SECTION 1:

REGULATIONS

This page intentionally left blank

Table of Contents

16.03.19 – Certified Family Homes

000. Legal Authority. 4
001. Title, Scope, And Exceptions. 4
002. Incorporation By Reference. 4
003. -- 008. (Reserved) 4
009. Criminal History And Background Check Requirements. 4
010. Definitions And Abbreviations -- A Through K. 5
011. Definitions And Abbreviations -- L Through Z. 6
012. -- 099. (Reserved) 7
100. Certification Requirements. 8
101. Application For Certification. 9
102. -- 108. (Reserved) 10
109. Application And Certification Fees For Certified Family Homes. 10
110. Issuance Of Certificate. 10
111. Renewal of Certificate. 11
112. Change Of Provider Or Location. 12
113. Denial Of Application For Certificate. 12
114. Family Home Operating Without A Certificate. 13
115. Voluntary Closure Of The Home. 13
116. Required Ongoing Training. 14
117. -- 119. (Reserved) 14
120. Waivers. 14
121. General Variances. 15
122. Revoking A Waiver Or Variance. 15
123. -- 129. (Reserved) 16
130. Nursing Facility Level Of Care Variance. 16
131. -- 139. (Reserved) 16
140. Variance To The Two Resident Limit. 16
141. -- 149. (Reserved) 18
150. Inspections Of Homes. 18
151. -- 159. (Reserved) 19
160. Complaint Procedure. 19
161. -- 169. (Reserved) 19
170. Minimum Standards Of Care. 19
171. -- 173. (Reserved) 20
174. Activities And Community Integration. 20
175. Room, Utilities And Meals. 21
176. -- 179. (Reserved) 22
180. Hourly Adult Care. 22
181. -- 199. (Reserved) 24
200. Resident Rights Policy. 24
201. Notice Of Resident Rights. 27
202. Access By Advocates And Representatives. 27

203. -- 209. (Reserved) 28
210. Reporting Requirements. 28
211. -- 224. (Reserved) 29
225. Uniform Assessment Requirements. 29
226. -- 249. (Reserved) 30
250. Plan Of Service. 30
251. – 259. (Reserved) 31
260. Admissions. 31
261. -- 269. (Reserved) 34
270. Resident Records. 34
271. -- 274. (Reserved) 35
275. Resident Funds And Financial Records. 35
276. -- 299. (Reserved) 37
300. Short-Term Care And Supervision. 37
301. -- 399. (Reserved) 38
400. Medication Policy. 38
401. Self-Administration Of Medication. 39
402. Assistance With Medication. 39
403. -- 499. (Reserved) 41
500. Environmental Sanitation Standards. 41
501. -- 599. (Reserved) 42
600. Fire And Life Safety Standards. 42
601. -- 699. (Reserved) 45
700. Home Construction And Physical Home Standards. 45
701. Manufactured Homes And Modular Buildings. 48
702. -- 709. (Reserved) 48
710. Site Requirements For Certified Family Homes. 48
711. -- 899. (Reserved) 48
900. Emergency Powers Of The Director. 48
901. Enforcement Process. 49
902. Failure To Comply. 49
903. Repeated Noncompliance. 49
904. -- 908. (Reserved) 49
909. Enforcement Remedy Of Provisional Certification. 49
910. Enforcement Remedy Of Ban On All Admissions. 50
911. Enforcement Remedy Of Ban On Admissions Of Resident With Specific Diagnosis. 50
912. Enforcement Remedy Of Summary Suspension And Transfer Of Resident. 50
913. Enforcement Remedy Of Revocation Of Certificate. 50
914. (Reserved) 51
915. Transfer Of Resident. 51
916. -- 949. (Reserved) 51
950. Right To Sell. 51
951. -- 999. (Reserved) 51

000. LEGAL AUTHORITY.
The Idaho Board of Health and Welfare is authorized under Sections 56-1005 and 39-3505, Idaho Code, to adopt and enforce rules and standards for Certified Family Homes. The Department is authorized under Sections 56-264 and 56-1007, Idaho Code, to adopt and develop application and certification criteria, and to charge and collect application and certification fees. Under Sections 56-1002, 56-1003, 56-1004, 56-1004A, 56-1005, and 56-1009, Idaho Code, the Department and the Board of Health and Welfare have prescribed powers and duties to provide for the administration and enforcement of Department programs and rules. (3-20-20)T

001. TITLE, SCOPE, AND EXCEPTIONS.

01. Title. These rules are titled IDAPA 16.03.19, "Certified Family Homes." (3-20-20)T

02. Scope. These rules set the minimum standards and administrative requirements for any care provider who is paid to care for an adult living in the care provider's home, when the adult is elderly or has a developmental disability, mental illness, or physical disability, and needs assistance with activities of daily living. (3-20-20)T

03. Exceptions to These Rules. These rules do not apply to the following: (3-20-20)T

a. Any individual who provides only housing, meals, transportation, housekeeping or recreational and social activities. (3-20-20)T

b. Any health facility defined by Title 39, Chapter 13, Idaho Code. (3-20-20)T

c. Any residential care or assisted living facility defined by Title 39, Chapter 33, Idaho Code. (3-20-20)T

d. Any arrangement for care in a relative's home that is not compensated through a publicly-funded program. (3-20-20)T

e. Any home approved by the Department of Veterans Affairs as a "medical foster home" described in 38 CFR Part 17 and Sections 39-3502 and 39-3512, Idaho Code. Care providers who provide care to both veterans and non-veterans living in a "medical foster home" are not exempt from these rules. (3-20-20)T

04. State Certification to Supersede Local Regulation. These rules will supersede any program of any political subdivision of the state which certifies or sets standards for certified family homes. These rules do not supersede any other local regulations. (3-20-20)T

002. INCORPORATION BY REFERENCE.
The Americans with Disabilities Act Accessibility Guidelines, 28 CFR Part 36 - 2010 ADA Standards for Accessible Design, is incorporated by reference. The internet website is http://www.ada.gov/2010ADAstandards_index.htm. (3-20-20)T

003. -- 008. (RESERVED)

009. CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.

01. Department Criminal History and Background Check Clearance. The provider, substitute caregivers, and all adults living in the home are required to complete a Department criminal history and background check and receive a clearance in compliance with IDAPA 16.05.06, "Criminal History and Background Checks." The resident is exempt from criminal history check requirements. (3-20-20)T

02. When Certification Can Be Granted. Prior to certification being granted: (3-20-20)T

a. The provider must have a completed criminal history check, including clearance; and (3-20-20)T

b. Any other adult living in the home must have completed a self-declaration form, be fingerprinted, and not have any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks." (7-1-20)T

03. New Adults in the Home After Certification Is Granted. A new adult who plans to live in the

home must complete a self-declaration form, be fingerprinted, and not have any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," before moving into the home. Any adult who is a visitor in the home and leaves within thirty (30) days is not required to have a criminal history check but must not have unsupervised contact with the resident. (7-1-20)T

04. Minor Child Turns Eighteen. A minor child turning eighteen (18) and living in the home must complete a self-declaration form, be fingerprinted, and not have disclosed any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," within thirty (30) days following the month of his eighteenth birthday. (7-1-20)T

05. Substitute Caregiver. A substitute caregiver must complete a self-declaration form, be fingerprinted, and not have disclosed any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," prior to any unsupervised contact with the resident. (7-1-20)T

06. Additional Criminal Convictions, Pending Investigations, or Charges. Once criminal history clearances have been received, the provider must report to the Department any additional criminal convictions, pending investigation or charges for himself, any other adult living in the home or a substitute caregiver as described in Section 210 of these rules. (3-20-20)T

07. Renewal of Clearance. Any adult who needs to clear a Department criminal history and background check according to these rules must obtain a new clearance from the Department at least every five (5) years. (7-1-20)T

010. DEFINITIONS AND ABBREVIATIONS -- A THROUGH K.
For the purposes of these rules, the following definitions apply: (3-20-20)T

01. Abuse. A nonaccidental act of sexual, physical, or mental mistreatment or injury of the resident through the action or inaction of another individual. (3-20-20)T

02. Activities of Daily Living. The performance of basic self-care activities in meeting an individual's needs to sustain them in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communication, mobility, and associated tasks. (3-20-20)T

03. Adult. A person who has attained the age of eighteen (18) years. (3-20-20)T

04. Alternate Caregiver. A certified family home provider approved by the Department to care for a resident from another certified family home for up to thirty (30) consecutive days when the original provider is temporarily absent or unable to care for the resident. (3-20-20)T

05. Assessment. The conclusions reached through evaluation of functional and cognitive ability using uniform criteria that identifies the resident's strengths, weaknesses, risks and needs, and includes functional needs, medical needs and behavioral needs. (3-20-20)T

06. Certificate. A permit issued by the Department to operate a certified family home. (3-20-20)T

07. Certified Family Home. A home certified by the Department to provide a family-styled living environment and care to one (1) or two (2) adults who are not able to reside in their own home and who require care, help with activities of daily living, help with instrumental activities of daily living, protection and security, supervision, personal assistance or encouragement toward independence. The certified family home is referred to as "the home" in these rules. (3-20-20)T

08. Certified Family Home Care Provider. The adult member of the certified family home living in the home who is responsible for providing care to the residents and maintaining the home. The certified family home care provider is referred to as "the provider" in these rules. (3-20-20)T

09. Certifying Agent. A person acting under the authority of the Department to participate in the certification, inspection, and regulation of a certified family home. (3-20-20)T

10. Chemical Restraint. The use of any medication that results or is intended to result in the modification of behavior for the purposes of discipline or convenience and not required to treat the resident's medical condition or symptoms. (3-20-20)T

11. Core Issue. Abuse, neglect, exploitation, inadequate care, inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system, and situations in which advocates, representatives, and certifying agents are denied access to records, residents, or the home according to their respective authority. (3-20-20)T

