care Specialist feels that a psychological evaluation or substance abuse evaluation is necessary to determine the parent's ability to provide services, the prospective Specialized Family Care Provider will sign a release of information permitting the WVDHHR to obtain a psychological evaluation/assessment or substance abuse testing. The information gathered from these assessments will then be used to determine the emotional well-being of the prospective Specialized Family

Care Provider and his/her ability to care for an individual in placement. These evaluations shall be at the prospective SFC Provider's expense.

## **2.7 Family Income**

The family shall provide verification at certification and annual recertification in the form of the previous year's W-2 or check stubs, tax returns, monthly bills, etc. and should possess adequate financial resources to provide a reasonable standard of living for their immediate family without exploiting the individual's resources or being dependent upon the monies received for caring for an individual in their home.

However, occasionally in special circumstances involving an established Specialized Family Care home a waiver may be granted by the SFC Program Manager to allow for some dependency upon monies received for care if there are extenuating circumstances that have occurred after the initial placement of an individual and said individual has resided there for multiple years establishing this as their home. The Family Based Care Specialist will review with the home provider to ensure this is manageable with complete understanding the placed individual's money may never be utilized for household expenses.

Any suspicion of financial exploitation will be reported to the WVDHHR Child Protective or Adult Protective Service Units for investigation. The family should be known to have financial integrity and an understanding of their responsibility to see that the individual placed in their home receives all benefits designated for his/her own personal use. Any prospective SFC Provider with a history of financial problems will be asked to provide extensive background financial information.

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

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

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

The level of care and training required by an individual with intellectual disabilities and/or developmental disabilities is intensive, and the Specialized Family Care Provider needs to be available to the individual frequently and for long periods of time. The individual is never to be left alone in the home thus it is not recommended that the Specialized Family Care Provider work outside the home. It is recommended that the other adult in the home be the source of outside employment and financial assistance to the home. Couples in which both parents are employed outside the home shall not be excluded from consideration as Specialized Family Care Provider, however, when alternate care outside the home is needed, these arrangements need to be evaluated as part of the home assessment and approved by the Family Based Care Specialist.

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

### **3.1 Home Capacity**

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

All referrals to prospective Specialized Family Care Providers will be presented by the Family Based Care Specialist.

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

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



## **3.2 Access to Support Systems**

In January 2014, the Centers for Medicare and Medicaid Services promulgated a final federal rule (2014 Home and Community Based Services Final Rule CMS-2249-F and CMS2296-F) to ensure the individuals receiving long term services (HCBS) programs under 1915 © and 1915 (i) have full access to the greater community. All SFC providers must attest annually that the person in placement has opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal finances and receive services in the community to the same degree as individuals not living in a SFC Home.

Successful community placement of an individual depends largely upon the accessibility and availability of support systems. It is important services are available to provide necessary care, training and/or employment opportunities for the individual, but provide additional resources to the Specialized Family Care family. When considering accessibility, transportation is a key issue to be explored. Specialized Family Care families are expected to provide transportation to needed local community services (i.e. doctor appointments) as well as to recreational activities within the community and treatment team meetings at the service coordination agency. Out of community transportation which would be a logistical and financial burden should be addressed by the Interdepartmental Team (IDT/IPP) that helps develop the individual's Individual Program Plan.

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

## **3.3 Physical Facilities**

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

The person in placement or their legal representative must sign a SFC Room and Board Agreement that is a legally enforceable agreement giving the person in

placement, at a minimum, the same responsibilities, and protections from eviction that tenants have under the landlord/tenant law of the state, county, city or other designated entity. \*The unit or dwelling is a specific place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services and the individual has, at a minimum, the same responsibilities, and protections from eviction that tenant have under the landlord/tenant law of the state, county, city or other designated entity.

Annually the Family Based Care Specialist will conduct a review of the home specially related to this federal rule. HCBS Surveys will be conducted initially when the home is understudy and then annually during July with results being reported to the WV Department of Health and Human Resources. Any deficiencies must be reported to the Bureau for Medical Services immediately and remediated within 30 days. Failure to do so will result in ending any HCBS reimbursement to the foster family.

Prior to a new SFC home opening, the Family Based Care Specialist must conduct a review of the home specifically related to this federal rule. Any deficiencies must be corrected before any placements can occur.

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

- 3.4.1** The family living quarters shall be adequate to provide space for the individual without disrupting the usual living arrangements for the family and at the same time provide ample opportunity for the individual to be part of family living if he/she desires.
- 3.4.2** Each home shall provide an attractive, homelike and comfortable environment. It shall be maintained in a clean, hazard free and orderly manner, both inside and out.
- 3.4.3** Rooms shall be accessible to the individual and not more than one flight above street level.
- 3.4.4** Single occupancy in a bedroom shall be encouraged. No more than two (2) persons will occupy the same room and under no circumstances shall the Specialized Family Care Provider share the bed or bedroom with the

individual. In the case of a medically fragile infant, a waiver may be requested from the Specialized Family Care Program Manager.

- 3.4.5** A separate, comfortable bed with permanent space shall be provided for each individual in placement. There must be sufficient sleeping space so that the individual does not share a bedroom with a member of the opposite sex or with a different age group. For example: male children under the age of 18 may share a room and males over the age of 18 may share a room, but a younger child and an adult should not share a room together.
- 3.4.6** The individual's bed shall be equipped with substantial springs, a clean and comfortable mattress, a mattress cover, two sheets, a pillow and covering as required to keep the person comfortable. Waterproof sheets shall be placed over the mattress cover when necessary. The linens shall be kept clean.
- 3.4.7** Each infant shall have a crib that meets federal standards for sleeping.
- 3.4.8** Folding cots, folding beds and sofa beds are not permitted. Double-decker or bunk beds are discouraged.
- 3.4.9** Equipment necessary for the care and comfort of the individual, such as extra pillows, blankets and bed linens, shall be available.
- 3.4.10** Closet space shall be available either in the individual's room or immediately adjacent to it.
- 3.4.11** The individual(s) bedroom shall not be used by any other members of the household. This includes not keeping the family computer, exercise equipment or tanning beds in the individual(s) bedroom.
- 3.4.12** The bedroom of an individual with a physical disability shall be within easy access of a responsible person who is approved to provide care when needed. In some instances, the individual's bedroom may need to be located on the ground level and the same floor as the bathroom.
- 3.4.13** Each bedroom shall contain space for storage of clothing and personal belongings as well as other furnishings necessary for the individual's comfort. Furniture and accessories shall be in good condition, attractive and

comfortable. The individual shall be encouraged to bring some personal furnishings, if possible.

- 3.4.14** Each individual bedroom must have a window leading to the outside and an interior door leading to the rest of the home. At least one window in the individual's bedroom will be large enough to allow the emergency evacuation of the individual.
- 3.4.15** Attic or basement bedrooms must meet the same standards as all bedrooms in the home.
- 3.4.16** Bathrooms must have windows and/or fans for ventilation.
- 3.4.17** Bathrooms shall be easily accessible and equipped to meet the needs of the individual placed in the home.
- 3.4.18** Bathrooms shall be clean and toilet and bathing facilities shall be free from odors and in good working order.
- 3.4.19** Bathrooms must have doors for privacy.
- 3.4.20** Adequate artificial and/or natural light and ventilation shall be available in bathrooms. Ventilation means a window that opens to the outside atmosphere or a vented ceiling fan.
- 3.4.21** Each home must have a working telephone that is always available in the home. This can be a landline or a cell, but it must always be in the home whenever household members are in the home. A phone must always be available for the individual in placement to make or take phone calls in privacy.
- 3.4.22** Both indoor and outdoor play space and suitable recreational equipment, books, etc., must be available to the individual and age appropriate.
- 3.4.23** **Individuals** shall not be housed in unapproved rooms or detached buildings.

- 3.4.24** Due to the specialized care that may be required for an individual, alterations in the physical surroundings, such as the addition of handrails inside or outside the home, or special equipment may be required.
- 3.4.25** When a placement of an individual is being considered, the Family Based Care Specialist will discuss any necessary renovations, home accessibility modification or additional equipment that may be required and what funding, if any, is available to assist with the cost.

### **3.5 Home Safety**

- 3.5.1** The prospective Specialized Family Care Home will be inspected by the Family Based Care Specialist during certification and annually thereafter.
- 3.5.2** The use of mobile homes will be limited to those manufactured after 1976. In addition, all mobile homes must be equipped with push out window frames that are the type of sash/windows that rise and can be used as an emergency escape. (WV DHHR Homefinding Policy Home Safety Environment)
- 3.5.3** All homes must have operating windows that are safely screened and have at least two exits that can be used for emergency exits.
- 3.5.4** A home diagram must be made identifying rooms and occupants that reflects a fire escape plan, escape route, and an outside meeting place. This schematic will be included in the annual recertification packet and posted within the home.
- 3.5.5** Each individual must be taken through the fire escape route within twenty-four (24) hours of placement and at least monthly thereafter.
- 3.5.6** If the individual's bedroom is located on an upper floor of the house, it must have a fire escape ladder or other approved method of evacuation available for emergency exits.

