



Certified 1-2 Bed Adult Family Home Provider Guide



Certification Guide for 1-2 Bed Adult Family Homes

This guide is intended to inform, support and help you provide the best service to the participants sharing your home.

Lutheran Social Services (LSS) has been selected to conduct initial and ongoing certification for your 1-2 Bed Adult Family Home. LSS will work with you to fulfill the requirements for your home to be certified. As a 1-2 Bed Adult Family Home Provider your role is:

- to maximize the independence and decrease dependence of those you support in your home
- to promote healthy, independent and productive lifestyles for the individuals in the home in the most natural and least restrictive manner possible
- to support individuals' growth by providing safe and not overly protective environments
- to help protect vulnerable adults from abuse and neglect

Each participant living in your home works with a care team who helps oversee their supports. The LSS Adult Family Home Certifier will certify and monitor your home to ensure the certification qualifications are met. The standards against which your home will be measured are the standards in force by the Wisconsin Department of Health Services (DHS).

This guide will help to explain the standards you must meet in order to operate as a Certified 1-2 Bed Adult Family Home. We appreciate your commitment to supporting vulnerable adults in the community. Your commitment and the supports you provide, make it possible for participants to experience the benefits of living in an adult family home. Thank you for serving as a Certified 1-2 Bed Adult Family Home operator.

Definitions

In this guide the following terms are used. Definitions of these terms appear below.

1. ADL's—activities of daily living that include self-care, leisure and recreation. Self-care involves dressing, eating, bathing, grooming, toileting, mobility, object manipulation, walking and rest.
2. Adult Family Home (AFH)—the primary residence of the person that provides support that is above the level of room and board. The support is given to one or two adult IRIS participants.
3. IRIS Consultant—the person who oversees the supports and services of the IRIS participant.
4. Certifying Agency—the agency that certifies the Adult Family Home; Lutheran Social Services (LSS).
5. Guardian—one appointed by a court to make decisions for a person who is incompetent or the management of the estate of a person who is incompetent.
6. Household Member—any person living in the Adult Family Home.
7. Individual/Participant—the person who resides in the Adult Family Home and receives supports/services above the level of room and board.
8. Placing Agency – the agency responsible for facilitating the placement of the individual in an Adult Family Home. Placing agencies are often the source of funds used to compensate the home for the support and services they provide. Where there is no placing agency the sponsor or operator of the Adult Family Home is responsible for performing the duties of the placement agency. Note: IRIS is not considered a placing agency
9. Provider—the person (s) who operates an Adult Family Home.
10. Substitute Provider—a person designated by the provider to take full responsibility for operating the Adult Family Home when the provider is temporarily unable to provide the supports/services.

You, the Provider

As a Certified 1-2 Bed Adult Family Home Provider, you must:

- Be at least 18 years of age
- Be physically, emotionally and mentally capable of providing Adult Family Home support
- Exercise sound judgment and display the capacity to successfully support people who have disabilities or are frail elderly
- Pass background checks
- Show financial stability demonstrated by having the financial reserves to support all members of your household, including the individual supported, for a period of at least 30 days without receiving payment for the supports of the individual (s) in your home
- Have a physical exam within the last year showing that you and all members of your household are free from communicable diseases and that there are no illnesses or conditions that would threaten the health, safety or welfare of the individuals or hinder your ability to support them
- Have successfully passed a TB screening within the last 90 days
- Have adequate liability insurance covering both your auto and your home
- Be aware of training requirements and have agreed to meet them (Required of each provider in the home)
- Have your home visited by the LSS Adult Family Home Certifier and meet all requirements for certification
- You must disclose previous denial or certification surrender
- Agree to report any reportable incidents to the individual's Placing Agency/IRIS Consultant and LSS Adult Family Home Certifier.
- Agree to finalize and submit quarterly summary reports to the certifying agency, when applicable.

Your certification is valid for one year. Approximately 45 days before your certification is due to expire; you will be contacted by the LSS Adult Family Home

Certifier regarding your recertification. A recertification must be completed before the current certification expires.