12. Criminal Offense. Any crime as defined in Section 18-111, Idaho Code, in 18 U.S.C. Section 4A1.2 (o), and 18 U.S.C. Sections 1001 through 1027. (3-20-20)T

13. Critical Incident. Any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well being of a resident. (3-20-20)T

14. Department. The Idaho Department of Health and Welfare. (3-20-20)T

15. Director. The Director of the Idaho Department of Health and Welfare or their designee. (3-20-20)T

16. Exploitation. The misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. (3-20-20)T

17. Health Care Professional. An individual licensed to provide health care within their respective discipline and scope of practice. (3-20-20)T

18. Immediate Jeopardy. An immediate or substantial danger to a resident. (3-20-20)T

19. Inadequate Care. The provider fails to provide services required to meet the terms of the negotiated plan of service or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services or a safe living environment, or engages in violations of residents' rights or takes residents who have been admitted in violation of the provisions of Section 39-3507, Idaho Code. (3-20-20)T

20. Incident. An actual or alleged minor event or situation that has impacted or has the potential to impact the resident's health or safety, but does not rise to the level of a critical incident. (3-20-20)T

21. Incidental Supervision. Supervision provided by an individual approved by the provider to supervise the resident, not to exceed four (4) hours per week. (3-20-20)T

22. Instrumental Activities of Daily Living. The performance of secondary level activities that enable a person to live independently in the community, including preparing meals, accessing transportation, shopping, laundry, money management, housework, medication management, using tools and technology, and other associated tasks. (3-20-20)T

011. DEFINITIONS AND ABBREVIATIONS -- L THROUGH Z.
For the purposes of these rules, the following definitions apply: (3-20-20)T

01. Level of Care. A categorical assessment of the resident's functional ability in any given activity of daily living, instrumental activity of daily living or self-preservation and the degree of care required in that area to sustain the resident in a daily living environment. (3-20-20)T

02. Neglect. The failure to provide food, clothing, shelter or medical care to sustain the life and health of a resident. (3-20-20)T

03. Negotiated Service Agreement. The agreement between the resident or their representative, and

the provider based on the resident's assessment, health care professional's orders, admission records, and desires of the resident, that outlines services to be provided and the obligations of the provider and the resident. This agreement is also known as a plan of service. (3-20-20)T

04. **Personal Assistance**. The provision of care to the resident by the provider of one (1) or more of the following services: (3-20-20)T

a. Assisting the resident with activities of daily living; (3-20-20)T

b. Assisting the resident with instrumental activities of daily living; (3-20-20)T

c. Arranging for supportive services; (3-20-20)T

d. Being aware of the resident's general whereabouts; and (3-20-20)T

e. Monitoring the activities of the resident while on the premises of the home to ensure the resident's health, safety and well-being. (3-20-20)T

05. **Plan of Service**. The generic term used in these rules to refer to the Negotiated Service Agreement, Personal Care Plan, Plan of Care, Individual Support Plan, Support and Spending Plan, or any other comprehensive service plan. (3-20-20)T

06. **PRN (Pro Re Nata)**. PRN is an abbreviation meaning "when necessary" used for medication or treatment ordered by a health care professional to an individual allowing the medication or treatment to be given as needed. (3-20-20)T

07. **Relative**. A person related by birth, adoption, or marriage to the third degree, including spouses, parents, children, siblings, grandparents, grandchildren, aunts, uncles, nephews, nieces, great-grandparents, great-grandchildren, great-aunts, great-uncles, and first cousins. (3-20-20)T

08. **Resident**. An adult who lives in a certified family home and who requires personal assistance or supervision. (3-20-20)T

09. **Substitute Caregiver**. An adult designated by the provider to provide care, services and supervision to the resident in the provider's certified family home for up to thirty (30) consecutive days. (3-20-20)T

10. **Supervision**. An administrative activity which provides the following: protection, guidance, knowledge of the resident's whereabouts and monitoring activities. (3-20-20)T

11. **Supportive Services**. The specific services that are provided to the resident in the community and that are required by the plan of service or reasonably requested by the resident. (3-20-20)T

12. **Variance**. A temporary exception not to exceed twelve (12) months issued by the Department to a certified family home allowing noncompliance with a specific standard required under these rules when the provider has shown good cause for such an exception and the variance does not endanger the health and safety of any resident. (3-20-20)T

13. **Vulnerable Adult**. A person eighteen (18) years of age or older who is unable to protect himself from abuse, neglect, or exploitation due to physical or mental impairment that affects the person's judgment or behavior to the extent that they lack sufficient understanding or capacity to make or communicate or implement decisions regarding their person as defined in Section 39-5302(10), Idaho Code. (3-20-20)T

14. **Waiver**. A permanent exception issued by the Department to a certified family home allowing noncompliance with a specific standard required under these rules when the provider has shown good cause for such an exception and the waiver does not endanger the health and safety of any resident. (3-20-20)T

012. -- 099. **(RESERVED)**

Section 011

100. CERTIFICATION REQUIREMENTS.
Certification is required in order to operate a certified family home in the State of Idaho. The Department will issue a certificate to a provider when all certification requirements are met. (3-20-20)T

01. Certificate Issued in the Name of Provider. The certificate is issued in the name of the provider applying for certification, and only to the address of the home stated in the application. A new certificate is required if the provider or the location of the certified family home changes. (3-20-20)T

02. Accessibility to the Home. The home, physical premises, and all records required under these rules must be accessible at all times to the Department for the purposes of inspection, with or without prior notification. (3-20-20)T

03. Number of Residents in the Home. The home cannot be certified for more than two (2) residents. A variance may be granted by the Department as described in Section 140 of these rules. (3-20-20)T

04. Certification Limitations. (3-20-20)T

a. A home cannot be certified if it also provides room or board to any person who is not a resident or relative of the provider as defined by these rules. A variance may be granted by the Department when the individual receiving room or board is the spouse of the resident and does not require certified family home care or any higher level of care. (3-20-20)T

b. A home cannot be certified as a certified family home and a children's foster home at the same time, unless a variance is granted by the Department. (3-20-20)T

c. The provider, provider's relatives, and other adults living in the home must not be the legal guardian of the resident unless the provider, provider's relative, or other adult living in the home is a relative of the resident. A variance may be granted by the Department when determined the guardianship is in the best interest of the resident. (3-20-20)T

d. The provider may not be absent from the certified family home for more than thirty (30) consecutive days when the home has an admitted resident. Appropriate care and supervision must be provided to the resident in the provider's absence as described in Section 300 of these rules. (3-20-20)T

e. The provider's primary residence must be the certified family home. (3-20-20)T

05. Certification Study Required. Following receipt of an acceptable application and other required documents, the Department will begin a certification study within thirty (30) days. The certification study, along with the application and other required material, will serve as the basis for issuing or denying a certificate. The study will include the following: (3-20-20)T

a. A review of all material submitted; (3-20-20)T

b. A home inspection; (3-20-20)T

c. An interview with the proposed provider; (3-20-20)T

d. An interview with the provider's relatives or other members of the household, when deemed necessary; (3-20-20)T

e. A review of the number, age, and sex of children or other adults in the home to evaluate the appropriateness of a placement to meet the needs of the resident; (3-20-20)T

f. A medical or psychological examination of the provider or other members of the household, when the Department determines it is necessary, including a statement from a health care professional that the provider has the ability to provide adequate care to the resident and ensure a safe living environment; (3-20-20)T

g. Proof that the provider or provider's spouse is listed on the deed, mortgage, or lease of the home; and (3-20-20)T

h. Other information necessary to verify that the home is in compliance with these rules. (3-20-20)T

06. Provider Training Requirements. As a condition of initial certification, the provider must receive training in the following areas: (3-20-20)T

a. Resident rights; (3-20-20)T

b. Certification in first aid and adult Cardio-Pulmonary Resuscitation (CPR) which must be kept current and include hands-on skills training; (3-20-20)T

c. Emergency procedures; (3-20-20)T

d. Fire safety, including use and maintenance of fire extinguishers, smoke alarms, and carbon monoxide alarms; (3-20-20)T

e. Completion of an approved "Assistance with Medications" course available through an Idaho Professional Technical Education Program or other course approved by the Department; and (3-20-20)T

f. Complaint investigation and inspection procedures. (3-20-20)T

07. Effect of Previous Revocation or Denial of Certificate or License. The Department is not required to consider the application of any applicant who has had a health care certificate or license denied or revoked until five (5) years have elapsed from the date of denial or revocation according to Section 39-3525, Idaho Code. (3-20-20)T

101. APPLICATION FOR CERTIFICATION.
The applicant must apply for certification on forms provided by the Department, pay the application fee, and provide information required by the Department. (3-20-20)T

01. Completed and Signed Application. A completed application form signed by the applicant. (3-20-20)T

02. Statement to Comply. A written statement that the applicant has thoroughly read and reviewed this chapter and is prepared to comply with all of its provisions. (3-20-20)T

03. Criminal History and Background Checks. Satisfactory evidence that the applicant and all adults living in the home are of reputable and responsible character, including criminal history and background checks as provided in Section 009 of these rules. (3-20-20)T

04. Statement Disclosing Revocation or Disciplinary Actions. A written statement that discloses any revocation or other disciplinary action taken or in the process of being taken against the applicant as a care provider in Idaho or any other jurisdiction, or a statement from the applicant stating they have never been involved in any such action. (3-20-20)T

05. Electrical Inspection. A current statement from a licensed electrician or the local/state electrical inspector that all wiring in the home complies with applicable local code. (3-20-20)T

06. Environmental Sanitation Inspection. If the home is not on a municipal water supply or sewage disposal system, a current statement is needed from the local environmental health agency that the water supply and sewage disposal system meet the legal standards. If the local environmental health agency cannot provide this information, the applicant must obtain a statement to that effect. In addition, the applicant must provide a signed statement from a person in the business of servicing these systems that the water supply and sewage disposal system are in good working order. (3-20-20)T

