



# EXTENDED FAMILY HOME MANUAL



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## **MISSION OF ABLED, INC.**

**The mission of ABLED, Inc. is to empower people with intellectual disabilities to creatively explore all possible avenues of freedom, education, and skills to live and enjoy their lives to the fullest extent possible.**

## **PRINCIPLES**

ABLED, Inc. will promote quality by focusing on customer satisfaction, employee involvement, teamwork, communication, and continuous improvement.

To fulfill its mission, ABLED, Inc. believes:

- Every person was created with value and purpose.
- Every person should be treated with dignity and respect.
- Every person can grow and learn through community experiences.
- Every person should enjoy life, liberty, and the pursuit of happiness.
- Every person has the right to be the primary decision maker in his/her life and carries the responsibility for the direction it takes.
- Every person is protected by the full weight of the constitution and its amendments.

## **PHILOSOPHY**

In keeping with the mission and principles of ABLED, Inc., the extended family home model is a residential service alternative. A person with an intellectual disability may choose to further their independence and community involvement while experiencing life in a more natural setting.



## I. Referral Process

### A. Initiation.

DHHS initiates the process by issuing a referral for Extended Family Home services to ABLED, Inc. Other agencies may receive the same referral.

1. ABLED, Inc. reviews all available information on the individual's history contained in the referral.
2. ABLED, Inc. may contact the service coordinator and/or the guardian to learn more about the individual.
3. The referral should include description of funding for the placement. ABLED, Inc. will ask DHHS should the funding level be absent.
4. ABLED, Inc. will make an initial determination of whether or not the referred person can be served with an Extended Family Home placement.
5. ABLED, Inc. will match the individual with potential EFH service providers. The individual and/or the guardian may conduct multiple interviews with potential providers.
  - a. The individual's service coordinator may be present at the interview.
  - b. The individual should tour the home and neighborhood of the potential EFH provider. Visits increase the probability of a long-term successful placement. These visits continue until all parties are satisfied with the planned placement. There is no payment available for the potential Extended Family Home provider during these initial visits.
6. ABLED, Inc. will accept the referral once the individual/guardian select their EFH service provider.
7. DHHS will arrange an intake meeting to initiate EFH services.



## **II. Recruitment of Extended Family Home Providers**

- A. Extended family home providers may be recruited through any commercially reasonable means. ABLED relies heavily on word or mouth.
- B. Prior to beginning services, the EFH provider must:
  - 1. Complete and submit an application.
  - 2. Complete and submit authorizations for all background checks for anyone 13 years old and older who will be living in the home.
  - 3. Interview with ABLED.
  - 4. Complete all required certifications including CPR and med aid.
  - 5. Complete ABLED Orientation Training.
  - 6. Provide ABLED with documentation
    - a. Social Security Card
    - b. Proof Of Insurance
- C. ABLED will conduct the Employment Eligibility Verification on the EFH provider within 3 days of starting employment. The EFH provider must complete the Form I-9.



### III. Agreement with the Provider for Services

#### A. Financial

Payment for Extended Family Home care is on a daily basis as agreed upon in the Subcontractor Agreement. The ABLED, Inc. will review the Notice Of Costs with the individual and/or the guardian at the intake meeting. ABLED considers the room and board agreement to be between the EFH provider and the individual/guardian. ABLED may advise as to what is customary and reasonable.

1. Room and board payments are paid to the Extended Family Home provider by the individual served at the beginning of the service month. If ABLED, Inc. is payee for the individual, ABLED issues payments for room and board to the EFH provider.
2. ABLED, Inc. pays the Extended Family Home provider for services as agreed to in their Subcontractor Agreement. Pay is determined by the level of funding assigned to the individual.

#### B. Respite Care

The need for provider respite care or support personnel must be documented in the individual's Individual Support Plan (ISP). **It is the provider's responsibility to obtain their own respite care or support personnel.** The dollar amount paid is determined by the Extended Family Home provider and the support personnel.