Program Statement

Each home is required to have a program statement. This is much like a mission statement or cover page for your home. The statement must include at minimum:

- The number and type of individuals you are willing and able to accept into your home
- Whether your home is accessible to individuals that require assistance with mobility
- A description of your home and the community resources available to individuals who live with you
- A description of supports the Adult Family Home has to offer
- Stated intentions that the home will also be used for respite care (if applicable), including a statement as to the maximum number of individuals (adult/children) that may temporarily be in the home at one time
- A list of all household members and their relationship to one another and to the provider
- Additional descriptive information about the home, the type of setting, special program approaches or specialty type supports etc.

Any changes in your program statement or supports must be approved by the LSS Adult Family Home Certifier 30 days prior to the changes. Individuals and their guardians must be notified in writing 60 days prior to the implementation of the proposed change.

Certification Renewal Process

Each year your home needs to be recertified. Recertification includes:

1. LSS Certifier will make contact approximately 45 days prior to your due date.

2. LSS Certifier will send a letter listing the documents you must provide in order to be recertified (plan to have copies available for the certifier to take for your LSS office file)
 - a. Declaration page of current auto and homeowner's or renter's insurance
 - b. Well water test results (if applicable)
 - c. Proof of smoke detector tests, fire drills, and fire extinguisher checks
 - d. Pet vaccinations are current (if applicable)
 - e. Completed AFH Quarterly Update/Summary form
3. A home inspection completed by certifier
4. Background checks every 4 years
5. Any other records and forms that may apply to your situation
6. The AFH provider will have 30 days to remedy any deficiencies found.

Upon verification that everything is in order, you will receive a certificate of renewal for another year.

It is imperative that you return your application packet within 2 weeks of receipt. Failure to provide this information when requested may result in decertification or a lapse in recertification due to non-compliance. If you are denied renewal of your certification or if your certification expires or is revoked, you will receive written notice before your certification expires. This notice will clearly state the reasons for not renewing or for revoking your certification. It will also inform you of any right to appeal you may have.

Non-renewal/Revocation of Certification or Denial of Certification

You will be notified in advance of all requirements related to renewal of your 1-2 bed Adult Family Home certificate. If the certifying agency does not approve your certification, does not renew your certification or if it revokes your current certification you may request an Administrative Review of the decision to not renew or to revoke your certification. Failure to complete the application process or recertification process, not providing service agreement between you and the participant, not providing required documentation, not following through with a

request for further supporting documentation may lead to non-renewal or revocation of the certification.

Appeal Process

The written notice you will receive will provide you with the contact information to request an Administrative Review or appeal.

You have 15 days from the date of notice to file for an appeal.

Your request for an Administrative Review should be sent to the LSS Director or their designee.

- a. The request must be written and mailed to:
Lutheran Social Services of Wisconsin and Upper Michigan, Inc.
750 Windsor St. Suite 207
Sun Prairie, WI 53590
Attn: Carrie Bublitz-Cardarella
- b. The request should state why you disagree with the action

The LSS Director or designee will review the facts and give you a written decision within 30 days of your request.

You may further contest the decision by LSS, within 15 days of the LSS Director decision, by requesting an Administrative Review by the State Department of Health Services.

- a. The request must be written
- b. The request should state why you disagree with the decision made by the LSS Director or designee.

The Department of Health Services will review the facts and send a written decision to you within 45 days of receipt of your request. This decision is final.

Training Requirements

All 1-2 bed Adult Family Home Provider(s) must complete 10 hours of training in the first year of initial certification (with LSS as certifying agency) and 8 hours of

training every year thereafter. The training must be related to health, welfare and safety, community integration or providing personalized supports for individuals receiving services. For persons without experience operating an Adult Family Home, the initial training shall include first aid and fire safety. LSS may require more than the minimum standard hours of training to assure health, welfare and safety or to address specific needs of an individual.

The LSS will inform you of the training opportunities that are available to you. Some of the training may be completed at home and some will be in the form of group sessions or workshops. Providers may also be able to receive training through the annual Wisconsin Association of Adult Family Care Coordinators conference. This conference features numerous workshops and keynote speakers addressing issues related to providing high quality 1-2 bed Adult Family Home supports.

Website

You are also encouraged to seek out opportunities of interest on your own. These may be in the form of educational books, on-line courses or educational articles from magazines or internet.