07. Proof of Insurance. Proof of homeowner's or renter's insurance on the applicant's home. For continued certification, the provider must ensure that insurance is kept current. (3-20-20)T

08. List of Individuals Living in the Home. A list of all individuals living in the home at the time of application and their relationship to the applicant. (3-20-20)T

09. Payment of Application Fee. Payment of the application fee required in Section 109 of these rules. (3-20-20)T

10. Other Information as Requested. Other information that may be requested by the Department for the proper administration and enforcement of the provisions of these rules. (3-20-20)T

11. Termination of Application Process. Failure of the applicant to cooperate with the Department in the application process will result in the termination of the application process. Failure to cooperate means that the information described in Section 101 of these rules is not provided in a timely manner, or not provided in the form requested by the Department, or both. (3-20-20)T

102. -- 108. (RESERVED)

109. APPLICATION AND CERTIFICATION FEES FOR CERTIFIED FAMILY HOMES.

01. Application Fee Amount. An applicant is required to pay to the Department at the time of application a one-time non-refundable application fee of one hundred fifty ($150) dollars. (3-20-20)T

02. Payment of Application Fees. The application fee is required for the following: (3-20-20)T

a. Upon application to become a certified family home care provider; (3-20-20)T

b. When an application is terminated or the home closes, the applicant must pay the application fee again to reapply for certification; or (3-20-20)T

c. When the home will be operated by a new care provider. (3-20-20)T

03. Certification Fees. The provider is required to pay to the Department a certification fee of twenty-five ($25) dollars per month. This amount is billed to the provider quarterly, and is due and payable within thirty (30) days of date of the invoice. (3-20-20)T

a. Failure of the provider to pay certification fees when due may cause the Department to take enforcement action described in Section 913 of these rules. (3-20-20)T

b. Monthly certification fees paid in advance for the home will be refunded when the provider operates the home for less than fifteen (15) days during any given month for which payment was received by the Department. An advanced payment refund may be paid when the provider voluntarily closes the home as provided in Section 115 of these rules, or involuntarily closes the home due to an enforcement remedy imposed by the Department. (3-20-20)T

110. ISSUANCE OF CERTIFICATE.

01. Certificate. A certificate is valid for no more than twelve (12) months from the date of approval. The certificate expires at the end of the stated period unless it is continued in effect by the Department as provided in Section 111. of these rules. (3-20-20)T

a. The initial certificate requires a scheduled home inspection by a certifying agent. (3-20-20)T

b. The certificate is valid only for the location and person named in the application and is not transferable or assignable. (3-20-20)T

c. The certificate must be available at the home upon request. (3-20-20)T

02. Temporary Certificate. A temporary certificate may be issued to allow time for the provider to meet all certification requirements without a lapse in certification when the provider plans to relocate to a residence within the state and plans to continue operation of a certified family home. A temporary certificate is valid for no more than sixty (60) days from the date of approval. (3-20-20)T

a. At least thirty (30) days prior to moving into a new residence, the provider must notify the certifying agent for the region in which the new home will be located. Prior to moving into the new residence, the provider must submit to the certifying agent the following: (3-20-20)T

i. A completed application form as required in Section 101 of these rules. An application fee is not required for only a change of location of the home; (3-20-20)T

ii. An electrical inspection for the new residence as required in Section 101 of these rules; (3-20-20)T

iii. Inspection and approval of any fuel-fired heating system in the new residence as required in Section 600 of these rules; and (3-20-20)T

iv. Other information requested by the Department to ensure the new residence is appropriate for use as a certified family home and safe for occupation. (3-20-20)T

b. The Department will issue a temporary certificate upon review and approval of the information required under Subsection 110.02 of this rule. (3-20-20)T

c. The provider must coordinate with the certifying agent an inspection of the new residence to occur prior to the expiration of the temporary certificate and be prepared to demonstrate compliance with this chapter of rules during the home inspection. (3-20-20)T

d. The Department will issue a certificate as described in Subsection 110.01 of this rule when it determines that the home is in compliance with these rules. (3-20-20)T

03. Provisional Certificate. A provisional certificate may be issued to the home as provided in Section 909 of these rules when it is not in substantial compliance with these rules and the deficiencies do not adversely affect the health or safety of the resident and are not likely to continue beyond six (6) months. (3-20-20)T

a. A provisional certificate may be issued for up to six (6) months and is contingent on compliance with the conditions for the provisional certificate and implementation of an approved plan to correct all deficiencies prior to the expiration of the provisional certificate. (3-20-20)T

b. A provisional certificate may be replaced with a certificate when the Department has determined the home is in substantial compliance with these rules prior to the expiration of the provisional certificate.(3-20-20)T

c. A certified family home will not be issued more than one (1) provisional certificate in any twelve (12) month period. (3-20-20)T

111. RENEWAL OF CERTIFICATE.
The provider must submit a written request on a form provided by the Department to renew the home's certificate at least thirty (30) days prior to the expiration of the existing certificate. The completed renewal application form and any required documentation must be returned to the regional certifying agent where the home is located. (3-20-20)T

01. Home Inspection. A home inspection by a certifying agent is required the year after the initial home certification study and at least every twenty-four (24) months thereafter. The home inspection will consist of the elements of the certification study as required in Section 100 of these rules. (3-20-20)T

02. Desk Review. When the Department determines a home inspection is not required to renew the

certificate, the Department may conduct a desk review by written notification to the provider. The provider must submit the renewal application to the certifying agent and copies of the following documentation: (3-20-20)T

a. Current first aid and adult CPR cards; (3-20-20)T

b. Furnace, well, and fireplace inspection reports, as applicable; (3-20-20)T

c. Septic system inspection or pumping report, as applicable, when the previous inspection is older than five (5) years; (3-20-20)T

d. Annual fire extinguisher inspection reports, or sales receipts for fire extinguishers that comply with Section 600 of these rules that are less than twelve (12) months old; (3-20-20)T

e. Log of smoke and carbon monoxide alarm tests, fire extinguisher examinations, emergency plan reviews, and fire drill and evacuation summaries; (3-20-20)T

f. Training logs; (3-20-20)T

g. List of individuals currently living in the home and individuals who moved in and out of the home during the year; (3-20-20)T

h. Proof that the provider or provider's spouse is listed on the deed, mortgage, or lease of the home; (3-20-20)T

i. Proof of homeowner's or renter's insurance; (3-20-20)T

j. Request for a waiver, variance, or renewal of a variance that meets the requirements in Sections 120 through 140 of these rules as applicable; and (3-20-20)T

k. Other information as requested by the Department. (3-20-20)T

03. Validity of Existing Certificate. The existing certificate, unless suspended or revoked, remains valid until the Department has acted on the renewal application when the application and supporting documentation is filed in a timely manner with the certifying agent. (3-20-20)T

112. CHANGE OF PROVIDER OR LOCATION.

01. Change of Provider. Certificates are not transferable or assignable from one (1) individual to another. The home must be certified using the same procedure as a new home that has never been certified when a change of care provider occurs. (3-20-20)T

02. Change of Location. Certificates are not transferable or assignable from one (1) location to another. When a change of location occurs, the provider's new home must be: (3-20-20)T

a. Certified using the same procedure as required in Section 100 of these rules for a new home that has never been certified; or (3-20-20)T

b. Temporarily certified by the procedure described in Section 110 of these rules. (3-20-20)T

113. DENIAL OF APPLICATION FOR CERTIFICATE.
The Department may deny the application for issuance of a certificate when conditions exist that endanger the health, safety, or welfare of any resident or when the home or provider is not in compliance with these rules. (7-1-20)T

01. Additional Causes For Denial. Additional causes for denial of an application for a certificate include the following: (7-1-20)T

a. The applicant or provider has willfully misrepresented or omitted information on the application or

other documents pertinent to obtaining a certificate; (7-1-20)T

b. The applicant or provider has been convicted of fraud, gross negligence, abuse, assault, battery or exploitation; (7-1-20)T

c. The applicant or provider has been convicted of a criminal offense within the past five (5) years, other than a minor traffic violation or similar minor offense; (7-1-20)T

d. The applicant or provider has been denied or has had revoked any child care (including foster home) or health facility license, residential assisted living facility license, or certified family home certificate; (7-1-20)T

e. The applicant or provider has been found to have operated a health facility, residential assisted living facility, or certified family home without a license or certificate; (7-1-20)T

f. A court has ordered that the applicant or provider must not operate a health facility, residential assisted living facility, or certified family home; (7-1-20)T

g. The applicant or provider is listed on the statewide Child Abuse Registry, Adult Protection Registry, Sexual Offender Registry, or Medicaid exclusion lists; or (7-1-20)T

h. The applicant or provider is directly under the control or influence of any person who is described in Subsection 113.01 of this rule. (7-1-20)T

02. Notice of Denial. Immediately upon denial of any application for a certificate, the Department will notify the applicant or provider in writing by certified mail or by personal service of its decision, including the reason(s) for the Department's decision and how to appeal the decision. (7-1-20)T

114. FAMILY HOME OPERATING WITHOUT A CERTIFICATE.

01. Operating Without Certificate. A person found to be operating a family home without first obtaining a certificate may be referred for criminal prosecution. (3-20-20)T

02. Placement or Transfer of Resident. Upon discovery of a family home operating without a certificate, the Department may transfer residents to the appropriate placements or refer to the local adult protective services agency when: (3-20-20)T

a. There is an immediate threat to any resident's health and safety; or (3-20-20)T

b. The individual operating the home does not cooperate with the Department to apply for certification, meet certification standards and obtain a valid certificate. (3-20-20)T

115. VOLUNTARY CLOSURE OF THE HOME.
When choosing to voluntarily close the home, the provider must provide written notice to the certifying agent in the region where the home is located. The notification must include the following: (3-20-20)T