#### C. Medical and Dental Care

The Extended Family Home provider is not responsible for any of the medical or dental costs of the individual placed in their home. The Extended Family Home provider is responsible for transporting the individual to and from the doctor and completing the necessary paperwork. Medical planning should be discussed at the Individual Support Plan team meeting prior to placement.

#### D. Emergency Medical Care

In case of emergency, the Extended Family Home provider must use their best judgment in obtaining medical care. ABLED, Inc. and the individual's Service Coordinator must be notified as soon as possible of this action by the Extended Family Home provider.



## **E. Consents/Authorizations**

Extended Family Home providers are not the legal guardians of the individual and cannot sign consent or authorization forms of any type.

## **F. Contract**

A contractual agreement exists between the Extended Family Home provider and ABLED, Inc. The terms and requirements of this contract must be reviewed, signed, and dated by the Extended Family Home provider and ABLED, Inc. prior to the contract's initiation.



## IV. Roles and Responsibilities

### A. Provider

An EFH provider cannot have more than two individuals with intellectual disabilities, owned or leased by the subcontractor providing supports.

1. Provide a stimulating setting for greater independence, decision-making, and community involvement.
2. Alert the Service Coordinator and ABLED, Inc. representative to all health problems and injuries.
3. Inform the Chief Operations Officer of changes in sleeping arrangements, address, problems, out-of-town plans, household composition, health problems, or anything that affects their ability to provide care.
4. Respect the individual's religious preferences.
5. Participate as a member of the Individual Support Plan/Individual Educational Planning Team (ISP/IEP) and complete, or assist in completing, all necessary documents for the ISP process.
6. Attend all training required to meet applicable state regulations or as deemed necessary by the interdisciplinary teams.
7. Maintain programming, financial and medical records as outlined by ABLED, Inc. policies and procedures manuals.
8. Provide transportation as required to meet individual's needs.
9. Inform Chief Operations Officer about leave or hospital days used by the individual.
10. Submit requested information in a timely manner.
11. Ensure positive and frequent communication with the Residential Coordinator including occasional scheduled visits.

### B. Natural parents/guardians

1. Stay involved with the individual, EFH provider, and the Service Coordinator to develop a written plan that will be in the best interests of the individual.
2. Be responsible for medical and dental costs, as applicable.
3. Sign necessary consent forms/authorizations for their family member.
4. Participate as a member of the ISP/IEP team.
5. Support the individual and provider in learning/teaching new skills.
6. Provide the Service Coordinator and provider with pertinent information about the individual.





### **C. Chief Operations Officer (Residential Coordinator)**

1. Act as a professional advocate for the EFH provider by providing on-going assistance and support.
2. Provide individual training.
3. Provide on-going monitoring of the placement, including scheduled visits to the EFH provider's home.
4. Participate as a member of the IPP team at the time of the placement and thereafter as requested or as need indicates.
5. Ensure that terms and provisions of the contract are met.

### **D. Service Coordinator**

1. Act as a professional advocate for the individual in Extended Family Home.
2. Act as the liaison between the natural family and provider.
3. Participate as a member of the ISP/IEP team.

### **E. Individual**

1. Take part in the routine of the household.
2. Participate in their habilitative training programs as outlined in their Individual Support Plan (ISP).



## Staff Development Form

### ABLED, Inc. Staff Development Form

Please complete this form in its entirety and return it to the trainer or supervisor. It will be placed in your personnel file to document that you have completed the training and have acquired the necessary information to competently perform your job.

Name: \_\_\_\_\_.

Position: \_\_\_\_\_.

ABLED, Inc. Date of Training: \_\_\_\_\_.

Title of Training: \_\_\_\_\_.

Name of Presenter(s): \_\_\_\_\_.

#### Organization Sponsoring Training

Location: \_\_\_\_\_ Total hours of training: \_\_\_\_\_

Objectives of training:

What are three things you will do differently in your job as a result of this training?

Is there any additional information you now realize that you need as a result of this training?

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

This section to be completed for ABLED, Inc. required competency based training only.

\_\_\_\_\_ has satisfactorily completed the required work and has demonstrated competency as defined by ABLED, Inc.

Signature of Trainer:

Title: \_\_\_\_\_ Date: \_\_\_\_\_