It is very important, whether your training is one provided by another agency or one you discovered on your own, that you document your participation in the training. Most formal trainings will send you a certificate of participation, topic(s) and hours you may claim. Independent training(s) must be documented as well. Credit cannot be provided for training that is not documented.

- Educational books---state the date completed, title, author, length of book and a brief report on the topic it covered and why it is appropriate for your Adult Family Home.
- On-line courses—state the date completed title of course, content of course and a brief report on why the topic covered is appropriate for your Adult Family Home.
- Educational articles from magazine or internet—state the date completed, title of course, source of info (what magazine or website),

length of content of article, a brief review of the article and what you learned from it that you would apply to your Adult Family Home.

Please use the training log provided to you to track your training hours. The LSS Adult Family Home Certifier will determine the number of training hours to credit to you.

Your Home

Your Home

Adult Family Homes must provide easy access to community activities and supportive services by public or private transportation. Providers need to ensure that the individuals in your home receive the assistance they need to enable them to get to those activities and services.

Your home should be physically accessible to all individuals in the home. Individuals should be able to easily enter and exit the home, get to their bedrooms and to all common living areas and easily move about the house. They are permitted to share a bedroom if that is their preference.

In general, your home must provide the following:

1. Privacy—this includes physical and emotional privacy for the individuals
2. Safe and clean—means uncluttered, homelike, meets local building codes, free from hazards, dangerous substances, insects and rodents.
3. Sufficient space—for comfort. Must accommodate all household activities and individuals comfortably
4. Safe and functioning—heat, hot and cold water, fire protection, electricity, plumbing, sewerage, and lighting
5. Well water—if applicable, samples must be taken and tested annually to assure the safety of the drinking water
6. Garbage and recycling removal
7. Laundry facilities—either in the home or arranged for the individuals
8. Windows-ventilation for health and comfort. At least one window that can be opened to the outside in each individual’s bedroom and common

room used by the individual. These windows must have screens during the appropriate seasons

9. Limited use of the home for business purposes – cannot be used for any business purpose that regularly brings customers into the home so that the individual’s use of the home as their residence or their privacy, is adversely affected
10. Telephone—must be available for individual’s use
11. Firearms – rifles and other non-concealable firearms must be stored in a locked location not readily accessible with ammunition stored and locked in a separate location. Concealed weapons must be kept secured when not being carried.

Bathrooms

There must be at least one bathroom with a sink, toilet and shower for every eight (8) household members.

Bathroom must have a lock that can be locked from inside and able to open from outside in an emergency.

Bedrooms

Private rooms must be 80 square feet and for shared rooms 60 square feet per individual. No more than two individuals in a room. An individual who uses a wheelchair must have 100 square feet of space in the room and if the room is shared by two individuals who are non-ambulatory the room must have 200 square feet.

Bedrooms cannot be located in hallways, kitchens, living rooms, dining rooms, unfinished basements, closets, garages, or other unattached structures. The individual’s bedroom may not be used to get to another part of the home (i.e.: entry to basement is through the individual’s room)

The bedroom(s) must be comfortable and private with full height walls and a solid door that can be opened and closed by the individual.

There must be one bed for each individual and at least three feet between each bed for a shared room.

Adequate storage space must be provided. At a minimum, this should be a space large enough to hang and store clothes and other personal belongings. When a room is shared, there must be an individual space for each person (a dresser can meet this standard).

Bed linen must be maintained in a clean condition.

Persons of opposite sex cannot be required to share a bedroom. If individuals wish to share a bedroom, accommodations should be made.

An individual's bedroom cannot be used for respite if the person happens to be gone from the home.

Living Room, Dining Room and Kitchen

The living room should be uncluttered and accessible with comfortable furnishings.

The home must provide a telephone for the individual to make and receive calls. You may require that long distance calls be made at the individual's own expense. Emergency numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance should be on or near each phone.

The dining room should be large enough so that all household members may eat together. It should be clean and uncluttered.

The kitchen must have enough space to prepare food in a sanitary manner and enough storage space for food to be stored safely. There should be enough cupboard space so that food, dishes, utensils and other items can be stored out of the way, rather than stacked on countertops.

Entryways, Hallways and Stairs

These must be kept free of clutter and objects that could cause falls or block passage.

Broken steps must be repaired or replaced, tack down loose carpeting and repair worn threads. Lighting in these areas should not produce glare or shadows.