- 3.5.7** If a garage is attached to the house, it must be separated from the house by a tight-fitting door which is kept closed to prevent exhaust fumes from entering the home.
- 3.5.8** Furniture, carpets and accessories shall be sanitary, in good condition, comfortable and free from odors.
- 3.5.9** Heat sources such as fireplaces, furnaces, stoves, radiators, water heaters, and other heaters must have safeguards including thermostatic controls, automatic shut off valves, vents, and screens that are functioning, when required on the heat source. Gas heaters advertised as “ventless” will need to follow manufacturer manuals.
- 3.5.10** Walls, ceilings and floors must be adequately protected from heating and cooking equipment by sufficient clearance or noncombustible insulation. Areas near the chimney, furnace, water heater and stove must be free from items that could catch fire.
- 3.5.11** Ashes from burning coal or wood must be kept in a metal container clear of wood floors and walls. The exhaust pipes for wood stoves, fireplaces and coal-burning stoves must be maintained to keep them free of creosote.
- 3.5.12** Makeshift heating or cooking devices such as charcoal grills, camping stoves, kerosene heaters, etc. which could cause carbon monoxide poisoning or other accidents may not be used indoors or in garages.
- 3.5.13** Extension cords must be used properly.
- 3.5.14** Electrical circuits must be protected by a maximum twenty (20) amp fuse or circuit breaker.
- 3.5.15** All chemicals and flammable materials must be stored in unbreakable, clearly labeled containers out of reach of the individual in placement. This includes household cleaning supplies, gasoline, pesticides, weed killers, etc.

- 3.5.16** All firearms must be kept properly stored in locked containers inaccessible to individuals in placement. Ammunition and all other weapons including knives, throwing stars, etc. shall also be stored in a separate locked container out of the reach of the individual in placement.
- 3.5.17** The residence must have an appropriate supply of water, including a hot water supply to sanitize cooking and eating utensils.
- 3.5.18** If drinking water is supplied by means other than a municipal water supply, it must be evaluated and approved safe by the local Department/Division of Health or by an objective, independent facility capable of making such distinctions. This shall occur at the time of initial certification and annually thereafter and documented on the SFC Guidelines for the Home Environment.
- 3.5.19** Liquid waste shall be disposed of in a sanitary manner into a public sewage system, or if none is available, into a system which meets the standards of the Department/Division of Health.
- 3.5.20** Garbage and trash shall be collected and disposed of in compliance with established standards of the Department/Division of Health.
- 3.5.21** All pets (typically cats and dogs) kept at the home must have proof of current vaccination/certification which is required by West Virginia Code 1920A.2. Other pets and or the number of, will be considered by the discretion of the Family Based Care Specialist and the Program Manager. If an animal is sickly or vicious, it must be confined in an area not accessible to the individual in placement. All individuals in placement will be instructed in the proper care methods before they are allowed to handle or care for an animal. All individuals in placement must be carefully supervised when handling or caring for an animal.
- 3.5.22** Decks eighteen inches (18") from the ground or higher must have appropriate railing around the parameter of the deck and the area below the deck must be enclosed with wire mesh or wood lattice unless there is usable living space below the deck.

- 3.5.23** The provider shall ensure that all pools used by an individual in placement shall have working filtration systems and are maintained to prevent the development of bacteria and algae.
- 3.5.24** Wading pools, inflatable pools and hot tubs are prohibited for use by the individual placed in the home. Any hot tubs used by the provider and their immediate family are equipped with hard covers.
- 3.5.25** All in-ground pools must be enclosed with a fence that is at least four (4) feet high with a locking gate.
- 3.5.26** Above ground pools must be equipped with an entry gate and ladder that remains locked when the pool is not in use. A fence is required that encloses the pool and is at least four (4) feet high; or a fence is required that is manufactured strictly for above-ground pools that extends at least two (2) feet above the pool with a locking ladder attached to prevent unsupervised access to the pool by children or anyone unaware of the potential danger. If the home has a decorative pond or a kiddie/wading/blow up pool the family must take measures to prevent unsupervised access by children or anyone unaware of the potential danger.

## **Section 4. Standards for the Care of Individuals in Placement**

**The Specialized Family Care Provider is the primary caregiver for the individual in placement, however they are not the final decision maker. This responsibility may belong to the individual in placement, a DHHR worker, a family member, a judge, guardian ad litem, or another designated individual. SFC does feel it is important that a provider be allowed to share their perspective with the Interdepartmental team when decisions are being made.**

### **4.1 Guardianship, Power of Attorney, Health Care Surrogacy**

**There is an extensive variety of oversight methods and while they will be mentioned here, we will not be providing lengthy explanations of what they entail. The least restrictive is when a person in placement is his/her own guardian and makes their own decisions. The next would be supported guardianship which still has the individual making their own decisions with the help of one or more trusted friends or family. From here we have guardianship, limited guardianship, medical power of attorney, power of**



attorney, conservator, health care surrogate, and others. Some are very similar to each other; some are only for medical and others are only financial. We will work with individuals in placement and their interdepartmental teams to establish what they want as well as what is in their best interest.

**Specialized Family Care providers may no longer serve as a guardian etc. for persons placed in their homes due to the conflict of interest established by granting a provider control over an individual's medical and or financial matters when they are also being paid to provide a home for the individual, as well as care and training services. Please see WV Code § 44A-1-8.**

**4.1.1** Children must be in the custody of the state for placement in the SFC Program. For parents and/or guardians to voluntarily relinquish their custody to the State, the SS-FC-4A must be completed.

**4.1.2** Providers, household members, or family members of providers or household members may NOT serve as the guardian, medical power of attorney, health care surrogate or any other form for adults or children placed in the home within the Specialized Family Care Program unless they were placed and grandfathered in prior to 1996 for adults and 2014 for a few children receiving personal care services whose providers became their guardians. Once those children reach the age of 18 the provider can no longer serve as guardian.

**4.1.3** Providers of homes for children MAY NOT serve as the guardian for children who are placed in the SFC Program unless they were grandfathered in before 2014 and receive personal care services. Guardianship is prohibited by the Personal Care Program. No provider can be guardian for children placed in SFC homes which utilize IDD Waiver funding for care.

**4.1.4** Providers who were serving as guardians to a person (adult) in placement prior to 1996 were grandfathered into those roles and are permitted to continue as guardians for that member. However, no new guardianship roles may be established by any SFC providers.

## **4.2 Food and Nutrition**

- 4.2.1** Adequate food shall be provided to meet the nutritional requirements of the individual placed according to his or her age and activity. Meals shall be well balanced and prepared with consideration for any prescribed special dietary food requirements/needs and the cost of such shall be included in monthly room and board payments.
- 4.2.2** All physician/dietician prescribed diets shall be in writing, dated and kept on file in the individual's medical notebook. Meals shall be carefully planned to adhere to the prescribed diet. Providers may not require that an individual placed in their home follow other diets such as vegan, vegetarian, etc. Individuals requiring pureed food shall have each food item prepared separately so they may still enjoy the taste of each food item.
- 4.2.3** Any food preferences of the individual in placement shall be taken into consideration without sacrificing good nutrition.
- 4.2.4** Food shall be stored in such a manner as to be free from contamination.
- 4.2.5** Sinks and surrounding kitchen area shall be clean and free from odors and all major appliances shall be in good working order.
- 4.2.6** A child placement shall eat meals with the family and, when possible, be encouraged to assist in preparation as a family member or if specified on the individual's IPP. An adult in placement will be encouraged to eat meals with the family, but it will not be mandated. Adults choosing not to eat with the family will be able to prepare their own meal and clean up after themselves seeking assistance as needed.
- 4.2.7** At least three nutritionally balanced meals per day shall be served with not more than a fourteen-hour span between the evening and breakfast meals. Appropriate snack items should be available to individuals placed in the home at appropriate intervals such as mid-morning, mid-afternoon and evening. Snacks for individuals with special needs should adhere to any special diets as prescribed by a licensed physician/dietician and should be available to individuals requiring them.
- 4.2.8** The costs of liquid nutritional supplements for adults prescribed by a licensed physician are included in the cost of the monthly room and board

payments. If the cost of these nutritional supplements is more than half the cost of the monthly room and board payment, then the Family Based Care Specialist may assist the Specialized Family Care Provider in accessing other available resources.