01. Date of Notification. (3-20-20)T

02. Provider's Certificate. A copy of the certificate, or information from the certificate that includes: (3-20-20)T

a. Provider's name; (3-20-20)T

b. Address of the home; and (3-20-20)T

c. Certificate number. (3-20-20)T

03. Closure Date. The written notice must include the planned closure date. The Department will not refund or prorate prepaid certification fees on retroactive closures. (3-20-20)T

04. Discharge Plans. If applicable, discharge plans for current residents must accompany the written notice. (3-20-20)T

116. REQUIRED ONGOING TRAINING.
The provider must document a minimum of eight (8) hours per year of ongoing, relevant training in the provision of supervision, services, and care. (3-20-20)T

01. Initial Provider Training. The initial provider training required in Section 100 of these rules satisfies the eight (8) hour training requirement for the first year of certification. (3-20-20)T

02. Type of Training. (3-20-20)T

a. Interactive training means the provider is able to ask questions of a live instructor and receive answers in real time. The instructor must be a professional or a recognized authority in their subject matter. At least half of the required ongoing training hours each year must consist of interactive training. (3-20-20)T

b. Independent study means any training not provided by a live instructor. The remaining required training hours may be independent study through books, articles, videos, online courses, and other resources. (3-20-20)T

03. Content of Training. (3-20-20)T

a. Resident specific. At least half of the required ongoing training hours each year must be devoted to the specific conditions, diagnoses and needs of admitted residents, when residents are admitted. (3-20-20)T

b. General topics. The remaining hours may be devoted to other topics related to care giving, health or safety. Up to two (2) hours of first aid or adult CPR training will count toward the annual requirement. (3-20-20)T

04. Documentation of Training. The provider must document ongoing training. The documentation must include: (3-20-20)T

a. Topic of the training with a brief description; (3-20-20)T

b. Source of training, including the name of the instructor or author; (3-20-20)T

c. Number of hours; (3-20-20)T

d. Type and content of training: (3-20-20)T

i. Interactive or independent; and (3-20-20)T

ii. Resident specific or general. (3-20-20)T

117. -- 119. (RESERVED)

120. WAIVERS.
The Department may grant permanent waivers. The decision to grant a waiver for a home or provider is not a precedent or applicable to any other home or provider and has no force of effect in any other proceeding. (3-20-20)T

01. Written Request. The provider must submit a written request for a waiver to the regional certifying agent where the home is located prior to any planned noncompliance with any rule under this chapter. The appropriateness of granting a waiver is determined by the Department. The request must include the following: (3-20-20)T

a. Reference to the section of the rules for which the waiver is requested; (3-20-20)T

b. Reasons that show good cause for granting the waiver, including any extenuating circumstances and any compensating factors or conditions that may have bearing on the waiver, such as additional floor space or additional staffing; and (3-20-20)T

c. A signed statement from the provider that assures the resident's health and safety will not be jeopardized if the waiver is granted. The statement must include an agreement to implement any special conditions the Department requires. (3-20-20)T

02. Special Conditions. When granting a waiver, the Department may require the provider to meet special conditions while the waiver is in effect to ensure the health and safety of residents. (3-20-20)T

03. Waiver Not Transferable. A waiver granted under Section 120 of this rule is not transferable to any other provider, home, or resident. (3-20-20)T

121. GENERAL VARIANCES.
The Department may grant temporary variances that may be effective for up to twelve (12) months at a time. The decision to grant a variance for a home or provider is not a precedent or applicable to any other home or provider and has no force of effect in any other proceeding. (3-20-20)T

01. Written Request. The provider must submit a written request for a variance to the regional certifying agent where the home is located prior to any planned noncompliance with any rule under this chapter. The appropriateness of granting a variance is determined by the Department. The request must include the following: (3-20-20)T

a. Reference to the section of the rules for which the variance is requested; (3-20-20)T

b. Reasons that show good cause for granting the variance, including any extenuating circumstances and any compensating factors or conditions that may have bearing on the variance, such as additional floor space or additional staffing; and (3-20-20)T

c. A signed statement from the provider that assures resident health and safety will not be jeopardized if the variance is granted, including an agreement to implement any special conditions the Department may require. (3-20-20)T

02. Special Conditions. When granting a variance, the Department may require the provider to meet special conditions while the variance is in effect to ensure the health and safety of residents. (3-20-20)T

03. Variance Renewal. To renew a variance, the provider must submit a written request to the regional certifying agent where the home is located at least thirty (30) days prior to expiration of the variance. The request for renewal must include the information required in Subsection 121.01 of this rule. The appropriateness of renewing a variance is determined by the Department. (3-20-20)T

04. Variance Not Transferable. A variance granted under Section 121 of this rule is not transferable to any other provider, home, or resident. (3-20-20)T

122. REVOKING A WAIVER OR VARIANCE.
The Department may revoke a waiver or variance. (3-20-20)T

01. Causes for Revocation. Revocation of a waiver or variance may occur when: (3-20-20)T

a. The provider has not met the special conditions associated with granting the exception; (3-20-20)T

b. Conditions within the home have changed such that an exception is no longer prudent; or (3-20-20)T

c. The health and safety of residents have otherwise been compromised. (3-20-20)T

02. Written Notice. The Department will provide written notice to the provider when a waiver or variance is revoked, including the reason for the revocation. (3-20-20)T

03. Time Frame to Comply. The provider must comply with the rule for which the waiver or variance is revoked according to the following time frames: (3-20-20)T

a. Immediately upon notification, when there is a threat to the life or safety of residents; or (3-20-20)T

b. Within thirty (30) days of notification, when there is no threat to the life or safety of residents. (3-20-20)T

123. -- 129. (RESERVED)

130. NURSING FACILITY LEVEL OF CARE VARIANCE.
A certified family home may care for one (1) resident who requires nursing facility level of care as defined in Section 39-1301(b), Idaho Code, without obtaining a variance. A home seeking to provide care to two (2) residents who require nursing facility level of care must request a variance in writing from the Department as required in Section 121 of these rules. (3-20-20)T

01. Conditions for a Variance. The Department may issue a written variance permitting the arrangement when: (3-20-20)T

a. Each of the residents provides a written statement to the Department requesting the arrangement; (3-20-20)T

b. Each of the residents making the request is competent, informed, and has not been coerced; (3-20-20)T

c. The Department finds the arrangement safe and effective. (3-20-20)T

02. Revoking a Variance. The Department will revoke the variance when: (3-20-20)T

a. There is a threat to the life or safety of either resident; (3-20-20)T

b. One (1) of the residents leaves the home permanently; (3-20-20)T

c. One (1) of the residents notifies the Department in writing that they do not wish to live in the home with the other resident; or (3-20-20)T

d. The Department finds the arrangement is no longer safe and effective. (3-20-20)T

03. Variance Not Transferable. A variance granted under Subsection 130.01 of this rule is not transferable to any other provider, home, or resident. (3-20-20)T

131. -- 139. (RESERVED)

140. VARIANCE TO THE TWO RESIDENT LIMIT.

01. Application for Variance. The provider may apply on forms provided by the Department for a variance to the two (2) resident limit in order to care for three (3) or four (4) residents on a per resident basis prior to any new admissions. The application must be submitted to the certifying agent where the home is located. The appropriateness of granting the variance is determined by the Department. (3-20-20)T

02. Criteria for Determination. The Department will determine if safe and appropriate care can be

provided based on residents' needs. The Department will consider, at a minimum, the following factors in making its determination: (3-20-20)T

a. Each current or prospective resident's physical, mental and behavioral status and history; (3-20-20)T

b. The household composition including the number of adults, children and other family members requiring care from the provider; (3-20-20)T

c. The training, education, and experience of the provider to meet each resident's needs; (3-20-20)T

d. Potential barriers that might limit egress from and ingress to the home; (3-20-20)T

e. The number and qualifications of care givers in the home; (3-20-20)T

f. The desires of the prospective and current residents; (3-20-20)T

g. The individual and collective hours of care needed by the residents; (3-20-20)T

h. The physical layout of the home and the square footage available to meet the needs of all persons living in the home; and (3-20-20)T

i. If a variance to the two (2) resident limit would result in two (2) or more residents who require nursing facility level of care living in the home, then the application for the variance must also include the information required in Section 130 of these rules. (3-20-20)T

03. Other Employment. A provider who is granted a variance to admit three (3) or four (4) residents must not have other gainful employment outside the home unless: (3-20-20)T

a. The total direct care time for all residents as reflected by their plans of service and assessments or, if not indicated by these documents for a publicly-funded program, the time that the program bases its payment, does not exceed eight (8) hours per day; (3-20-20)T

b. The provider is immediately available to meet resident needs as they arise; and (3-20-20)T

c. Each resident is supervised at all times unless the assessment or plan of service indicates the resident may be left unattended for designated periods of time. (3-20-20)T

04. Additional Training. A provider who is granted a variance to admit three (3) or four (4) residents must obtain additional training to meet the needs of the residents as follows: (3-20-20)T

a. A provider who cares for three (3) residents must obtain twelve (12) hours per year of ongoing relevant training as required in Section 116 of these rules. (3-20-20)T

b. A provider who cares for four (4) residents must obtain sixteen (16) hours per year of ongoing relevant training as required in Section 116 of these rules. (3-20-20)T

05. Variance Nontransferable. A variance to care for more than two (2) residents is not transferable to another provider, home, or resident. (3-20-20)T

06. Reassessment of Variance. A variance to care for more than two (2) residents must be reassessed at least annually and when either of the following occurs: (3-20-20)T

a. Each time a new admission is considered; or (3-20-20)T

b. When there is a significant change in any of the factors specified in Subsection 140.02 of this rule. (3-20-20)T

07. Annual Home Inspection. A certified family home with a variance to care for more than two (2) residents must have a home inspection by a certifying agent at least annually. (3-20-20)T

08. Shared Sleeping Rooms. In addition to the requirements in Section 700 of these rules, the provider must not allow more than two (2) residents to share any one (1) sleeping room. (3-20-20)T