Fixtures should provide light for the entire length of a hallway.

Yard and Outside Area of the Home

Do everything possible to enhance the safety of the individuals in your home. Provide flat, even walkways and yard areas, adequate drainage for sidewalks and other walkways so they are not slippery when wet. Sidewalks and entrances must be well lit.

Snow removal should be done promptly and thoroughly. Be sure there are no icy patches that could cause a fall. The individual should not have to go through snow to reach the house or a vehicle. Any area used for walking should be as clear and dry as possible.

Leaf removal should also be prompt and thorough. Wet leaves can create hazardous walking conditions.

If possible, provide areas where the individual can sit outdoors that offer shade and protection from the elements.

Fire Safety

Fire Extinguishers

- Must be a 2A, 10 B-C (or larger)
- Must be wall mounted
- Required on each floor of the home
- Required at head of each stairway and in or near the kitchen (one extinguisher can meet these requirements)
- Each extinguisher must be maintained and in working and ready to use.
- Fire extinguishers must be replaced when found to be defective or no less than every 5 years. AFH Provider must keep receipts and documentation of dates of replacement. This information must be produced on request of LSS AFH Certifier

Smoke Detectors

- Must be on each floor of the home
- Must be located in each habitable room (with the exception of kitchens and bathrooms), including on the ceiling of the living room or family room, and on the ceiling of each bedroom, and also at the head of each open stairway, at the door leading to every enclosed stairway..
- Must be tested monthly and fixed if not functioning properly with documentation of the repair. Monthly tests must be documented

Exits

- First floor must have two exit doors that go out to grade (either directly or via a garage, balcony or deck)
- Second floor must have two exits, one can be a stairway or ramp that leads to the first floor, the other may be a second stairway, balcony or window that meets building codes for exit windows
- Basement must have one exit directly to grade or via stairway, unless a basement is used for a bedroom in which case there must be two exits

Fire Safety Evacuation Plan

You must have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan should include:

- External designated meeting places that are familiar to the individual
- All evacuation routes clearly diagramed and must be posted

Go over this plan with every new individual or staff member immediately. The plan must be reviewed twice a year with individuals in your home.

Fire Drills

Fire drills are required twice a year. Written documentation of the date and time the evacuation occurred is required for each drill. Record your fire drills on the log sheet provided.

Heating Units

Although it is not a mandate, it is advised that before each heating season your heating source be inspected, to offer safe clean air to the occupants of the home.

Household Pets

Cats, dogs and any other pets susceptible to rabies must be vaccinated and you must provide current vet records verifying vaccinations to the LSS Adult Family Home Certifier. Recertification will require proof of vaccinations. Sick animals must be treated or removed from the home. Pens and cages must be kept clean. Pets must be under control and not a danger to individuals or guests.

The wishes of the individual must be considered before bringing a new pet into the home.

The Placement Process

Once you have met all criteria to be a Certified 1-2 Bed Adult Family Home, you are ready to become a provider.

The Services You Provide

The Services You Provide

As a provider, you are expected to provide a safe, emotionally stable home environment which encourages individual autonomy, allows for physical and emotional privacy, takes individual's preferences, choices and status as an adult into consideration when providing supports, services and supervision. The individual is an adult with the rights of all adults. When planning to provide adult supports, keep these rights in mind:

Individual Rights

Fair Treatment	Safe physical environment
Privacy	Freedom from abuse
Confidentiality	Freedom from seclusion and restraints
Presumption of competency	Labor
Self-Direction	Prompt and adequate treatment
Financial Affairs	Medication
Clothing and possessions	Mail
Social activity choice	Telephone calls
Choice of providers	Service charges
Religion	Right to file a grievance

You are expected to provide activities for the individual in your home. There must be a variety of activities available to the individual including cultural, religious, political and social activities of their liking. Activities should be scaled to the individual's needs with opportunity to be out in the community as well. Make sure the activities are the individual's favorites, NOT yours! The individual has the right to participate or observe.