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

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

- 4.3.1** The individual shall be suitably dressed at all times and given assistance, when needed, in maintaining good body hygiene and grooming.
- 4.3.2** Toiletry articles, such as towels, shaving equipment, brushes and combs shall not be used by other household members.
- 4.3.3** The individual shall be provided soap, shampoo, clean towels, wash cloths, individual mouthwash cups and toothbrushes.
- 4.3.4** Although an individual shall not be denied the right to rest periods, the individual shall be encouraged to use other areas of the home and to take part in social activities.
- 4.3.5** The individual shall not be denied the right to privacy, however, the individuals will be monitored twenty-four (24) hours per day in accordance with their needs.
- 4.3.6** An individual's correspondence shall not be opened except as authorized by the individual or his/her legal guardian.
- 4.3.7** The individual shall not be housed in unapproved rooms or in detached buildings or trailers.

- 4.3.8 Special equipment, such as walkers or wheelchairs, shall be available to the individual, if needed.
- 4.3.9 Assistance in laundry or minor repair of clothing shall be given when necessary. Replacement of the initial supply of clothing shall be made when necessary.
- 4.3.10 An individual in placement shall be provided with the opportunity for participation in religious services of his/her choice. In the case of a child, the biological parents' choice should be taken into consideration at the time of placement.
- 4.3.11 Opportunities for personal and private counseling shall be provided, as desired by the individual.
- 4.3.12 Secondhand smoke is harmful. Specialized Family Care Providers, their families, and visitors will not smoke in the Specialized Family Care Home while placed individuals and individuals receiving respite are present UNLESS a physician's statement is obtained that states a specific individual will not be harmed by secondhand smoke. If an individual who smokes receives services through the Specialized Family Care Program, that individual's treatment team, legal guardian or Health Care Surrogate and physician will provide a smoking protocol for that specific individual.

## 4.4 Education

Each school age individual placed in a Specialized Family Care home shall have an Individual Education Plan (IEP) developed. Specialized Family Care Providers shall participate in the development of the IEP as well as the Family Based Care Specialist. SFC Home Providers are expected to cooperate in carrying out the goals established in the IEP. Children are expected to attend their local schools and receive appropriate educational services afforded to them by the Special Education Policy 2419. For a child who is in the custody of the Department of Health and Human Resources to attend an alternative school, private school, parochial school or receive home-schooling it must be approved by the Multidisciplinary Team (MDT). The MDT Team is to include the judge or designee, DHHR Caseworker, Guardian Ad Litem, SFC Home Provider, Family Based Care Specialist and the advocate if there is one. Others can be invited to participate.

## **4.5 Discipline/Supervision**

Specialized Family Care supports and advocates the use of Positive Behavior Support

for the purpose of modifying behaviors and teaching coping skills to individuals placed in the Specialized Family Care home.

- 4.5.1** Punishments of a physical nature, including hitting on the body in any manner, or any punishment that subjects an individual to verbal abuse, ridicule, or intimidation is strictly prohibited.
  
- 4.5.2** Threats of removal from the home, humiliating words or acts, screaming at the individual in anger, verbal abuse, derogatory remarks about the individual or his/her biological family, keeping an individual out of school or day programming, denying meals or food, closing or locking an individual in a closet, shed, room or inside or outside the home or fondling or any form of sexual abuse is not acceptable.
  
- 4.5.3** Half doors or gates with or without locks are not permitted on an individual's bedroom or any other rooms in the home unless it is approved by a Behavioral Health Center's Human Rights Committee and reviewed at least annually.
  
- 4.5.4** Individuals shall be re-directed by the Specialized Family Care Provider with kindness and understanding.
  
- 4.5.5** The Specialized Family Care Provider shall use disciplinary measures designed to help the individual and carried out in such a way as to help them develop self-control and to assume responsibility for his/her own actions.
  
- 4.5.6** Simple understandable rules shall be established by the Specialized Family Care Provider. These rules shall set forth specific expectations for behavior and reward for appropriate behavior.

- 4.5.7** Discipline shall be related to the developmental stage of the individual and within line with the individual's abilities to comply.
- 4.5.8** Discipline shall be related to the individual's act, handled without bias and without prolonged delay on the part of the foster/adoptive parent. The individual shall be aware of the relationship of the act to its consequences.
- 4.5.9** The individual may be given time out for a short period of time, if necessary, to help him/her regain control. When possible, the individual should help set time limits.
- 4.5.10** Behavior problems shall be treated individually and privately. If there is an assessment of an individual's pattern of unacceptable behavior, the Specialized Family Care Provider should be involved and cooperate in carrying out the specific positive behavior support plan for the individual after they have been given an approved plan and been trained on the plan.
- 4.5.11** Positive behavior support should be used when treating behavior issues.
- 4.5.12** Denial of mail, phone calls and/or visits with family members cannot be used as a disciplinary measure.
- 4.5.13** Specialized Family Care Providers are not to use or permit the use of any form of physical restraint of an individual in their care. Use of restraints as a rule is prohibited, except for placing a small child in a chair for feeding, transportation restraints, or in cases where a form of restraint is necessary to provide for the health and safety of the individual in placement. In the latter case, the restraint must have been presented to a Human Rights Committee and been approved and must be reviewed annually.
- 4.5.14** Only Specialized Family Care Providers who have been trained in passive restraint by a certified trainer and have been certified by the trainer as having the required knowledge and skills to use this technique may use this as a crisis intervention method and only as a last resort. All other possible means of de-escalation shall be attempted before making the decision to use passive restraint.

- 4.5.15** The Family Based Care Specialist will discuss approved disciplinary procedures with the Specialized Family Care Provider during the initial certification process and recertification process and obtain a signed Discipline Policy.
- 4.5.16** Each individual in placement must be supervised at all times unless otherwise specified on their Individual Program Plan.
- 4.5.17** Individuals must be closely supervised by an adult when participating in activities such as swimming, jumping on a trampoline, skiing, snowmobiling, horseback riding, etc. Individuals of any age with a developmental disability who lack the ability to protect themselves must not be left unattended at any time when participating in dangerous activities such as those listed above. Specialized Family Care Providers should assure that; individuals in placement utilize proper safety equipment such as helmets, knee pads, wrist and elbow pads, etc. when riding bikes, using roller blades or participating in any other activities that may cause injury.
- 4.5.18** The Specialized Family Care Provider will not allow children under the age of twelve (12) years old to operate an All-terrain vehicle and children twelve (12) years old to sixteen (16) years old should not operate an ATV with an engine size greater than 90cc. This is from <https://transportation.wv.gov/dmv/dmvformsearch/atv-laws.pdf>
- 4.5.19** The Specialized Family Care Provider will assure that individuals, age twelve (12) years and older, do not operate All-terrain vehicles without a certificate of completion of a vehicle rider awareness course as offered or approved by the Commissioner of Motor Vehicles. During the operation of this activity, the individual must wear protective gear and be closely supervised by an adult.
- 4.5.20** Specialized Family Care Provider will assure that individuals are not passengers on All-terrain vehicles unless more than one passenger is allowed on the vehicle, specified by the manufacturer's recommendations, and the driver is an adult caretaker.
- 4.5.21** All persons born on or after January 01, 1975 must first successfully complete a certified hunter education course before purchasing a hunting

license. When purchasing a hunting license, the person must present a certificate of completion to the agent issuing the license.

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

- 4.6.1** The individual in placement, shall be under the supervision of a licensed nurse practitioner, a licensed physician's assistant or a licensed physician who may refer for specialist needs. The SFC Provider should always take a medical form to be completed by the doctor or nurse to help the provider maintain a current medical file for each person in placement.
- 4.6.2** The Specialized Family Care Provider shall be responsible for obtaining medical care from a licensed physician in case the individual in placement encounters an accident, acute illness or emergency medical situation.
- 4.6.3** The Specialized Family Care Provider shall also ensure that the individual in placement will have, at a minimum, a routine yearly physical examination, bi-annual dental visits, yearly eye examinations as well as any specialty services as ordered, such a neurology, physical therapy, podiatry services, etc. unless otherwise ordered by a physician in writing.
- 4.6.4** Some individuals may not require yearly dental visits if they are edentulous but a statement from a doctor must be on file before biannual dental visits can be suspended.
- 4.6.5** The Specialized Family Care Provider will keep an ongoing record of the entire individual's medical treatment, including routine and emergency appointments, medications prescribed and any conditions needing follow-up medical attention. This information is to be provided to the Family Based Care Specialist, the individual's case manager/service coordinator and to be included in the IPP or care plan and discussed during the IDD Waiver IPP or the Personal Care IDT and/or MDT meetings. The medical form for persons in placement should be completed at each appointment making it easier to provide the necessary information to the case manager and/or DHHR worker. This list shall be maintained at all times and be quickly available upon request.
- 4.6.6** Foster children under the age of 21 are required to have an Early, Periodic Screening, diagnosis and Treatment Services (EPSDT)/WV Health Check scheduled within five (5) days and completed within 30 days of placement and at scheduled intervals during their stay in foster care. Specialized



Family Care Providers are required to use this program for physical examinations for the children under the age of 21 placed in their homes. In addition, children placed in Specialized Family Care Homes should be referred to the Children with Special Health Care Needs Program (CSHCN).