09. Fire Drill Frequency. A provider who is granted a variance to admit three (3) or four (4) residents must conduct fire drills as described in Section 600 of these rules, except the frequency of the fire drills must be at least monthly. (3-20-20)T

141. -- 149. (RESERVED)

150. INSPECTIONS OF HOMES.
The Department will inspect each certified family home at least every twenty-four (24) months, calculated from the first month of the most recent certification. Inspections may occur more frequently as the Department deems necessary. The Department may consider the results of previous inspections, history of compliance with rules, and complaints to determine the frequency of inspections. (3-20-20)T

01. Notice of Inspection. All inspections, except for the initial certification study, may be made unannounced and without prior notice. (3-20-20)T

02. Inspection by Department or Certifying Agent. The Department may use the services of any qualified person or organization, either public or private, to examine and inspect any home requesting certification. The inspector has the authority to have full access to the home and the authority to: (3-20-20)T

a. Examine quality of care and service delivery; (3-20-20)T

b. Examine home records, resident records, and any records or documents pertaining to any financial transactions between residents and the home, including resident accounts; (3-20-20)T

c. Examine the physical premises, including the condition of the home, grounds and equipment, food service, water supply, sanitation, maintenance, and housekeeping practices; (3-20-20)T

d. Examine any other areas necessary to determine compliance with these rules and standards; (3-20-20)T

e. Interview the provider, any adults living in the home, the resident and the resident's relatives, substitute caregivers, persons who provide incidental supervision, and any other person who is familiar with the home or its operation. Interviews with residents are confidential and conducted privately unless otherwise specified by the resident; and (3-20-20)T

f. Inspect the entire home, including the personal living quarters of members of the household, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on the operation of the home. The provider, substitute caregiver, or any other adult living in the home may accompany the inspector. (3-20-20)T

03. Statement of Deficiencies. When violations of these rules are identified through the course of an investigation or inspection, depending on the severity, the Department may send a statement of deficiencies to the provider within thirty (30) days of the completed inspection or investigation. The statement of deficiencies will include the findings of the investigation or inspection and any rules the home was found to have violated. (3-20-20)T

04. Plan of Correction. When a statement of deficiencies is issued, the provider must develop a plan of correction and submit it to the Department for review and approval. (3-20-20)T

a. Depending on the severity of the deficiency, the provider may be given up to fourteen (14) calendar days to develop a written plan of correction and to return the plan of correction to the regional certifying agent where

the home is located. (3-20-20)T

b. An acceptable plan of correction must include: (3-20-20)T

i. How each deficiency identified in the statement of deficiencies was corrected or how it will be corrected; (3-20-20)T

ii. What steps have been taken to assure that the deficiency does not recur; (3-20-20)T

iii. Acceptable time frames for correction of the deficiency; and (3-20-20)T

iv. Signature of the provider. (3-20-20)T

c. Follow-up inspections may be conducted to determine whether corrections to deficiencies are being made according to the Department approved plan of correction. (3-20-20)T

d. The Department may provide consulting services to the provider, upon request, to assist in identifying and correcting deficiencies and upgrading the quality of care in the home. (3-20-20)T

05. List of Deficiencies. A current list of deficiencies, including plans of correction, are available to the public upon request at the home or by written request to the Department according to Section 006 of these rules. (3-20-20)T

151. -- 159. (RESERVED)

160. COMPLAINT PROCEDURE.
Any person who believes that any rule in this chapter has been violated by a certified family home may file a complaint with the Department. (3-20-20)T

01. Investigation. (3-20-20)T

a. The Department will investigate any complaint alleging a violation of these rules. Any complaint involving abuse, neglect, or exploitation of a vulnerable adult will also be referred to adult protective services according to Section 39-5303, Idaho Code. (3-20-20)T

b. The Department will investigate or cause to be investigated any reported critical incident affecting health and safety or change in a resident's condition, including the death of a resident, that indicates there was a violation of these rules. (3-20-20)T

02. Investigation Method. The nature of the complaint will determine the method used to investigate the complaint. On-site investigations at the home can be unannounced and without prior notice. (3-20-20)T

03. Written Report. Following completion of an investigation, the Department will provide a written report to the provider within thirty (30) days. The report will include the findings of the investigation. (3-20-20)T

04. Statement of Deficiencies. When violations of these rules are identified through the course of an investigation, depending on the severity, the Department may send the home a statement of deficiencies as described in Section 150 of these rules. When the Department issues a statement of deficiencies, the provider must prepare and submit a plan of correction as described in Section 150 of these rules. (3-20-20)T

05. Public Disclosure. Information received by the Department through filed reports, inspections, or as otherwise authorized under the law, must not be disclosed publicly in such a manner as to identify individual residents except in a proceeding involving a question of certification. (3-20-20)T

161. -- 169. (RESERVED)

170. MINIMUM STANDARDS OF CARE.

The provider must adequately care for each resident as follows: (3-20-20)T

01. **Plan of Service**. Provide the services required to meet the terms of the resident's plan of service as described in Section 250 of these rules, including development and implementation of the plan of service for private-pay residents and implementation of the plan of service for publicly-funded residents. (3-20-20)T

02. **Supervision**. **Provide** appropriate and adequate supervision for twenty-four (24) hours each day according to the resident's plan of service. (3-20-20)T

03. **Daily Living Activities**. Provide assistance to the resident at the level of care indicated on the resident's plan of service in the areas of activities of daily living and instrumental activities of daily living. (3-20-20)T

04. **Medication Management**. Provide assistance and monitoring of medications as described in Sections 400 through 402 of these rules, as applicable. (3-20-20)T

05. **Emergency Services**. Provide immediate and appropriate interventions on behalf of the resident in response to an emergency, including the following: (3-20-20)T

a. Developing plans in advance of an emergency as described in Section 600 of these rules and executing those plans when necessary; (3-20-20)T

b. Evacuating the resident from the home; (3-20-20)T

c. Providing first aid to the resident when seriously injured; (3-20-20)T

d. Administering CPR to the resident unless the resident has an order not to resuscitate; (3-20-20)T

e. Arranging for emergency transportation; and (3-20-20)T

f. Contacting 9-1-1 for involvement of law enforcement officers or the fire department when necessary for the protection of the resident. (3-20-20)T

06. **Supportive Services**. Coordinate paid services for the resident outside the home, including: (3-20-20)T

a. Medical appointments; (3-20-20)T

b. Dental appointments; (3-20-20)T

c. Other services in the community as identified in the plan of service or reasonably requested by the resident; and (3-20-20)T

d. Arrange transportation to the service location and return to the home. (3-20-20)T

07. **Resident Rights**. Protect the resident's rights as listed in Section 200 of these rules. (3-20-20)T

08. **Safe Living Environment**. Provide a physical living environment that complies with Sections 500 through 710 of these rules. (3-20-20)T

171. -- 173. **(RESERVED)**

174. **ACTIVITIES AND COMMUNITY INTEGRATION.**
Section 39-3501, Idaho Code, requires that a certified family home provide a homelike, family-styled living environment with a focus on integrated community living. The provider must offer the following: (3-20-20)T

01. **Activities**. Recreational activities, provisions for trips to social functions, and daily activities. (3-20-20)T

02. **Activity Supplies**. Activity supplies in reasonable amounts, that reflect the interests of the resident. (3-20-20)T

03. **Transportation**. Arrangement of transportation to and from community, recreational, and religious activities within twenty-five (25) miles of the home when requested by the resident at least twenty-four (24) hours in advance. (3-20-20)T

175. ROOM, UTILITIES AND MEALS.
The home must provide room, utilities and three (3) daily meals to the resident. The charge for room, utilities and three (3) daily meals must be established in the admission agreement. The following are included in the charge for room, utilities and meals: (3-20-20)T

01. **Sleeping Room**. The resident sleeping room must meet the requirements of Section 700 of these rules, must be equipped with a dresser, and when requested by the resident a chair, that are both substantially constructed and in good repair. (3-20-20)T

02. **Bed**. The resident must be provided with their own bed that is at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, or double bunks must not be used. The bed must have box springs kept in good repair, a clean and comfortable mattress, bedspread, sheets and pillow cases, and pillow that are standard for the size of the bed. (3-20-20)T

03. **Monitoring or Communication System**. A monitoring or communication system must be provided when necessary due to the size or design of the home or the needs of the resident. The provider must hold a written agreement with the resident or resident's representative prior to using a monitoring system that may violate the resident's right to privacy. (3-20-20)T

04. **Secure Storage**. On request, each sleeping room must be equipped with a lockable storage cabinet or drawer for personal items for each resident, in addition to the required storage in resident sleeping rooms. (3-20-20)T

05. **Bathroom**. Access to bathing and toilet facilities that meet the requirements of Section 700 of these rules. (3-20-20)T

06. **Common Areas**. Access to a common living area that contains reading lamps, tables, comfortable chairs or sofas, and basic television. The resident must be allowed to eat with the other members of the household if they so choose. (3-20-20)T

07. **Supplies**. Bath and hand towels; wash cloths; a reasonable supply of soap, shampoo, toilet paper, and facial tissue; and first aid supplies. (3-20-20)T

08. **Housekeeping Service**. Housekeeping and maintenance as required in Section 500 of these rules, including laundering of linens and clothing. (3-20-20)T

09. **Water**. Potable water that meets the requirements of Section 500 of these rules. (3-20-20)T

10. **Sewer**. A sewage disposal system that meets the requirements of Section 500 of these rules. (3-20-20)T

11. **Trash**. Disposal of garbage that meets the requirement of Section 500 of these rules. (3-20-20)T

12. **Heating and Cooling**. Sufficient heating and cooling to meet the requirements of Section 700 of these rules. (3-20-20)T

13. **Electricity**. Sufficient electricity to power common household and personal devices. (3-20-20)T

14. **Telephone**. Access to a telephone that meets the requirements of Section 700 of these rules. (3-20-20)T