Adult Family Home Individualized Service Plan

Each individual you support in your home must have an Adult Family Home Individualized Service Plan. The AFH operator is responsible to develop the AFH Service Plan. This plan is developed prior to or at the time the individual moves to your home. The plan is based on and addresses individual needs and desired outcomes. The plan is developed jointly by the individual, their guardian (if applicable), anyone they would like to have participate in the development and you, the Adult Family Home Provider. When applicable a Care Manager or other representative from the placing agency, or the IRIS Consultant may also be invited to participate in developing this plan. The plan will describe how the Adult Family Home Provider will assist the individual to meet his/her needs and desired outcomes at their highest level possible. Areas to be addressed in the plan include:

- activities of daily living
- instrumental activities of daily living
- cognitive functioning
- abilities and disabilities

- social participation

The plan shall describe who is responsible for what supports, how the individual will access the community, other supports provided by others outside of the Certified Adult Family Home, any personal housekeeping the individual agrees to perform within the Adult family home and if applicable any compensation for the work.

You must provide the supports identified in the Adult Family Home Individualized Service Plan that are your responsibility. You are to teach, assist and support the individual to promote his/her health, well-being, self-esteem, independence and quality of life in the community. The individual does have the right to refuse any service or support.

The Adult Family Home Individualized Service Plan must be signed by you (the provider), the individual you support, and their guardian, with a copy given to each entity. The plan must be reviewed minimally every six months and signed off, or more often as changes occur. The plan must also be available for review by the certifying agency.

Nutrition

At least three nutritious meals are to be provided daily. They should have sufficient quantity and variety and take the individual's personal preferences, physical dietary needs and religious dietary needs into consideration. The individual will have access to all foods and liquids unless otherwise specified in a behavior support plan or an approved DHS restrictive measures plan. The food preparation should be sanitary. Everyone will be given the opportunity, if they choose, to routinely enjoy their meals in the dining area with other household members who choose this option.

Medications

Individual medications are to be handled as follows:

- Containers must be labeled
- Labels should be permanently attached to the original container received from the pharmacy

- Labels will list the name of the person whom the medication is for, the physician name, the prescription number, the name and dosage of the medication, directions for use, the date the medication was issued, an expiration date of all time-dated medication, and the name, address, and telephone number of the pharmacy from which the medication was obtained
- Individuals should control and administer their medications except when they are unable to do so (as directed by a physician or requested by a guardian)
- If you are going to administer medications, a written order must be signed by the physician allowing you to do so
- Medication administration records must be kept if you are assisting with the administration of medications
- Medication Records should document the following; the name of the individual, the name of the medication, the date and time the medication was given, the dose taken, the initials of the staff indicating that the medication was given, and any refusal by the individual to take any medication
- Safely store the medications as specified by the pharmacist on the label or with the instructions that came with the medication.
- Help the individual take the correct dosage at the correct time and communicate with his/her physician/pharmacist

Records You Must Keep

Records You Must Keep

You are expected to keep records for each individual in your home. Records are to be kept seven years after the individual leaves the home or passes away. It is important to remember that these records contain confidential information so they should be kept in a secure place at all times. The following is a list of records you are expected to keep:

1. Individual's name, date of birth, name, address and phone number of the guardian, placing agency Care Manager or IRIS Consultant, LSS

- Certifier and the individual's physician. These are the people that should be notified in the event of an emergency
2. Medical insurance identification numbers and the name of the pharmacy used by the individual
 3. The Adult Family Home Individualized Service Plan
 4. The report of the individuals' annual health assessment
 5. The Service Agreement that specifies the services to be provided along with the agreed upon service rate and the monthly room and board amount paid by the participant
 6. Evidence that the individual and their guardian, if any, have received and discussed his or her rights and the grievance procedure with the IRIS Consultant
 7. Records of monthly smoke alarm checks, fire extinguisher checks, fire drill log
 8. Medication Log
 9. Incident Reports, log of doctor visits and doctor's referrals
 10. Financial Ledger of individual's money, receipts, allowances and debits.
 11. Quarterly summary of home and if applicable, a summary of the respite services provided in your home

When destroying documents, after seven years of no longer supporting the individual have passed, ensure that these documents are destroyed in a secure way. Documents need to be shredded, cut up or otherwise rendered illegible to protect the privacy of the individual.

Confidentiality

It is important to remember that no matter how long the adult has been living in your home, you are not free to talk about him/her as you may about another member in your family. You should avoid casual social conversations about the individual, his/her family, medical history, habits etc. Share only as much as necessary for the individual's well-being and success and that is consistent with the participant's right to privacy.