- 4.6.7** The Specialized Family Care Provider shall be responsible for transporting or arranging transportation to medical appointments for the individual in placement. The Specialized Family Care Provider may be reimbursed using Non-Emergency Medical Transportation (NEMT) funds through an application with the Office of Family Support. If the individual is funded by Title XIX I/DD HCBS then the waiver program should be billed for transportation to and from medical appointments identified on the individual's IPP. Medley Demand Funds are the fund of last resort and to access the provider must provide proof of denial from NEMT before assistance will be provided.
- 4.6.8** All sickness and accidents causing injury to the individual in placement must promptly be reported to the Service Coordinator, Family Based Care Specialist, the individual's Guardian or Health Care Surrogate and Medley Advocate, if a Medley Advocate is assigned to the individual. Serious accidents or illnesses must be reported by the Specialized Family Care Provider to the legal guardians or health care surrogate via the protective services hotline if they occur after regular business hours. Additionally, the Specialized Family Care Incident Report is to be completed immediately after the incident has de-escalated and faxed or mailed to the Family Based Care Specialist.
- 4.6.9** The Specialized Family Care Provider shall give an individual in placement prescribed medications and any over the counter medications only with a physician's or dentist's prescription or authorization and shall dispense only the exact dosage of medication prescribed to the individual in placement. Medical offices can provide a copy of treatment records which should include the directions for care which will meet the requirement for authorization.
- 4.6.10** All medications, either prescription or over the counter, must be stored in places inaccessible to the individuals in placement by the Specialized Family Care Provider. This includes both the medication for the individual in placement and all members of the Specialized Family Care home. All medications must have child-proof caps.
- 4.6.11** Specialized Family Care Provider must inform the Family Based Care Specialist within one (1) day of any psychotropic medications prescribed for the individual in placement. If an individual is twelve (12) years or older

refuses the psychotropic medication, the Specialized Family Care Provider will abide by the individual's wishes and not force the medication upon them. If the individual displays danger to himself or others, due to refusing the medications, the Specialized Family Care Provider must contact a local hospital/treatment center to have the individual evaluated immediately. The provider should then notify the service coordinator and the Family Based Care Specialist. All information pertaining to the individual's desires/concerns about the psychotropic medication must be reported to the IDT and/or the MDT immediately for review.

- 4.6.12** All prescription medications shall be in original containers which are labeled with the individual's name, prescription number and directions for dosage. These shall be kept in a safe location out of the reach of the individual in placement. It is highly recommended medications be stored in a lockbox purchased at the provider's expense. We recommend even then the lockbox be stored in a high cabinet in the kitchen or closet shelf in a provider's bedroom.
- 4.6.13** Pill boxes are not approved for storage of medications. Bubble packs or other storage methods from licensed pharmacies that are labeled with the individual's name, prescription number and directions for dosage are approved for use.
- 4.6.14** The care and accuracy of properly administering prescription medications cannot be overemphasized and it is of critical importance and utmost safety that an approved procedure be adopted and followed without exception. Medication errors will always result in a Corrective Action Plan.
- 4.6.15** Specialized Family Care Providers are not required to be trained in the Approved Medication Administration Personnel (AMAP) according to WV Code 16-5O-2 but are required to complete the 5 hour Medication Administration Training prior to accepting an individual for placement or providing respite. A review of the Medication Administration Training will occur annually as required for continuing certification.
- 4.6.16** Specialized Family Care Providers are expected to use universal precautions when dealing with any spill of blood or other bodily fluid. Universal precautions currently recommended by the American Red Cross and the Department of Health and Human Resources will be presented by the Family Based Care Specialist during the initial certification of the home and annually thereafter. If additional training is needed, the Department of Health will be contacted. Personal Care providers must take the Universal Precautions Training required by the Personal Care Program.

- 4.6.17** All Specialized Family Care Providers must be certified in skills-based CPR and First Aid prior to becoming certified and must keep their certification up to date. The standard type of CPR and First Aid are required, but for those serving children it is recommended to also take the version for children. Internet CPR and First Aid classes are not allowed by this program since there is a skill-based requirement. In addition, the programs (Title XIX IDD Waiver and Medicaid Personal Care) providing funding sources for individuals in placement require hands-on training for CPR and First Aid certification.
- 4.6.18** First Aid supplies as recommended in the Medication Administration training shall be available and stored in a place easily accessible to supervising adults in the home.
- 4.6.19** An individual in placement shall not require a degree of care beyond the skill level of the Specialized Family Care Provider, unless necessary (and even then, only on a short term basis) and reliable assistance can be obtained from outside sources (home health, hospice, etc.).

## **4.7 Transportation/Car Safety**

- 4.7.1** Every driver who transports an individual in placement shall provide for the protection of such individual by properly placing, maintaining and securing such individual and themselves in the safest manner applicable federal motor safety standards.
- 4.7.2** Infants up to twenty (20) pounds and up to one (1) year old should ride in a rear facing child seat. The child must be in the back seat and face the rear of the car, van or truck. Infants riding in the car must never face the front. In crashes or sudden stops, the infant neck can be injured. Infants in car seats must never ride in the front seat of a car with airbags. In a crash, the air bag can hit the car seat and hurt or kill the infant. Never hold an infant or allow an infant to be held when riding in a car. In a crash or sudden stop, the child could be injured or killed.
- 4.7.3** Children 1-3 years: Keep your child rear facing as long as possible. It is the best way to keep him or her safe. Your child should remain in a rear-

facing car seat until he or she reaches the top height or weight limit allowed by the car seat's manufacturer. Once your child outgrows the rear facing car seat, the child is ready to travel in a forward-facing car seat with a harness and tether.

- 4.7.4** Children 4-7 years old are to be kept in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by your car seat's manufacturer. Once the child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat, but still in the backseat.
- 4.7.5** Children 8-12 should use a booster seat until they are big enough to properly fit in a seat belt. All children 12 to 17 are required to wear a seatbelt in all seats. The safest place for an individual twelve (12) years old and under is in the backseat.
- 4.7.6** A car safety seat belt must fit low and snug on the individual's hips. The safety belt must not cross the individual's face or neck. Never put the shoulder belt behind the individual's back or under their arm.
- 4.7.7** Individuals who use wheelchairs shall be properly secured using the approved method for their individual type of wheelchair.
- 4.7.8** Smoking inside a vehicle is prohibited when the individual in placement is being transported.
- 4.7.9** The prospective Specialized Family Care Provider and his/her spouse or partner shall provide copies of their current driver's licenses during the initial certification process and for the annual certification every year thereafter. Copies of their automobile registrations and insurance cards for each automobile that may be used to transport the individual in placement shall also be provided during the initial certification process and for the annual certification every year thereafter.

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

## **5.1 Home Study Process**

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

- 5.1.1** An individual or family interested in providing Specialized Family Care or respite for an individual will complete an application which gives basic information about the family unit and home.
- 5.1.2** An individual or family interested in providing Specialized Family Care or respite for an individual will complete a Financial Self Study for the family which gives basic information about the family's income, finances, and financial obligations.
- 5.1.3** Both the prospective SFC Provider and his/her partner/spouse will complete a Family Situation Self Study, which gives more detailed information about the background and family environment of the home.
- 5.1.4** The home study process involves a series of interviews with the family, most of which are to be conducted in the prospective SFC Provider's home. All family members are significant to the process and must be studied in-depth either through individual or group settings. Significant issues to be assessed are individual traits; strengths and weaknesses of family members; relationships of each member of the family to the other; and the total functioning of the family unit. To assure knowledge and commitment of a family in accepting an individual with special needs into their home, all parties must be involved in the home study process.
- 5.1.5** Another focus of the interviews shall include the general social, intellectual, financial, and cultural functioning of the family and their ability to cope with stress and handle a crisis. The Family Based Care Specialist will explore the reactions of the parents, children, relatives, friends and neighbors in the plan to care for an individual with intellectual disabilities and/or developmental disabilities. During the entire home study process, the Family Based Care Specialist shall observe family interactions, their ease with one another and how decisions are made.