15. **Meals**. The provider must offer breakfast, lunch, and dinner to the resident. (3-20-20)T

a. Food must be prepared in safe and sanitary methods that conserve nutritional value, flavor and appearance, when prepared by the provider or other member of the household. (3-20-20)T

b. Meals offered by the home must meet the dietary requirements or restrictions of the resident when so ordered by a health care professional. (3-20-20)T

176. -- 179. (RESERVED)

180. HOURLY ADULT CARE.
Hourly adult care, also referred to as adult day health, is a supervised, structured, paid service that may be provided in the home for up to fourteen (14) hours in any twenty-four (24) hour period to adult participants who are not residents of the home. Hourly adult care encompasses health and social services, recreation, supervision, and assistance with activities of daily living needed to ensure the optimal functioning of the participant. The standards in this section do not apply if the service does not include a payment component to the provider, or the hourly adult care participant is a relative of the provider whose care is not publicly funded. Hourly adult care may be offered in the home when the following requirements are met: (3-20-20)T

01. **Participants**. No individual will be admitted to the home for hourly adult care who requires ongoing skilled nursing care or for whom the provider cannot adequately provide services and supervision. (3-20-20)T

02. **Records**. All records of services delivered by the provider must be maintained in the home for at least five (5) years from the date of service. (3-20-20)T

03. **Enrollment Contract**. The provider maintains an enrollment contract with each hourly adult care participant that contains the following: (3-20-20)T

a. Full name of the participant; (3-20-20)T

b. The participant's date of birth; (3-20-20)T

c. Primary address of the participant; (3-20-20)T

d. Names and telephone numbers of the participant's responsible party and other emergency contacts; (3-20-20)T

e. Name and telephone number of the participant's primary physician; (3-20-20)T

f. List of medications, diets, allergies, services, and treatments prescribed for the participant and other pertinent health information regarding the participant's needs; (3-20-20)T

g. Services the provider must provide to the participant while in the home, which may include: activities, meals, supervision, assistance with medications, and assistance with activities of daily living, and the level of care required for each service; (3-20-20)T

h. The rate charged by the provider for hourly adult care services if the participant is private pay; (3-20-20)T

i. The number of days the provider will give written notice to the participant's primary contact in advance of terminating the enrollment contract; (3-20-20)T

j. The date on which hourly adult day services will commence; and (3-20-20)T

k. The printed name, signature, and contact information of the individual who completed the

enrollment contract and the provider's printed name, signature, and contact information. Upon entering into the contract, a copy of the enrollment information must be provided to each party. (3-20-20)T

04. **Service Logs**. Service logs that identify, on a per day basis when hourly adult care services are provided in the home, the name of each participant who received services, the times of arrival to and departure from the home for each participant, and the names of staff who provided services and their arrival and departure times. (3-20-20)T

05. **Space and Accommodations**. The provider must only accept hourly adult care participants for whom the home can provide reasonable accommodations. The home must provide the following for hourly adult care participants: (3-20-20)T

a. Seating on cushioned chairs or sofas positioned at least thirty-two (32) inches apart in common living areas such that all residents and participants in the home may comfortably enjoy the space; (3-20-20)T

b. A rest area away from the common living areas to permit privacy and to isolate participants who become ill or require rest and is equipped with furniture for napping, such as a bed, lounge chair, couch, or recliner; (3-20-20)T

c. Access to a bathroom that meets the requirements of Section 700 of these rules; and (3-20-20)T

d. When caring for participants with physical or sensory impairments, a physical environment that meets the requirements of Section 700 of these rules, as applicable. (3-20-20)T

06. **Resident's Personal Space**. The personal living space of the resident, including their sleeping room and on-suite bathroom, if equipped, must not be used by hourly adult care participants at any time. (3-20-20)T

07. **Staffing**. The provider must only accept hourly adult care participants for whom they can safely provide the level and types of service required. The provider must ensure that all staff providing hourly adult care services have been sufficiently trained in and follow universal infection control precautions and each participant's specific care plan as documented in the enrollment contract. In addition: (3-20-20)T

a. Each caregiver providing hourly adult care services must meet the qualifications of a substitute caregiver as described under Section 300 of these rules. (3-20-20)T

b. The provider must employ sufficient staff to assure safe and proper care for both residents and hourly adult care participants. Staffing must be based on: (3-20-20)T

i. The functional and cognitive status of each hourly adult care participant and resident; (3-20-20)T

ii. The size and layout of the home; and (3-20-20)T

iii. Staffing ratios must not fall below one (1) caregiver to four (4) residents and hourly adult care participants, combined. (3-20-20)T

08. **Medications**. Assistance with medications to hourly adult care participants must meet the requirements in Sections 400 through 402 of these rules. (3-20-20)T

a. The provider is responsible for safeguarding the participant's medications while the participant is receiving services at the home. (3-20-20)T

b. The participant's medications must not be stored at the home during hours in which the participant is not receiving hourly adult care services at the home. (3-20-20)T

09. **Fire and Life Safety**. The provider must ensure the home adheres to fire and life safety standards described in Section 600 of these rules. For fire and life safety purposes, the hourly adult care participant is considered a "resident" when that term is used in Section 600 of these rules. When offering hourly adult care, the

provider must: (3-20-20)T

a. Prohibit smoking or unsupervised smoking in accordance with Section 600 of these rules. (3-20-20)T

b. Review emergency preparedness plans as required under Section 600 of these rules with the individual who completed the enrollment contract and provide a written copy of the plans to that individual. (3-20-20)T

c. Conduct fire drills as required in Section 600 of these rules, except that the frequency of the drills must be at least monthly. (3-20-20)T

181. -- 199. (RESERVED)

200. RESIDENT RIGHTS POLICY.
The provider must possess, annually review, and implement a written policy designed to protect and promote the rights of each resident as provided in this section. The written resident rights policy must include a statement that the resident or any other individual may file a complaint with the Department as described in Section 160 of these rules, when they believe that any resident's right has been violated. Resident rights policies must include the following: (3-20-20)T

01. Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups, including: (3-20-20)T

a. The right to send and receive mail unopened, either by postal service, electronically, or by other means, unless the resident's plan of service specifically calls for the provider to monitor the correspondence in order to protect the resident from abuse or exploitation; (3-20-20)T

b. If the resident is married, privacy for visits by their spouse. If both are residents in the home, they are permitted to share a room unless medically inadvisable, as documented by the resident's health care professional; (3-20-20)T

c. The right to control the use of pictures and videos containing the resident's image. (3-20-20)T

02. Humane Care. Each resident has the right to humane care and a humane environment, including the following: (3-20-20)T

a. The right to a diet which is consistent with any religious or health-related restrictions; (3-20-20)T

b. The right to refuse a restricted diet; (3-20-20)T

c. The right to a safe and sanitary living environment; and (3-20-20)T

d. The right to an environment free of illicit drug use or possession and other criminal activities. (3-20-20)T

03. Respectful Treatment. Each resident has the right to be treated with dignity and respect, including: (3-20-20)T

a. The right to be treated in a courteous manner by the provider and other individuals in the home; (3-20-20)T

b. The right to receive a response from the provider to any request of the resident within a reasonable time; (3-20-20)T

c. Freedom from discrimination on the basis of race, color, national origin, sex, religion, age, disability, or veteran status; (3-20-20)T

d. Freedom from intimidation, manipulation, and coercion; (3-20-20)T

e. The right to wear their own clothing; and (3-20-20)T

f. The right to determine their own dress and hair style. (3-20-20)T

04. Basic Needs Allowance. Each resident whose care is paid for by publicly-funded assistance must retain, for their personal use, the difference between their total monthly income and the Certified Family Home basic allowance established by IDAPA 16.03.05. "Eligibility for Aid to the Aged, Blind, and Disabled," Section 513. (3-20-20)T

05. Resident Funds and Property. Each resident has the right to manage their personal funds and use their personal property. (3-20-20)T

a. The provider must not require the resident to deposit their personal funds into an account controlled by any other person. (3-20-20)T

b. Upon accepting written authorization from the resident, or the resident's representative, allowing the provider, provider's relative, or other member of the provider's household to manage the resident's personal funds, the provider must hold, safeguard, and account for the resident's personal funds as required in Section 275 of these rules. (3-20-20)T

c. The resident has the right to retain and use their own personal property in their own living area in order to maintain their individuality and personal dignity. The storage and use of these items by the resident must not present a fire or life safety hazard. (3-20-20)T

06. Access to Resident. Each provider and individuals living in the home must permit immediate access to any resident by any representative of the Department, by the state ombudsman for the elderly or their designee, by an adult protection investigator or by the resident's personal health care professional. Each home must also permit the following: (3-20-20)T

a. Immediate access to a resident by their relatives, subject to the resident's right to deny or withdraw consent at any time; (3-20-20)T

b. Immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time; (3-20-20)T

c. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time; and (3-20-20)T

d. Reasonable access to the resident's records, medications and treatments by the resident's health care professional subject to the resident's permission. (3-20-20)T

07. Freedom From Harm.The resident has the right to be free from: (3-20-20)T

a. Physical, mental, or sexual abuse; (3-20-20)T

b Neglect; (3-20-20)T

c. Exploitation; (3-20-20)T

d. Corporal punishment; (3-20-20)T

e. Involuntary seclusion; and (3-20-20)T

f. Any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat a medical condition. (3-20-20)T

08. **Health Services**. The resident has the right to control their health-related services, including: (3-20-20)T

a. The right to retain the services of their own personal physician and dentist; (3-20-20)T

b. The right to select the pharmacy or pharmacist of their choice; (3-20-20)T

c. The right to confidentiality and privacy concerning their medical or dental condition and treatment; (3-20-20)T

d. The right to participate in the formulation of their plan of service; (3-20-20)T

e. The right to decline treatment for any medical condition; and (3-20-20)T

f. When the resident is unable to give medical consent, the provider will give the name and contact information of the person holding guardianship or power of attorney for health care to any health care provider upon request. (3-20-20)T