It's not always easy to know whom to tell and when. Remember the "need-to-know" principle to help guide your decision to disclose information. Ask yourself, "What does this person **need to know** at this time to support the individual to succeed at work, leisure or social relationship." Show respect for the individual and use sensitivity in sharing information, especially protecting and enhancing the person's positive reputation.

You should also assist the individual to learn appropriate ways to share personal information about them.

Responsibilities

Adult Family Home Provider Responsibilities:

Adult Family Home Providers are responsible for the day-to-day supervision and supports of the individual living in their home. You must also work collaboratively with guardians, financial representatives, placing agency Care Managers or IRIS Consultants and the LSS Adult Family Home Certifier. As an Adult Family Home provider, you have responsibilities to the individual placed in your home. This is a basic list of your responsibilities.

To the individual in your home, you have the following responsibilities.

1. Develop an Adult Family Home Individualized Service Plan with the individual, and their guardian if applicable. Include the placing agency Care Managers or IRIS Consultant and others important to the individual that they wish to have involved. This must be completed prior to or at the time of placement in your home. The plan must address the needs and desired outcomes of the individual, describing how the Adult Family Home Provider will assist/support the individual to meet the desired outcomes.
2. Provide room, board and access to laundry facilities. Board means three nutritious meals/day. If the individual works, this would include a sack lunch.
3. Provide furniture, bedding and clean linens for the individual's bedroom.

4. Provide supports that may include, but are not limited to: teaching and supervision of personal care and activities of daily living, health monitoring, behavioral support, assistance with personal finances, leisure and recreational activities, personal supervision and transportation
5. Provide a family atmosphere that is safe, warm, stable and accepting of the individual. This includes confidentiality regarding any information about the individual.
6. Encourage the individual to assist with household tasks and participate in family and community activities
7. Provide family-based support to the individual living in your home. The Adult Family Home Provider must treat the individual as an adult member of the family in a respectful and dignified manner. This includes a bedroom that may be shared by one other individual, allows for personal choice in decorating and provides adequate privacy. Basic care (support) includes: nutritional meals eaten with family members, the opportunity to attend the church of his/her choice, to see the physician of his/her choice, inclusion in family activities, access to all areas of the home (except personal bedrooms), access to television, books and other recreational activities of the home.
8. Provide at minimum a 30 day written notice when requesting termination of the individual's placement in your home or when requesting that the person move out.
9. Obtain emergency care when needed. This includes calling a doctor or ambulance for serious illness or injury or other appropriate community resources. Adult Family Home Providers must contact the placing agency Care Managers or IRIS Consultant, guardian and/or power of attorney for healthcare within 24 hours after emergency measures are taken.
10. Whenever something out of the ordinary occurs in your home, such as an injury to the individual or unusual behaviors, you need to fill out an Incident Report. An incident report should be sent to the placing agency Care Manager or IRIS Consultant as well as keep a copy in the

- individual's file at home. The placing agency Care Manager or IRIS Consultant will determine if there is a need for the LSS Certifier to be aware of the incident and contact them directly if there is such a need.
11. If you are absent from the home, an appropriate substitute provider must be in the home to provide the supervision and supports specified in the Adult Family Home Individualized Service Plan. Background checks must be conducted every four years for the substitute provider and you are to provide the Adult Family Home Certifier a copy of the background check to be placed in your file. It is the responsibility of the provider to monitor these dates and arrange to have the background check completed and pay for the background check.

To the Adult Family Home Certifier, you have the following responsibilities:

1. Submit the Adult Family Home Application and complete the requirements for the initial certification and annual recertification.
2. Complete training as required and enter the training on training log along with documentation about the training as specified under training. Ten (10) hours of training is required in the first year of initial certification and eight (8) hours of training per year thereafter.
3. Maintain the home according to all zoning codes, health and safety standards, existing laws and regulations of state and local government and provide necessary utility services (i.e.: heat, water, sewer, gas, electricity) and keep your property neat, clean, safe and orderly.
4. Inform the Adult Family Home Certifier of any changes in the following areas within seven (7) days, unless otherwise noted. Failure to report may result in revocation of certification:
 - a. Change in the amount or type of services offered by provider or any significant change in the capability of the home due to a staff with specific skills leaving or reducing availability. These changes must be reported at least thirty (30) days prior to the effective date of change or as soon as possible if provider had less or no notice of the change. The report should state if there is a need for a substitute provider of the dropped service must be arranged to