- 5.1.6** If the prospective SFC Provider is a one-person family, several areas need to be explored including existing financial independence as well as support systems in place to provide respite and emergency back-up for the prospective Specialized Family Care Provider. It would be difficult for a single Specialized Family Care Provider to work outside the home so financial independence separate from any reimbursements received from this program is a must.
- 5.1.7** Significant experiences in a prospective SFC Provider's history are to be explored, particularly experiences with individuals with intellectual disabilities and/or developmental disabilities.
- 5.1.8** The Family Based Care Specialist will explore with the prospective SFC Provider the type of individual for whom they feel they can best provide a home. Age, disability or health conditions, developmental level and types of behaviors are to be discussed.
- 5.1.9** When there is a child in placement and the Family Based Care Specialist is considering placement of an adult, or vice versa, the plan must be discussed with each individual's treatment team. If the team feels that the needs of both individuals can be met, authorization must be obtained by the Specialized Family Care Program Manager.
- 5.1.10** The purpose of visiting in the home is to observe whether or not the family maintains an adequate standard of living in terms of the physical surroundings, housekeeping, recreational area, sleeping and living space. The Family Based Care Specialist assesses the home for accessibility for a non-ambulatory individual. The neighborhood shall be observed and described, as well as the family's home in relation to the community's standards. The family shall be asked to describe their daily routines. In this way, the Family Based Care Specialist shall gain some idea of how routines such as meals, school or work are handled and how an individual with intellectual disabilities/developmental disabilities would be affected by life in this home.
- 5.1.11** A major part of the home study process is to include reviewing with the prospective SFC Provider the requirements and standards of the Specialized Family Care Program. The Family Based Care Specialist also needs to review with the prospective home provider the expectations of involving the individual placed in the home in the family's and community's

activities. (See § 441.710) Should the Family Based Care Specialist have any questions about the family's qualifications or abilities, they are to be shared at this time. The prospective SFC Provider may be able to provide the necessary clarification or upon further discussion, decide that the Specialized Family Care certification is not appropriate to undertake.

- 5.1.12** Discussing the responsibilities which are undertaken in relation to meals, room furnishings and personal services will help the prospective Specialized Family Care Provider understand what is involved in terms of the entire family's financial, physical and emotional investment. The Family Based Care Specialist is to explain the types of activities that may be required in the provision of care, such as the personal care of the individual with intellectual disabilities/developmental disabilities, special diets and medication administration. The activities will vary with the age and special needs of the individual placed in the home.
- 5.1.13** The family cannot be reliant upon payments received through the Specialized Family Care Program as their primary income source and their own income must be sufficient to meet the needs of the family prior to the placement of the individual with special needs. The services and facilities of the home are to be such that the individual in placement is not exploited, and his/her social and physical needs are met in a way that they will protect and promote his/her health, safety, comfort and well-being.
- 5.1.14** Seldom can families who are surviving on a substandard income be considered as prospective Specialized Family Care families. However, the home with marginal income may be appropriate for some individuals and shall not be eliminated from consideration merely on the factor of income. The philosophy is that by setting such standards the individual in placement shall be safeguarded from placement with a family whose only interest may be financial.
- 5.1.15** The Family Based Care Specialist will request a detailed financial statement and verification of income including employment check stubs, tax returns, etc. to assess financial stability both during the initial certification process and as part of the annual recertification. Questions or concerns regarding financial stability may be addressed by the Specialized Family Care Program Manager. Should a major life event occur, the provider's ability to maintain the home and to continue to provide care will be re-evaluated. If a provider can provide evidence they can manage financially, if we allow the funds they receive due to

being an SFC home, we may grant a waiver so the individual in placement does not lose the home they know and are comfortable in.

- 5.1.16** The primary concern is to have a home which provides the individual with access to medical and habilitation services. Proximity to necessary services and adequate transportation is to be considered.
- 5.1.17** The interior and exterior of the entire home, as well as the room to be occupied by the individual in placement, is to be examined assuring program standards.
- 5.1.18** Fire and safety standards and sanitation conditions of the home are to be assessed at the first home visit by the Family Based Care Specialist. Prospective SFC Providers must complete and comply with these standards as outlined on the SFC Guidelines for the Home Environment during the initial certification process and during the annual recertification. The results of these guideline standards and any recommendations by the Family Based Care Specialist are to be included in the written home study.
- 5.1.19** The FBCS will acquire five (5) references during the initial home study process. The Family Based Care Specialist is to follow-up with, either in person or by telephone, at least two (2) of the five (5) references. This follow-up is intended to seek out any additional information about the prospective SFC Provider or to ask questions that were raised in the review of their particular reference. The Family Based Care Specialist can also contact neighbors and other significant acquaintances of the family who the worker believes could provide relevant information about the family. When gathering reference information in a face-to-face or telephone interview, findings are to be written and submitted as part of the written Home Report.
- 5.1.20** Another area to be explored is the potential provider's past work in caring for individuals in their home. Potential providers must fill out the necessary release of information forms for the APS/CPS background check by the WV Department of Health and Human Resources to ensure there is no record of neglect or abuse in the potential provider's history.

## **5.2 Criminal Background Investigation**



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

- 5.2.1** Both a State and Federal Criminal Investigation Bureau check must be completed during the initial certification process for all household members over the age of 18 and every three (3) years thereafter for providers providing Personal Care services and every five (5) years thereafter for all providers providing IDD Waiver services. If an individual receives dual services, then the provider will follow the Personal Care guideline of three (3) years. Anyone over the age of 18 moving into the home must have both types of fingerprint checks completed prior to moving into the home.
- 5.2.2** The FBCS will coordinate with their local DHHR offices to have prospective SFC Providers fingerprinted using digital/electronic fingerprinting technology.
- 5.2.3** If the Specialized Family Care Provider or any other household members over the age of 18 are charged with any crimes then the Family Based Care Specialist will have that member submit state and federal fingerprints for updated information.
- 5.2.4** Anyone who visits or has overnight visits on a frequent basis or provides natural support in the Specialized Family Care Home must submit state and federal fingerprints for review or be certified through a behavioral health agency.
- 5.2.5** All State and Federal fingerprint results must meet the standards set forth in the WVDHHR Criminal Investigation Bureau Check Policy. Waivers may be granted for specific crimes listed in the policy.

- 5.2.6** Any individuals over the age of 18 who have been adjudicated incompetent and have a legal guardian may be exempted from submitting State and Federal fingerprints upon presentation of the guardianship papers to the Family Based Care Specialist for review.
- 5.2.7** If the CIB shows that there has been a criminal conviction for a member of the household, the FBCS will determine the ability to move forward with the certification process within the following guidelines.
- 5.2.8** A CIB waiver will be required for any household member who has one or more felony convictions or two or more misdemeanor convictions. A CIB waiver is not necessary for household members with a criminal record of only one misdemeanor offense.
- 5.2.9** No waiver will be granted for any crime against a person, such as domestic assault or battery, battery, incest, rape, sexual assault, molestation, indecent exposure, contributing to the delinquency of a minor, murder, manslaughter, abduction, kidnapping, neglect/abuse, exploitation, etc.
- 5.2.10** Note that simple assault of a non-domestic nature is NOT included in this category of crimes against a person, meaning that a waiver is not automatically denied in these cases.
- 5.2.11** A CIB waiver will not be considered for household member(s) who are currently on probation or parole supervision or serving weekend time in jail.
- 5.2.12** In cases where a CIB waiver is being sought, the FBCS will gather a team of at least three members from their local Children and Adult Services unit to review the case. A written recommendation will be made by that team to the SFC Program Manager, with signatures affixed from each member of the team. The SFC Program Manager will evaluate the record and review the team recommendation. A finding will be made in writing and returned to the FBCS, with a copy to the Program Administrative Assistant who will be responsible for entering the waiver information into the FACTS system. Factors to be considered in this decision are: length of time since conviction, program completion or evidence of rehabilitation, current participation in community activities or faith-based activities, character witnesses, mitigating circumstances at the time of the conviction (i.e. age, life situations, etc.).

## **5.3 Protective Services Record Check**

- 5.3.1** During the initial certification process, the Authorization and Release for Protective Services Record Check for Adoption/Foster Care (also known as APS/CPS Checks) shall be completed by the applicant. The Authorization and Release for Protective Services Record Check shall be completed on the applicant and any household member over the age of 18, during the initial certification and annually thereafter. APS/CPS checks are to be completed in all states where the applicant or other household members have resided within the last five (5) years.
- 5.3.2** Anyone over the age of 18 moving into the home must have the Protective Services Record Check (APS/CPS Background Check) completed before moving into the home.
- 5.3.3** Anyone who visits or has overnight visits on a frequent basis or provides natural support in the Specialized Family Care Home must have the APS/CPS Protective Services Record Check completed.
- 5.3.4** If this record check results in a finding that maltreatment has occurred with the prospective provider and/or spouse and/or significant other this home will not be certified for the Specialized Family Care Program.
- 5.3.5** The FACTS (Family and Children Tracking System) is the main avenue for completing the Protective Services Record Check in the State Office in Charleston, but the Family Based Care Specialist may also ask for information and/or that paper records prior to 1996 be searched at the local WVDHHR office.

## **5.4 Medical Report**

- 5.4.1** During the initial certification process, the SFC Medical Report will be completed by a licensed physician for all adults providing care to the person in placement and will be renewed annually thereafter for the provider, spouse and other caregivers in the home.
- 5.4.2** For children (under age 18), a copy of their immunization records is needed during the initial certification process and all updates annually thereafter.

