

2019 PROGRAM SPECIFICATION
Menu of Providers

PROGRAM #: 232

STANDARD PROGRAM: Adult Family Home

TARGET POP: MI

YEAR: 2019

UNITS: As Authorized

CLIENTS: As Authorized

ALLOCATION: TBD

UNIT DEFINITION: One day, including overnight

GEOGRAPHICAL AREA TO BE SERVED: Racine County

DAYS/HRS OF SERVICE AVAILABILITY: 24 hours per day, 7 days per week

MINIMUM STANDARDS

1. Provider agrees to comply with the following terms and conditions:
 - Standard contract language
 - Certification standards where applicable
 - Fiscal and program reporting criteria
 - Allowable Cost Policy
 - Audit criteria
 - Policies and procedures as defined in Racine County Human Services Department Contract Administration Manual
 - Maintain adequate liability coverage
 - Recognize that authorization for services is approved by Racine County Human Services Department
2. Facility must be in compliance with all AFH licensing requirements of the Department of Health and Family Services.
3. Facility must meet the appropriate local zoning and occupancy ordinances prior to implementation and secure occupancy permit prior to contracting.
4. Facility must have capacity to generate first or third-party collections. Vendor will participate in billing Title XIX for personal care services in the facility when requested by RCHSD. Responsibilities will include doing proper documentation for Title XIX, insuring staff is qualified to provide personal care and may include working with a local personal care agency for oversight and billing purposes.
5. All applications must include most recent copy of State of Wisconsin Department of Health and Family Services Application for AFH Licensing, including the Program Statement per HFS 88.03 and Personnel Policies per HFS 88.04.
6. Maintain accurate financial records of the AFH and resident accounts, including personal funds and belongings.
7. Provider shall receive prior written authorization for any client specific cost not identified in the unit rate approval.
8. The Provider must detail the level of services to be provided in each facility including: shift scheduling, daily scheduling of activities, level of supervision of medical care to be provided, activity schedules including staff ratios, planned activities involved in personal care, and a program summary of behavioral management activities planned for the level of client proposed.

BASIC PROGRAM SPECIFICATIONS:

All agencies/programs serving consumers using waiver funding will cooperate with the transition of services to the expansion of Family Care and Partnership. Contracts with RCHSD may change in terms of numbers of consumers and funding from waiver sources as the system change moves forward. Agencies will be expected to transition consumers in a manner that is the least disruptive to them

All AFH's should provide the following minimum program requirements:

1. Services

a. 24-hour per day coverage

There shall be sufficient staff and facilities to provide services, program activities, and supervision including getting client to work and other activities, and helping them plan and execute leisure activities.

Room, board and supervision shall be provided to all residents during those hours when the resident is under the direction of AFH staff.

At least one staff person is to be present during the hours when residents are home and will leave a number where they or a responsible party can be reached at the school, workshop, place of employment in case of emergency, if staff are not on premises when residents are out of facility.

Provide appropriate supervision, housing, nutrition, clothing, recreational opportunities for each resident.

b. Health and medication monitoring

Routine medical care: yearly physicals, sick visits and follow-up assistance with ongoing medication for controlled conditions (seizures, blood pressure).

Report all significant illness/accidents that require a physician's attention to HSD or its designated representative within 24 hours of the onset of same.

As necessary, arrange for annual medical and dental examinations with copies of the results to be filed with HSD or its designated representative.

Record significant events (illnesses, behavioral changes, school/day program achievements, etc.) for each resident and make these records available to HSD or its designated representative.

c. Information & referral

Work with other agencies and organizations involved in the provision of services to their residents. This includes schools, day programs, supported work programs, leisure time providers, medical and dental providers. This is to be done with the recognition that all residents should be considered as potential independent living residents and a support network to work toward independent living shall be a factor in programming.

d. Insure recreation & leisure time services are available.

Provide adequate and appropriate leisure time activities using community-based resources.

e. Daily living skills

Develop skill attainment levels with regard to entry or reentry into the community. It shall be at the discretion of HSD case managers to determine if appropriate day programming within the facility meets individual client needs or whether additional outside services need to be authorized.

Routine personal care: monitoring, reminders and some hands-on assistance with grooming, dressing, bathing.

Minor behavioral management: occasional upsets or tantrums, normal emotional traumas, unusual mannerisms (minor compulsive behaviors, repetition).

f. Transportation services

Provide transportation to medical appointments, job placements, workshops, day care centers, recreational and social activities.