09. **Grievance**. (3-20-20)T

a. The resident has the right to voice or file a grievance with respect to care or service that is or fails to be furnished, without discrimination or reprisal for voicing the grievance and the right to prompt efforts by the provider to resolve grievances the resident may have, including those with respect to the behavior of other residents. (3-20-20)T

b. The provider must provide a written response to the resident or resident's representative describing how they resolved or attempted to resolve the grievance, and maintain a copy of this written response in the resident record. (3-20-20)T

10. **Advance Notice**. The resident must receive written advance notice at least thirty (30) calendar days prior to their non-emergency transfer or discharge unless the transfer or discharge is for a reason described in Section 260, including the following: (3-20-20)T

a. The resident is transferred or discharged only for medical reasons; (3-20-20)T

b. To protect their welfare or the welfare of other members of the household; (3-20-20)T

c. Nonpayment for their stay; (3-20-20)T

d. The resident violates any condition mutually established between the resident and the provider at the time of admission; or (3-20-20)T

e. The resident engages in unlawful delivery, production, or use of a controlled substance on the premises of the home. (3-20-20)T

11. **Other Rights**. In addition to the rights outlined in Subsections 200.01 through 200.10 of this rule, the resident has the following rights: (3-20-20)T

a. The resident has the right to refuse to perform services for the home except as contracted between the resident and the provider. The provider agrees to pay the resident for such services, and the provider pays the resident a wage consistent with state and federal law; (3-20-20)T

b. The resident must have access to their personal records, including those described in Section 270 of

these rules, and must have the right to confidentiality of personal, medical, and clinical records; (3-20-20)T

c. The resident has the right to practice the religion of their choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others; (3-20-20)T

d. The resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the home; (3-20-20)T

e. The resident has the right to examine, upon reasonable request, the results of the most recent inspection of the home conducted by the Department with respect to the home and any plan of correction in effect with respect to the home; (3-20-20)T

f. The resident has the right to review a list of other certified family homes that may be available to meet their needs in case of transfer; (3-20-20)T

g. The resident has the right to refuse routine care of a personal nature from any person whom the resident is uncomfortable receiving such care; (3-20-20)T

h. The resident has the right to be informed, in writing, regarding the formulation of advance directives as described in Title 39, Chapter 45, Idaho Code; and (3-20-20)T

i. The resident must have any other right established by law. (3-20-20)T

201. NOTICE OF RESIDENT RIGHTS.

01. Resident Rights Notice. The provider must inform the resident or their representative, verbally and in writing, at the time of admission to the home, of their legal rights during the stay at the home acknowledged by date and signatures. These rights are found in Section 200 of these rules. The provider must supply a copy of the resident rights policy to the resident or the resident's representative. (3-20-20)T

02. Annual Review of Resident Rights. The provider must review the resident rights policy with the resident or their representative at least annually including date and signature. (3-20-20)T

03. Documentation of Review. The provider must retain the signed and dated copy of the policy in the resident's record indicating that the resident or resident's representative has had the opportunity to review the policy. (3-20-20)T

202. ACCESS BY ADVOCATES AND REPRESENTATIVES.
The provider, substitute caregivers and adult members of the household must permit advocates and representatives of community and legal services programs, whose purposes include rendering assistance without charge to residents, to have access to the home at reasonable times. Advocates and representatives may observe all common areas of the home. Access must be permitted in order for advocates and representatives to provide the following: (3-20-20)T

01. Inform Residents of Services. Visit, talk with and make personal, social and legal services available to all residents. (3-20-20)T

02. Inform Residents of Rights. Inform residents of their rights and entitlements, their corresponding obligations under state, federal, and local laws by distribution of educational materials or discussion in groups and with individuals. (3-20-20)T

03. Assist Residents to Secure Rights. Assist residents in asserting their legal rights regarding claims for public assistance, medical assistance, and social security benefits, as well as in other matters in which residents are aggrieved. This assistance may be provided individually or in a group basis, and may include organizational activity, counseling, and litigation. (3-20-20)T

04. Advise and Represent. Engage in other methods of assisting, advising, and representing residents so as to extend to them the full enjoyment of their rights. (3-20-20)T

05. Communicate Privately. Communicate privately and without restrictions with any resident who consents to the communication. (3-20-20)T

203. -- 209. (RESERVED)

210. REPORTING REQUIREMENTS.
The provider must report to the regional certifying agent where the home is located or appropriate agency or individual for the following: (3-20-20)T

01. Serious Physical Injury or Death. The provider must report to the appropriate law enforcement agency within four (4) hours when there is reasonable cause to believe that abuse, neglect, or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a resident according to Sections 39-5303 and 39-5310, Idaho Code. (3-20-20)T

02. Abuse, Neglect, or Exploitation. When the provider has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, or exploited, they must immediately report this information to the Idaho Commission on Aging or its Area Agencies on Aging, according to Section 39-5303, Idaho Code. (3-20-20)T

03. Critical Incidents. The provider must notify the certifying agent when a critical incident affects the health or safety of the resident or leads to a change in the resident's condition, including serious illness, accident, elopement, death, or adult protective services or law enforcement contact and investigation. Reporting requirements are as follows: (3-20-20)T

a. Within twenty-four (24) hours of the resident's death or disappearance; and (3-20-20)T

b. Within three (3) business days following: (3-20-20)T

i. Contact from adult protective services or law enforcement in conjunction with an investigation; (3-20-20)T

ii. A visit to an urgent care clinic or emergency room; or (3-20-20)T

iii. Admission to a hospital. (3-20-20)T

04. Report of Fire. A separate report on each fire incident occurring within the home, for which a fire extinguisher was discharged or 9-1-1 was contacted, must be submitted to the certifying agent within three (3) business days of the occurrence. The report must include: (3-20-20)T

a. Date of the incident; (3-20-20)T

b. Origin of the fire; (3-20-20)T

c. Extent of damage; (3-20-20)T

d. How and by whom the fire was extinguished; and (3-20-20)T

e. Injuries or deaths, if any. (3-20-20)T

05. Additional Criminal Convictions. The provider must immediately report any additional criminal convictions for himself, any other adult living in the home or a substitute caregiver to the certifying agent. (3-20-20)T

06. Notice of Investigations. The provider must immediately report to the certifying agent when they, any other adult living in the home, or a substitute caregiver is charged with or under investigation by law enforcement, adult protection services, or child protection services for: (3-20-20)T

a. Abuse, neglect, or exploitation of any vulnerable adult or child; (3-20-20)T

b. Other criminal conduct; or (3-20-20)T

c. When an adult protection or child protection complaint is substantiated. (3-20-20)T

07. Reporting of Funds Managed by the Provider for a Deceased Resident. For funds managed under Section 275 of these rules, the following is required: (3-20-20)T

a. On the death of a private-pay resident, the provider must convey the resident's funds, with a final accounting of those funds, to the individual administering the resident's estate within thirty (30) days. (3-20-20)T

b. On the death of a publicly funded resident, the provider must convey the resident's funds, with a final accounting of those funds, to the Department within thirty (30) days. (3-20-20)T

08. Discharge of a Resident. The provider must immediately notify the certifying agent upon the discharge of any resident from the home. (3-20-20)T

211. -- 224. (RESERVED)

225. UNIFORM ASSESSMENT REQUIREMENTS.

01. State Responsibility for Publicly Funded Residents. The Department will assess residents accessing services through a publicly funded program according to uniform criteria developed to assess all participants within that respective program. Assessment criteria may vary from one program to another, but must be uniform within the same program. (3-20-20)T

02. Provider Responsibility for Private-Pay Residents. The provider will develop, identify, assess, or direct a uniform needs assessment of each private-pay resident. The uniform needs assessment: (3-20-20)T

a. Must be completed no later than fourteen (14) calendar days after admission; (3-20-20)T

b. Must be reviewed when there is a change in condition, or every twelve (12) months, whichever occurs first; (3-20-20)T

c. Must include: (3-20-20)T

i. Identification and background information; (3-20-20)T

ii. Medical diagnosis; (3-20-20)T

iii. Medical and health needs; (3-20-20)T

iv. Prescriptions, including route of administration, and all over-the-counter medications, supplements, treatments, and special diets, if applicable; (3-20-20)T

v. Historical and current behavior patterns; (3-20-20)T

vi. Cognitive function; (3-20-20)T

vii. Psychosocial and physical needs of the resident; (3-20-20)T

viii. Functional status; (3-20-20)T

ix. Assessed level of care; and (3-20-20)T

x. A statement from the resident's health care professional indicating the resident is appropriate for certified family home care. (3-20-20)T

d. May be the Department's Uniform Assessment Instrument (UAI) as described in IDAPA 16.03.23, "Uniform Assessments for State-Funded Clients," for a private-pay resident's uniform needs assessment. Upon request by the provider, the Department will provide training in conducting uniform needs assessments. (3-20-20)T

03. Results of Assessment. The results of the assessment for both publicly funded and private-pay residents are used to evaluate the ability of the provider to meet the identified resident's needs. The results of the assessment may also be used to determine the need for special training or licenses or certificates that may be required to care for certain residents. (3-20-20)T

226. -- 249. (RESERVED)

250. PLAN OF SERVICE.
The resident must have a plan of service. The plan must identify the resident, describe the services to be provided, and describe how the services will be delivered. (3-20-20)T

01. Core Elements. A resident's plan of service must be based on the orders of the resident's health care professionals, and: (3-20-20)T

a. Assessment; (3-20-20)T

b. Service needs for activities of daily living; (3-20-20)T

c. Need for limited nursing services; (3-20-20)T

d. Need for medication assistance; (3-20-20)T

e. Frequency of needed services; (3-20-20)T

f. Level of care; (3-20-20)T

g. Habilitation and training needs; (3-20-20)T

h. Behavioral management needs, including identification of situations that trigger inappropriate behavior; (3-20-20)T

i. Dated history and physical from the resident's health care professional reflecting the resident's current health status and conducted no earlier than twelve (12) months prior to admission; (3-20-20)T

j. Admission records; (3-20-20)T

k. Community supportive services; (3-20-20)T

l. Resident's desires; (3-20-20)T

m. Resident's need for supervision, including the degree; (3-20-20)T

n. Transfer and discharge requirement; and (3-20-20)T

o. Other identified needs. (3-20-20)T

02. Signature and Approval. The provider and the resident or the resident's representative must sign and date the plan of service upon its completion, within fourteen (14) days after the resident's admission. (3-20-20)T