- 5.4.3** The SFC Medical Report is to be reviewed by the Family Based Care Specialist. Any questions about the prospective SFC Provider's health, emotional or physical ability to care for an individual with intellectual disabilities/developmental disabilities are to be discussed with the prospective SFC Provider and/or the physician with a completed Informed Consent Form from the SFC Provider.
- 5.4.4** If health problems arise during the recertification process or any time during the year, the Family Based Care Specialist should request a new medical form on the family member's health with any doctor recommendations or comments.
- 5.4.5** If the Specialized Family Care Provider is proven to be unable to care for the individual, the Family Based Care Specialist is to follow procedures to secure respite and/or other placement for the individual with the IDT member's approval and support.

## **5.5 DHHR SFC Agreement**

The SFC Agreement sets forth the expectations and responsibilities of the Specialized Family Care Program and is to be discussed and reviewed with the family during the initial certification process and during the annual recertification process. By signing the agreement, the family agrees to comply with the terms of the contract. The SFC Agreement includes an acknowledgement statement regarding § 441.710 - State plan of home and community-based services under section 1915(i)(1) of the Act.

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

## **5.6 Initial Training**

Providers are required to complete specified courses for initial certification processes. All prospective homes will complete the pre-services training including the Medication Administration Training. Annually, providers are required to complete a minimum of 24 hours of training. The training topics for annual certification processes are varied and will be based on the needs of the provider and person in placement. If a provider is providing care through the Personal Care program, the provider will have specific training they will be required to take annually as well. As a general rule, training provided by the Specialized Family

Care Program are written courses that will assess the provider's completion of the training by completing a short exam and they must obtain 80% competency or retake the training. Some provider training will be available online through SOLE.

## **5.7 Certification Letters and Certificates**

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

## **5.8 Initial Certification Home Report**

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

## **5.9 Privacy Practices**

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

To ensure that the WVU Center for Excellence in Disabilities Notice of Privacy Practices have been received and understood by the prospective SFC Provider, the Family Based Care Specialist will ask that the Receipt of Privacy Practices form be signed by the Provider and will include that signed document as part of the initial certification packet and annually thereafter. Each provider will need to complete a Release of Information to Receive Services on their initial certification, but it is not required annually.

In addition, each home will complete the training “Privacy in the SFC Home” and Personal Care providers will complete the Aged and Disabled Waiver’s HIPAA training.

## **5.10 Initial Application Denial**

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

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

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

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

## **5.11 Provider Grievance Procedure**

- 5.11.1** When a prospective SFC Provider does not agree with the agency's reason to deny him or her from becoming a provider, or when an SFC Provider does not agree with a decision made by the SFC Program, the Family Based Care Specialist will explain that the family has a right to have a conference with the SFC Program Manager to review the matter and will assist in arranging an appointment.
- 5.11.2** If no solution is achieved, the SFC Program Manager or FBCS will inform the prospective SFC Provider or SFC Provider of their right to file a grievance, as indicated in the letter notifying them of a decision made by the Program. The FBCS will assist the SFC Provider in completing the Grievance Hearing Request Form, if necessary.
- 5.11.3** The prospective SFC Provider or SFC Provider must file the grievance within sixty (60) days of the written notification from the FBCS of their right to file a grievance concerning the Program's decisions, with which they disagree.
- 5.11.4** A grievance hearing will be scheduled by one of the State Hearings Officers. The SFC Provider or prospective Provider may be represented by an attorney, at their own expense, if they so desire.
- 5.11.5** The FBCS will be expected to testify in said hearing to their decisions, reasoning in their decision-making process, and any policy, procedural, or code basis for their decision.
- 5.11.6** A written summary and decision will be prepared by the hearings officer and all parties will be notified. The hearing officer's decision is to be implemented within ten (10) days of receipt of the decision.
- 5.11.7** SFC Providers or prospective SFC Providers may petition the Circuit Court of Kanawha County to review their concerns if they are dissatisfied with the decision of the hearing officer.

## 5.12 Annual Recertification of the Specialized Family Care Home

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

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



- 5.12.2** A home study narrative report, known as the Certification of Specialized Family Care Provider Home Report, is completed annually. This written report will thoroughly cover all areas included in the Service Encounter forms, Guidelines for the Home Environment, and the previous year's Home Report.
- 5.12.3** Annual certification is a process, not an event. Over a period of 12 months, the SFC Provider and FBCS must work together to complete the required domains/elements of the certification process. The certification must be completed before the current certification ends. If not, they will not receive payment for any period they were not certified.
- 5.12.4** The certification process is tracked through the monthly service encounters (home visits) and are reflected on this form.
- 5.12.5** **The date of certification remains constant and is the same from year to year.**  
Recertification dates of Provider homes are essentially the home's birthdate in the program. For example, if a home was initially certified on January 8th, then January 8th of every year will be the date by which the certification is due. A certification may be completed early, but should never be allowed to expire. If the certification is allowed to expire a provider may not bill for services until the certification is completed and will not be paid for the days while not certified. Billing for those days would be Medicaid Fraud since they had not fulfilled the contractual obligation for completing the certification. Completing certification is ultimately the responsibility of the Specialized Family Care Provider.

## **Section 6. Referral and Placement of Individuals**

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

Referrals come to the Specialized Family Care Program in a variety of ways. Most often the referrals are from the WVDHHR Child or Adult Protective Services unit, but do come from Behavioral Health agencies, nursing homes and natural families. The referrals from WVDHHR are usually the result of emergency custody

situations of children and adults who are not Medley Class Members but are eligible for possible placement by virtue of the special services the individual requires. Children under the age of 18 must be in WVDHHR custody to be considered for placement in Specialized Family Care. Parents/Guardians may voluntarily relinquish their guardianship for a child to enter the program by completing a SS-FC-4A form. All referrals must be sent to the Specialized Family Care Program Manager for review to determine eligibility for the program before placement is made.

## **6.2 Initiating a Referral**

Referrals for placements may be made by logging on to the WVU Center for Excellence in Disabilities website [www.cedwvu.org](http://www.cedwvu.org) or by going to <http://sfcp.cedwvu.org>.

The link to make a referral pops up on the bottom left and on the right is the link to apply to become a Specialized Family Care provider.

The FBCS will screen referrals for appropriateness, i.e. I/DD diagnosis, available funding streams, etc. Additional information, such as status report; physical/medical report; psychological assessment; social history report and a copy of the most recent IPP if the client is a Waiver participant, may be requested by the FBCS taking the referral to make the most appropriate placement.

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

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

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

- 6.3.1** By assessing the strengths of the family, their experience, education, the home's accessibility to community services needed by an individual and the type of individual the family is interested in, the Family Based Care Specialist evaluates for the possibility of a good match. Information regarding the individual's age, sex, ethnicity, presenting medical, physical and/or behavioral needs and the natural family's involvement is shared with the potential provider. The Specialized Family Care Provider

family is not required to take any individual into their home if they don't feel the individual is suited to their family and lifestyle. Likewise, it is best if the individual has several Specialized Family Care Homes to choose from and can choose the home and family that best suits the individual.

- 6.3.2** A pre-placement treatment meeting (IDT) is not mandatory but may be held to review the residential and individual assessments, individual and community placement needs, transition plan, provider needs and the specifics of what services must be in place at the time of placement.
- 6.3.3** At a minimum, the service coordinator/case manager of the person being placed, and guardian should be involved in the process of transitioning the person into an SFC Provider's home.
- 6.3.4** For individuals with challenging behaviors, an effective behavior support plan for intervention must be in place. The provider must know the plan and be trained in behavior management principles, such as positive behavior support. Delay in placement should occur until all identified key supports are in place. Experience has shown that placement without these key supports in place often lead to serious problems in the Specialized Family Care Home and short-lived placements which can be quite detrimental to any individual.
- 6.3.5** Pre-Placement visits are recommended prior to any placement. These visits are to be held at the individual's residence, if possible, and at the Specialized Family Care Home. Visits at the individual's residence allows the Specialized Family Care Provider an opportunity to see how the individual interacts with others, become familiar with his/her routine, and to receive any specific training needed to provide for his/her individual needs.
- 6.3.6** Visits held in the Specialized Family Care Provider's home help the individual obtain a sense of his/her new surroundings, to become aware of the family's routine, meet other family members, as well as visit the community in which he/she will live if they choose.
- 6.3.7** Arrangements for the Specialized Family Care Provider to visit the individual's current residence are to be made by the Service Coordinator/case manager and/or WVDHHR worker when this is practical, feasible and appropriate. The Family Based Care Specialist

should accompany the Specialized Family Care Provider on the initial visit. The number of pre-placement visits is to be determined by the particular needs of the individual and the Specialized Family Care Provider. In some instances, there may be a need to have several pre-placement visits before there are any overnight visits.