address needs identified in the person's Individualized Service Plan

- b. Change in household members including changes in staff who work in the home, any new individuals who will stay on a permanent basis or persons who have resided in the home for more than 30 days
- c. Significant change in physical environment
- d. Change in provider's employment status
- e. Significant change in financial status of provider if it impacts financial security
- f. Change in provider or all household members' legal status, including being arrested, charged or convicted of any crime
- g. Within one (1) day, a substantial change in the provider's health status if it affects provider's ability to provide supports/services specified in person's Individualized Service Plan
- h. Any significant change in the program statement of the home

Please note: certification of a home is for a specific address and does not transfer to another location should you move...please contact the Adult Family Home Certifier in advance to schedule the required visits before you move to your new location.

- 5. Allow the Adult Family Home Certifier to visit the Adult Family Home as needed. This may include unannounced visits
- 6. Maintain individual records with required information

To the placing agency Care Manager or IRIS Consultant, **you have the following responsibilities:**

- 1. Provide a copy of the signed Individualized Service Plan you have with the participant that includes the services to be provided and the agreed upon service rate.

2. Provide all requested information needed to verify the monthly amount of room and board that will be paid by the participant (and which cannot be paid using IRIS funds).
3. Prompt notification of any major illness, change in family composition (marriage, divorce, adoption, birth, and death, anyone moving in or out of the home) or change of address within seven days of the change.
4. Notify the placing agency Care Manager or IRIS Consultant working with the person sharing your home when changes occur that will affect the individual, including, but not limited to:
 - a. Behavior changes of significant nature
 - b. Incident or accident reports. Notification is expected as soon as the crisis is settled. Contact is to be made by phone and copies of the Incident Report form are to be sent to the placing agency Care Manager or IRIS Consultant within 24 hours. Guardians are to be notified immediately as they have the decision making power for treatment.
 - c. As directed or requested by the individual, inform the placing agency Care Manager or IRIS Consultant of doctor or therapy appointments with the results and recommendations.
 - d. As directed or requested by the individual, Physical changes (i.e.: seizures, new diagnosis, hospital admissions, etc.)
 - e. Employment and/or financial changes for either the provider or the individual if it impacts services provided to the individual supported in your home.
5. As directed or requested by the individual, partner with the placing agency Care Manager or IRIS Consultant in supporting health and emotional well-being of the participant.

****Your primary contact is the individual's placing agency Care Manager or IRIS Consultant.**

Others have responsibilities toward you as a provider. The individual in your home, placing agency Care Manager or IRIS Consultant and LSS Adult Family Home Certifier all have responsibilities to you.

Responsibilities of the Individual to the Provider

The individual agrees to live cooperatively with the Adult Family Home Provider and work towards becoming as independent as possible. The individual works cooperatively with the placing agency Care Manager or IRIS Consultant.

Responsibilities to the provider are:

1. Treat members of the home with courtesy and respect
2. Participate in family and community activities of the individual's choice
3. Maintain confidentiality about the home (any information may be shared with the placing agency Care Manager or IRIS Consultant and guardian)
4. Be responsible for financial obligations for clothing, personal items and medical costs
5. Self-medicate unless assistance with medications is ordered by the physician
6. Maintain his/her bedroom in a clean and tidy manner (as much as possible)
7. Maintain good personal care standards (with assistance if necessary)
8. Be responsible for items they damage in provider's home
9. Adhere to smoking policy of the home
10. Arrange to pay the monthly room and board cost to the provider using participant personal funds

Responsibilities of the LSS Adult Family Home Certifier

1. Provide initial certification and annual recertification
2. Provide basic information about certification standards
3. Communicate with Adult Family Home Providers (this may be in person, phone calls, written correspondence, etc.)

Helpful Information

Required Reporting

You are required to report the following events within the timeframe expected or your certification may be revoked.