2. Treatment records shall be maintained and shall include:

- a. Admission data
- b. Physical/medical data
- c. Medication data
- d. Progress notes
- e. Development of individualized treatment plans and goals
- f. Provisions of a grievance procedure

3. The owners, administrators, operators and staff members shall comply with the following requirements:

- a. Enable HSD or its designated representative access to the resident upon the request of HSD or its designated representative or the resident.
- b. Respect the resident's need for privacy in respect to mail, telephone calls, personal needs, etc.
- c. Respect the resident's religious and cultural beliefs.
- d. Permit visitation by family and friends of the residents at reasonable and appropriate times. (AFH operators will receive at least 24-hour notification from resident's natural family of on or off premises visitation.)
- e. Notify HSD or its designated representative when any resident is to be away from the premises for 24 hours or more or is to leave the State of Wisconsin.
- f. Notify HSD or its designated representative when the resident leaves the AFH without the approval or consent of the operator.
- g. Refer all inquiries regarding the resident placements (respite and long-term) to HSD or its designated representative.
- h. Notify HSD or its designated representative with respect to problems with the resident.
- i. The AFH operator shall not provide or disseminate any information regarding any resident without the prior consent of HSD.
- j. The AFH administrator will be responsible for the staff's adherence to the above.

For residents in need of a more structured hands-on level of care, the Provider would need to provide:

- More supervision of medical care: frequent illnesses, medical conditions that need ongoing care (special diets, diabetes) that are partially controlled or intense needs for ongoing conditions (uncontrolled seizures, skin conditions, positioning, dialysis, use of psychotropic drugs);
- Expanded supervision of activities: requires staff to plan, accompany and execute the activities with residents and to work with resident input to the extent possible;
- More intense personal care: staff must usually assist in dressing, feeding, grooming, bathing, but client can partially do it themselves, or there is total or near total care for bathing, grooming, toileting, feeding, etc.;

- Behavioral management: outbursts can occur 1-2 times per week, may purposefully break rules, use street drugs or alcohol inappropriately, soil bed, be inappropriate sexually, require a formal behavioral program, or behavioral management is a daily need due to ongoing emotional distress, mental illness, aggression, criminal behaviors.

In addition to the verbal notifications listed above, all providers will supply the following documents to RCHSD case managers:

- Copies of the individual service plan for each resident;
- Quarterly progress reports with updates on behavioral and medical issues;
- Copies of discharge summaries.

Emergency Preparedness/Disaster Planning

1. The Provider shall develop a written disaster plan to address all hazards planning (fire, flooding, hazardous materials release, weather, cold/heat emergencies, health emergencies, terrorist acts, etc.). The plan shall identify specific procedures and resources required for both sheltering-in-place and evacuation from the facility to an alternate site(s) should evacuation be necessary to provide for the safety and well being of individuals placed in the care of the facility.
2. The disaster plan will be updated annually and a copy shall be provided to Racine County Human Services Department by February 5th of each year for which the vendor agency is under contract.
3. If the individual placed by Racine County Human Services Department in the care of the CBRF/AFH is residing in another county, Provider will provide a copy of the written disaster plan to the Human Services Department in the county of the individual's residency.
4. Staff employed by Provider shall receive training on the disaster plan as part of their orientation and annually thereafter. Documentation of such training will be maintained by the agency.
5. Upon admission to the CBRF/AFH the individual (if appropriate) and his/her caseworker will be provided information addressing the facility disaster plan, including contact information and evacuation location(s). Provider shall provide documentation of this in the individual's file.
6. Provider shall maintain a roster of phone/pager numbers to be used in an emergency to contact agency staff , the individual's legal guardian, and Racine County Human Services to advise them of the emergency. Contact numbers shall also include local law enforcement and emergency numbers for fire and rescue.
7. Provider understands that in the event of an evacuation there are critical items that must be taken to include agency contact information; individual's medical information (e.g. prescriptions, recent medical reports, physician's name and immunization history); identifying information for the individual including citizenship information; any court orders that may be involved in the placement of the individual; guardian information, etc. at time of the event. Provider further understands that in the event of an emergency they should call the Racine County Human Services Department Information and Assistance Line at 262-638-6321 or 800-924-5137. Should any information included in the emergency evacuation plan change, Provider will update the Racine County Human Services Department within 14 days of the change.

EVALUATION OUTCOMES:

1. 75% of the clients will not move to a more restrictive living arrangement.
2. 80% of the clients will show improvement in their skill level (i.e., self-care, daily living skills, behavior, self-management) as reflected in their goals.

An Evaluation Outcome Report must be submitted to Racine County HSD Contract Compliance Monitor by 2/1/20.