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

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

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

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

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

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

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

Some individuals require a more intensive habilitation setting than can be offered in a Specialized Family Care Home. An individual who currently requires a ratio of 1:1 or 2:1 to adequately protect others or the individual themselves from injury due to aggressive behavior is most likely not appropriate for a Specialized Family Care Home. Even if there are two adults in a home, frequently one of those individuals is not in the home due to working outside the home. Also, while a home provides 24 hour supervision, it may not be eyes on at all times since they have to sleep, they are not paid as 24 hour staff.

Individuals with complex medical needs will only be placed in a Specialized Family Care Home after the provider has had sufficient training for those medical needs and adequate support services are available.

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

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

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

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

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

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

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

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

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

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

The Corrective Action Plan must be agreed to and signed by at least the Family Based Care Specialist, the Provider, the SFC Program Manager and the WV DHHR Program Liaison. Other team members involved in the care of the person in placement (i.e. the service coordinator, the guardian for the minor child or incapacitated adult, the advocate, etc.) may be included in the corrective action plan.

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

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

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

If abuse and/or neglect is substantiated, the guardian, other legal representative or the WV DHHR will be notified about moving the placed individual. Th. It is possible for the individual to choose to remain in the home, however SFC will close the home and the provider can no longer bill for any services through IDD Waiver or Personal Care. The Specialized Family Care Provider will be sent a certified closure letter stating the reason for closure and given a grievance form in the event the Specialized Family Care Provider does not agree with the decision.

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

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

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

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

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



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

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

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

- 8.1.1** Pre-service training is required for initial certification. The pre-service curriculum will be provided to the prospective Specialized Family Care provider. It will include, at a minimum, the following training programs: Overview of the Specialized Family Care Program; Developmental Disabilities; Financial and Legal Matters; OSHA Blood Borne Pathogens. Medication Administration Guide; CPR & First Aid; Nutrition; Safety in the SFC Home; Abuse, Neglect, & Exploitation; Ethics for Specialized Family Care Providers; Privacy in the SFC Home; Cultural Diversity; §441.710 HCBS Training; and EPSDT for any home caring for children.
- 8.1.2** PRIDE training is mandatory for all prospective Specialized Family Care providers and any other caregivers in the home prior to placement of a child into the foster home. The PRIDE program is designed to strengthen the quality of family foster/adoptive care and services by providing a standardized, consistent, structured framework. This certification requires completion of a twenty-seven-hour training course and is offered at various intervals state-wide.
- 8.1.3** Prospective Specialized Family Care providers who only want to provide care to adults may sign a Waiver for PRIDE Training.

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

- 8.2.1** On-going training is provided to enhance the skills of the Specialized Family Care Provider as well as help them meet the changing needs of the individual in placement. Annually the Specialized Family Care Provider must complete a minimum of twenty-four (24) hours of approved training. Personal Care service providers may need to take more hours to meet personal care requirements.
- 8.2.2** On-going training can be provided through individual or group sessions and may be presented by a variety of professionals, such as Service Coordinators, therapeutic consultants, nurses, Family Based Care Specialists, etc. Training credits received through training programs at Behavioral Health Centers can be credited toward the Program's 24-hour requirement; however the Family Based Care Specialist will evaluate the training for appropriateness and credit towards annual recertification training hours. Measurable behavioral objectives, procedures for learning the specific objectives and methods of evaluating how well the behavioral objectives were understood must be listed on the Training Plan.
- 8.2.3** CPR and First Aid certifications must always be kept current and renewed every two years before expiration.
- 8.2.4** Other mandatory annual trainings are: OSHA bloodborne pathogens/Universal Precautions; Medication Administration refresher courses; Training on abuse, neglect, and exploitation (either SFC's or Bureau of Senior Services); ethics training; BoSS HIPAA training or Privacy in the SFC Home; EPSDT (child homes); Personal Care required trainings annually and health and welfare trainings.

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

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

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

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

- a) The Specialized Family Care Provider should engage in a cooperative interaction to encourage a positive relationship between the individual and the biological family. Many times, children are placed in this type of foster care setting until reunification with their biological family can occur. Cooperative interaction between the Specialized Family Care Provider and the biological family will best meet the individual's needs. The Specialized Family Provider shall present a positive image of the individual's family and demonstrate respect for the individual's own family and agree to work with the individual's family members as indicated in the child's treatment plan.
- b) For children in the custody of the WVDHHR (all children must be in state custody), then the child's worker is responsible for ensuring that the visitation plan is followed. (General Foster Care Policy, Section 13.9 Caseworker Visitation & Contact)
- c) The Specialized Family Care Provider shall assist in transporting the child as needed for visitation and may be reimbursed for this.

**9.1.2** Responsibilities of the Provider to WVDHHR

- a) The Specialized Family Care Provider will not accept any child or adult into their home without discussing the placement with their Family Based Care Specialist. All children referred must be in WVDHHR custody including children whose parent has entered into a voluntary placement agreement via the FC-4A.
- b) The Specialized Family Care Provider shall cooperate in the ongoing monitoring of their home and share the information required for the agency to verify compliance.
- c) The Specialized Family Care Provider is a mandated reporter and will report any suspected abuse and/or neglect to the Department.
- d) The Specialized Family Care Provider shall not allow the individual in their care to visit or be supervised by anyone not approved of by the Family Based Care Specialist and the guardian, if applicable.
- e) The Specialized Family Care Provider will participate and work cooperatively as a member of all treatment teams for individuals in WVDHHR custody. This will involve attending all scheduled meetings, helping in the development of treatment plans and participating in any plans for reunification with the individual's biological family or placement in other identified residential options.

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

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

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

- a) The Specialized Family Care Provider will be able to schedule routine respite with certified providers without involving the Family Based Care Specialist if the individual receives services through the IDD Waiver program. For individuals receiving Personal Care services the provider will need to inform and work with their Family Based Care Specialist to develop and set up respite services. When the need for respite arises that is out of the regular routine, such as long weekends or periods of a week or more, the Specialized Family Care Provider needs to discuss these needs with the Family Based Care Specialist. The Specialized Family Care Provider will provide information regarding the individual's routines, medications, needs and programs to the certified respite provider via the individual's medication binder.

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

- a) The Specialized Family Care Provider must inform the legal guardian of any medical issues including accident, injury, serious illness and critical incidents, and also scheduled appointments, or problems that have arisen in placement.
- b) Specialized Family Care Providers may not serve as legal guardians of the children placed in their homes. The only exception to this rule is a few children where guardianship was established for children before 2013 with the children receiving services under the Personal Care Program. As these children turn 18 and age out of this guardianship there will be no more allowances. For more information on providers serving as legal guardians of minor children, see WVDHHR General Foster Care Policy Section 13. For those receiving Personal Care Services, see personal care regulations.

- c) Specialized Family Care Providers may not serve as legal guardians of adults placed in their home. This also applies to any family members or affiliates of the Specialized Family Care Provider. If the Specialized Family Care Provider chooses to become legal guardian for any adults placed in their home, then the home will be closed and any service agencies providing services or financial support will be notified that the provider may no longer bill Title XIX Home and Community Based Waiver Services or Personal Care Services since their home is no longer certified.

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

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

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

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

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

- a) The Specialized Family Care Provider who is payee for an individual placed in their home must have a separate checking account set up for the individual for their benefits check to be directly deposited. The checking account must clearly reflect the beneficiary's ownership of the funds and your relationship as a fiduciary, such as "(Beneficiary's name) by (your name), representative payee". The Specialized Family Care Provider payee must keep meticulous records and be prepared for the Family Based Care Specialist and/or a WV Disability Rights advocate to review this record including bank statements monthly.
- b) Monies must be spent in a reasonable and ethical fashion always allowing enough money to be in the account to pay for vision, dental, medical co- pays without allowing the total to exceed \$2000.00. Plans for burial in the form of an irrevocable burial fund should also be explored by the team. A life insurance plan on the individual in placement is not acceptable. A Specialized Family Care Provider may not purchase an insurance policy from the individual's monies in which the provider or any other family members are beneficiaries.
- c) An accounting of all other monies spent through the month must be kept. It is the responsibility of the Specialized Family Care Provider payee to spend the individual's money in a manner that directly benefits the individual, not the Specialized Family Care Provider. Any items purchased must be removable so that they can be taken with the individual if he/she should ever move. The Specialized Family Care Provider payee must make a yearly accounting when requested by authorized agencies. At no time may the Specialized Family Care Provider take a fee from the beneficiary's funds for their services as representative payee. The provider can elect to have an approved agency serve as the representative payee for the individual in placement.

## **9.2 Monitoring of Provider**

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

**9.2.2** The Family Based Care Specialist will conduct announced and /or unannounced monthly home visits, in every full time Specialized Family Care Home. Visits to homes that only provide out-of-home respite will be

visited quarterly by the Family Based Care Specialist. The purpose of the visit is to determine whether the individual placed is receiving care in accordance with the above standards and in relation to identified needs.