Within 24 hours:

- Any life-threatening, disabling or serious illness (notify placing agency Care Manager or IRIS Consultant)
- Any injury sustained by the individual that requires medical attention (notify placing agency Care Manager or IRIS Consultant)
- Any medical condition of the individual that results in absence from the home (includes hospital or nursing home admission) for more than 24 hours (notify placing agency Care Manager or IRIS Consultant)
- A fire in the home that requires assistance of the fire department (notify placing agency Care Manager or IRIS Consultant and LSS Adult Family Home Certifier)

Within 7 days:

- A significant change in the type or amount of supports you are providing or that you believe the individual requires (notify placing agency Care Manager or IRIS Consultant)
- A change in household membership (i.e.: people moving in or out of home, birth, adoption, divorce, death, etc.)—notify placing agency Care Manager or IRIS Consultant and LSS Adult Family Home Certifier
- A change in individual's living arrangements or another individual being supported from another agency (Notify LSS Adult Family Home Certifier)
- A change in your employment or financial status (notify LSS Adult Family Home Certifier and individual in your home)
- A change in your or any member of your household's legal status, this includes being arrested, charged or convicted of any crime that would disqualify a person from being a provider if that crime had been found

on a background check (notify both the LSS Adult Family Home Certifier and the individual in your home)

- A substantial change in your health or a member of your household's health that affects your ability to provide supports needed by the individual or places the individual's safety at risk(notify the individual and LSS Adult Family Home Coordinator)
- A substantial change in your health or a family member's health that places the individual's safety at risk (notify the individual and LSS AFH Certifier)

Incident Reports

Whenever something out of the ordinary occurs in your home, an injury to an individual or any unusual behaviors by the individual, you need to complete an incident report using this form:

<http://www.dhs.wisconsin.gov/forms1/f2/f22541.doc>.

Any incident reports should be sent to the placing agency Care Manager or IRIS Consultant and the LSS Adult Family Home Certifier. It is important to document incidents so that everyone involved is aware of the type of care required when working with the individual you support.

Notice of Termination

If you are going to terminate services, a 30 day written notice must be given to, the individual and their guardian (if applicable) as well as a copy to the LSS Adult Family Home Certifier. Encourage the individual to share the information with their placing agency Care Manager or IRIS Consultant. The 30 day notice is not required if emergency termination is necessary to prevent harm to the health and safety of the individual or others in the home.

Reporting Abuse and Neglect

If you or a substitute provider knows or has reasonable cause to suspect, that an individual has been abused or neglected, the placing agency Care Manager or IRIS

Consultant should be notified immediately. You are also obligated to report the incident to your County Adult Protective Services.

If you believe a crime has been committed, the incident must be reported immediately to law enforcement authorities.

Provider Checklist

This checklist can help you meet the routine requirements related to your responsibilities as an Adult Family Home Provider

Daily:

- Medication log if assisting with medication administration
- Document on financial ledger: allowance, debts, receipts

Monthly:

- Smoke detector and fire extinguisher check (document)

Quarterly:

- Adult Family Home Summary to include events and happenings over past 3 months, barriers or obstacles, number of training hours completed in that quarter (be sure to routinely document on training log as well)
- Written summary of days of respite care provided and for how many people

Every 6 months:

- Review and update the Adult Family Home Individualized Service Plan (more often for significant changes)
- Fire Drills 2x/year (spring/fall) (document)

Annually: Prepare for recertification visits by collecting:

- Pet vaccination verification
- Training log completed with type of training/number of hours and summaries as specified in training section of this guide
- Well water tested and verified (if applicable) for safe drinking

- Physicals for individual sharing your home
- Declaration of auto and home insurance
- Verification of home operating expenditures used to calculate the home's monthly room and board rate which is paid using participant personal funds

As Needed

- Doctor referrals for specialist visit—copy to guardian and placing agency Care Manager or IRIS Consultant
- Incident report form—send copy to placing agency Care Manager or IRIS Consultant
- Completion of Background Checks every 4 years

On behalf of the individual with whom you share your home, and the LSS Adult Family Home Certifier, we wish you the very best in your work as a 1-2 bed Adult Family Home Provider. This can be a challenging but very rewarding job! The role you play is vital in assisting individuals to have the opportunity to live in the community, enjoying a family environment. Thank you for opening your heart and your home to support individuals to live a full, meaningful life!