- 9.2.3** During the monthly home visit, a review of documentation, either for Personal Care Services or for Title XIX Home and Community Based Services, will be reviewed to determine that the documentation is being completed in a timely and professional manner. Documentation should not be completed prior to the current date of the visit, nor should documentation be left blank for any dates prior to the current visit.
- 9.2.4** During the monthly home visit, the Family Based Care Specialist will also review the home for safety standards, including proper medication storage and note any changes in the physical structure that have occurred since the last month's visit.
- 9.2.5** During the monthly home visit, the Family Based Care Specialist will review the individual's medication chart to ensure that all current medications are listed.
- 9.2.6** During the monthly home visit, the Family Based Care Specialist will review the journey notebook of each child to ensure that all information is up to date and that papers documenting the child's journey through life are being kept. A Journey Notebook may be requested from the Family Based Care Specialist. Or downloaded from:  
<https://dhhr.wv.gov/bcf/policy/Documents/Foster%20Care%20Policy%20August%202021%20%281%29.pdf>
- 9.2.7** The Family Based Care Specialist will also review with the family any changes within the family, including but not limited to the health of family members, training needs, employment status and any moves into or out of the home. If the Specialized Family Care Provider has provided or accessed any respite services from the last month's visit, this will be reviewed also.
- 9.2.8** A review of the individuals in placement will also be conducted and will include but not be limited to any change in the individual's health, medications and day activities. A review of any upcoming doctor visits or assessments that have occurred in the last month will occur as well as a review of any upcoming appointments.

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

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

### **10.1 Payment for Care**

- 10.1.1** Personal Care services are medically necessary activities or tasks ordered by a physician, which are implemented according to a Nursing Plan of care developed and supervised by a registered nurse. These services enable people to meet their physical needs and be treated in their residence. Assistance is in the form of hands-on assistance, as in performing the personal care task for the person. Services include those activities related to personal hygiene, dressing, feeding, nutrition, environmental support functions, and health related tasks.
- 10.1.2** Through the Medicaid Title XIX I/DD Waiver Program, providers may receive payment for care based on monitoring, support and training services delivered in the individual's home and community that provide instruction and assistance to allow that individual to acquire and maintain skills which allow that individual to live and socialize more independently. The Specialized Family Care Provider will contract with or work for the individual's behavioral health center to provide these services or may be paid through a self-directed service agency. Payment will be received from those entities.
- 10.1.3** No Specialized Family Care Provider who cares for individuals on a full-time basis may bill more than sixteen (16) hours per twenty-four (24) hour day. This is to ensure that there is adequate resting/sleeping time for the provider to provide the best quality care and supervision of the people in placement. This is applicable to those providers paid through Personal Care or I/DD Waiver or a combination of the two.



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

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

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

- a) Are provided to the individual receiving services out of the home in which he/she resides. The out-of-home respite provider must meet all the certification standards of the Specialized Family Care Program and the service must be delivered in an approved Specialized Family Care Home by a Specialized Family Care Provider. Out of home respite providers must be proficient in the medical services needed by the individual in placement and have completed the five-hour Medication Administration Training.
- b) The Family Based Care Specialist coordinates out-of-home respite placement for individuals placed in Specialized Family Care Homes with the assistance of the individual's Service Coordinator. Additionally, the Service Coordinator is responsible for arranging for reimbursement to the respite provider if the individual receives Title XIX Home and Community Based Waiver Services (IDD Waiver). The Family Based Care Specialist, in conjunction with the Service Coordinator, provides training and certification for the out-of-home respite provider.

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

**10.1.7** Transportation service is for the sole purpose of transporting the individual receiving Title XIX HCBS to or from a service that is reimbursed by Medicaid such as Day Habilitation services, medical appointments, Respite

Care and/or to or from specific Residential Habilitation activities which are detailed as an objective in the individual's IPP.

## **10.2 Room and Board Payments**

- 10.2.1** Specialized Family Care Providers will receive room and board payments. For children in the custody of WVDHHR, payment will be according to the current Foster Care policy and payment will be made directly to the Specialized Family Care provider.
  
- 10.2.2** For adults placed in Specialized Family Care Homes, the amount of room and board will be based upon the current policy recommended by the Medley Management Team and approved by the Bureau for Medical Services (Medley Management Team has members from DD Council, BMS, OFLAC, Division of Rehabilitation, Disability Rights of WV and the SFC Program Manager)
  
- 10.2.3** If an individual spends more than fourteen (14) continuous days in a certified respite home, then that individual's representative payee or conservator is required to begin paying the Specialized Family Care Respite provider room and board at the current rate.
  
- 10.2.4** Room and Board is defined as the provision of food and shelter, including private and common living space; linen; bedding; laundering and laundering supplies (exception if excessive laundry); housekeeping duties and common lavatory supplies (i.e. hand soap, general hygiene supplies, towels, toilet paper); maintenance and operation of home and grounds; including all utility costs.
  
- 10.2.5** The following items are not included in the room and board payment of persons in placement to providers, making the person in placement financially responsible for the purchase and payment: modest savings; special purchases or those articles where the expenses exceed the normal economical cost for such items; personal care items (i.e. individual preferred soap, shampoo, cologne, deodorant, etc.); gifts (i.e. special occasion, birthdays, holidays, etc.); other personal items and services (i.e. watch, jewelry, make up, tobacco, haircuts, manicures, etc.).

## 10.3 Medley Demand Payments

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

**10.3.1** There are seven (7) categories of need that Medley Demand Funds may be utilized for:

a) Specialized Family Care Medley Demand Funds

This is used to pay the Specialized Family Care Providers any time an individual is hospitalized, and the provider is required to stay with the individual in the hospital. The provider is unable to provide any training or personal care services while the individual is hospitalized, yet the hospital requires the provider's presence. The Medley Demand Fund will pay up to \$50.00 per day if the provider spends at least eight (8) hours at the hospital with the individual.

b) Out of Home/In-Home Respite Medley Demand Funds

This is used to pay for Specialized Family Care Providers who need out of home or in-home respite for the individual placed in the SFC home, but the individual living in their home has no funding source that pays for respite or day program services or for personal care services. It is designed to give the caregiver a much-needed break or for emergency care in the event it is needed. Specialized Family Care staff will continue to encourage individuals in placement receiving Personal Care services to apply for IDD Waiver and access receiving dual services so they will have more respite services available.

c) Medical Medley Demand Funds

This is used to pay for medical expenses not covered on an individual's medical card or insurance plan yet are valid expenses. The most common use of these funds is to pay for food supplements, vision services for individuals over the age of 18, and medical supplies used with medical equipment and not covered by the medical card. This will assist with glasses, dentures, etc.

d) Transportation Medley Demand Funds

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

e) Equipment Medley Demand Funds

This is used for equipment needed but not reimbursable through a Medicaid card and may require a written recommendation from a doctor or therapist. It may also assist with equipment denied due to Medicaid time limitations on replacement of necessary equipment

f) Alterations to Structure Medley Demand Funds

This is used for minor remodeling to make the Specialized Family Care home more accessible for the individual placed. It should be noted that any major remodeling that adds to the value of the Specialized Family Care Home will be considered the responsibility of the Specialized Family Care Provider. Example: This fund may provide monies for a wheelchair ramp, but not to increase the size of the porch or to roof it. It may assist with a walk-in shower installment, but not to remodel the entire bathroom.

g) Other Special Needs Medley Demand Funds

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

All Medley Demand requests are subject to approval by the Specialized Family Care Program Manager and must be accompanied with either 2-3 estimates for the needed expenditure, a paid invoice for the expenditure or some receipt explaining what the funds are for. All Medley Demand payments will be issued to the SFC provider, and they will be responsible for paying for any contracted services.

## **10.4 Property Damage Reimbursement**

For Adults: In the event of property damage to the personal property of the SFC home provider other than normal wear and caused by the actions of a person in placement we would expect the person in placement to pay for any damages caused. The provider would need to provide at least two estimates of cost to repair or replace

damage or items. The IDT Team would be responsible for reviewing and establishing the reimbursement amount either in a lump sum or in monthly payments by the individual in placement. Individuals in placement have rights and responsibilities and this would be one of their responsibilities.

For Children: In the event of property damage to the personal property of the SFC home provider other than normal wear and caused by the actions of the child in placement the FBCS should provide the home provider with claim form (Insurance Loss Notice Form #RMI-3). This form is used to report general liability losses and property damage caused by the individual in placement. The completed form must be co-signed by the Community Service Manager (CSM) and submitted to: Director, Division of Assets and Project Management (Building 3, Room 232, Capitol Complex, Charleston WV 25305). An insurance adjuster will complete their investigation directly with the care provider.

Private pay individuals would not be covered under the Department's insurance. Private pay individuals would be responsible for any damages caused.