03. Developing the Plan. The provider will consult the resident and other individuals identified by the

resident in developing the plan of service. Professional staff must be involved in developing the plan if required by another program. (3-20-20)T

04. **Resident Choice**. A resident must be given the choice and control of how and what services the provider or external vendors will provide to the extent the resident can make choices. (3-20-20)T

05. **Copy of the Plan**. Signed copies of the plan of service must be placed in the resident's file, given to the resident, and given to their representative, if applicable, no later than fourteen (14) days after admission. For a resident receiving services through a publicly-funded program, the copy of the plan must indicate that it has been approved by the Department. (3-20-20)T

06. **Changes to the Plan**. A record must be made of any changes to the plan or when the provider is unable to provide services outlined in the plan of service. When changes to the plan are made, the resident or resident's representative and the provider must sign and date the changes. (3-20-20)T

07. **Periodic Review**. The next scheduled date of review must be documented in the plan of service. The plan of service should be reviewed as necessary but must be reviewed at least every twelve (12) months. (3-20-20)T

251. – 259. **(RESERVED)**

260. ADMISSIONS.
According to Section 39-3507, Idaho Code, the provider must only admit or retain residents in the home for whom they have the training, appropriate skills, and time to provide adequate care. The provider must be able to provide the levels of service or types of service required for each resident admitted to the home. (3-20-20)T

01. **Prior Approval Required**. The provider must obtain approval from the Department for each admission prior to the prospective resident moving into the home. The following must be provided to the regional certifying agent where the home is located to aid the Department in making its determination: (3-20-20)T

a. Name, gender and date of birth of the prospective resident; (3-20-20)T

b. The contemplated date of admittance of the prospective resident into the home; (3-20-20)T

c. The prospective resident's history and physical from their health care professional, conducted within the previous twelve (12) month period reflecting their current health status; (3-20-20)T

d. A list of the resident's current medications and treatments from their health care professional; (3-20-20)T

e. Contact information for the resident's health care professionals; (3-20-20)T

f. Contact information for the prospective resident's representative, if applicable; (3-20-20)T

g. The resident's plan of service from another health care setting, or any such plan of service conducted for the resident within the previous six (6) months, if one exists, when the resident transfers to the home from another health care setting; and (3-20-20)T

h. Other information requested by the Department relevant to the appropriateness of the admission and the provider's ability to provide adequate care. (3-20-20)T

02. **Notification**. Within five (5) business days of receipt of the documents listed in Subsection 260.01 of this rule, the Department will notify the provider verbally or in writing whether the proposed admission is approved or denied. When verbal notification is given, the Department will provide follow-up written communication to the provider stating the approval or denial within ten (10) business days. (3-20-20)T

03. **Emergency Admission**. The provider may not accept an emergency admission without prior

approval from the Department except under the following conditions: (3-20-20)T

a. The provider may make a conditional admission when they reasonably believe they have the ability to provide adequate care to the resident when the request for an emergency placement occurs after normal business hours and the provider is unable to contact the Department for prior approval. The provider must notify the resident or their representative that the admission is conditional upon Department approval. (3-20-20)T

b. The provider must notify the regional certifying agent where the home is located the next business day after making a conditional admission. (3-20-20)T

c. The provider must follow the regular admission process described in Subsection 260.01 of this rule within two (2) business days of making a conditional admission. The Department may deny the placement and require the resident to transfer when there is reasonable cause to believe the provider lacks the ability to provide adequate care. (3-20-20)T

04. Admission Agreement. At the time of admission to a certified family home, the provider and the resident or resident's representative, if applicable, must enter into an admission agreement. The agreement must be in writing and must be signed and dated by both parties. The agreement must, in itself or by reference to the resident's plan of service, include at least the following: (3-20-20)T

a. Whether or not the resident will assume responsibility for their own medication; (3-20-20)T

b. The provider must have a plan in place for steps the provider will take if the resident is not able to carry out their own self-preservation. (3-20-20)T

c. Whether or not the provider will accept responsibility for the resident's funds; (3-20-20)T

d. How a partial month's refund will be managed; (3-20-20)T

e. Responsibility for valuables belonging to the resident and provision for the return of a resident's valuables should the resident leave the home; (3-20-20)T

f. Amount of liability coverage provided by the homeowner's or renter's insurance policy and whether the insurance policy covers the resident's personal belongings; (3-20-20)T

g. Written notice of at least thirty (30) calendar days as agreed to in the admission agreement prior to discharge on the part of either party or transfer, when the transfer is not for medical reasons or for the resident's welfare or the welfare of others, or when the discharge is not for a situation described in Subsection 260.05.b. of this rule; (3-20-20)T

h. Conditions under which an emergency temporary placement will be made as described under Subsection 260.06 of this rule; (3-20-20)T

i. Signed permission to provide pertinent information from the resident's record to a hospital, nursing home, residential and assisted living facility, or other certified family home; (3-20-20)T

j. Responsibility to obtain consent for medical procedures including the name, address, and telephone number of the guardian or power of attorney for health care for any resident who is unable to make their own medical decisions; (3-20-20)T

k. Resident responsibilities as appropriate; (3-20-20)T

l. Amount the provider will charge the resident for room, utilities and three (3) daily meals on a monthly basis, and if the resident is private-pay or has a share of cost, a separately listed amount the provider will charge for care on a monthly basis; (3-20-20)T

m. Written notice of at least fifteen (15) calendar days as agreed to in the admission agreement prior to

the provider changing the charges to the resident as described in Subsection 260.04.l. of this rule; (3-20-20)T

n. Protections that address eviction processes and appeals comparable to those provided under Idaho landlord tenant law. The admission agreement must either: (3-20-20)T

i. Adopt the eviction and appeal processes as described in Title 6, Chapter 3, Idaho Code; or (3-20-20)T

ii. Adopt the eviction and appeal processes as described in the version of the admission agreement provided by the Department; and (3-20-20)T

o. Additional conditions as agreed upon by both parties but consistent with the requirements of these rules. (3-20-20)T

05. Termination of Admission Agreement. The admission agreement must only be terminated under the following conditions: (3-20-20)T

a. The provider or the resident, or the resident's representative, if applicable, provides the other party at least thirty (30) calendar days' written notice as agreed to in the admission agreement; or (3-20-20)T

b. A three (3) day written notice may be given by the provider to the resident or the resident's representative, if applicable, when any of the following occur, subject to the appeal process required under Subsection 260.04.n. of this rule: (3-20-20)T

i. Nonpayment of the resident's bill identified in Subsection 260.04.l. of this rule; (3-20-20)T

ii. The resident violates written conditions as mutually established between the resident and the provider at the time of admission; or (3-20-20)T

iii. The resident engages in the unlawful delivery, production, or use of a controlled substance on the premises of the home. (3-20-20)T

06. Emergency Temporary Placement. The admission agreement will remain in force and effect, excluding the provider's responsibility for care and the charge to the resident for such care as identified in Subsection 260.04.l. of this rule, while the resident is temporarily transferred from the home to another care setting on an emergency basis unless either party terminates the agreement as described in Subsection 260.05 of this rule. An emergency temporary placement must only occur when: (3-20-20)T

a. The resident's mental or physical condition deteriorates to a level requiring evaluation or services that cannot be met by the provider or reasonably accommodated by the home; or (3-20-20)T

b. Emergency conditions requiring the resident to transfer out of the home without thirty (30) calendar days' written notice to protect the resident or other residents, the provider, or other individuals living in the home from harm. (3-20-20)T

07. Discharge Procedure. The provider must immediately notify the Department upon the transfer or discharge of the resident according to Section 210 these rules. (3-20-20)T

08. Return of Resident's Possessions. The provider must document the return of the resident's personal possessions to the resident or resident's representative as agreed in the admission agreement according to Subsection 260.04.e. of this rule: (3-20-20)T

a. Return immediately upon discharge: (3-20-20)T

i. All personal funds belonging to the resident; and (3-20-20)T

ii. Any medication, supplement, or treatment belonging to the resident; (3-20-20)T

b. Return within three (3) business days: (3-20-20)T

i. If the provider, their relative, or any other member of the household was managing the resident's funds, a copy of the final accounting of the resident's funds; (3-20-20)T

ii. All resident belongings as indicated on their belongings inventory; and (3-20-20)T

iii. Any other items belonging solely to the resident, including personal documents. (3-20-20)T

261. -- 269. (RESERVED)

270. RESIDENT RECORDS.
The provider must maintain records for each resident admitted to the home as provided in this rule. (3-20-20)T

01. Admission Records. Records required for admission to the home must be maintained, updated, and kept confidential. The availability of the records without the consent of the resident, subject to IDAPA 16.05.01, "Use and Disclosure of Department Records," is limited to the resident and resident's representative, the provider, substitute caregivers, the resident's health care professionals, and representatives of the Department including certifying agents. All entries must be accurate and reflect updated information as changes occur, recorded legibly in ink, signed and dated, and must include: (3-20-20)T

a. The resident's full legal name; (3-20-20)T

b. The resident's permanent address if other than the home; (3-20-20)T

c. The resident's marital status and sex; (3-20-20)T

d. The resident's place and date of birth; (3-20-20)T

e. The name, address, and telephone number of an individual identified by the resident or the resident's representative who should be contacted in the event of an emergency or death of the resident; (3-20-20)T

f. The resident's personal health care professionals; (3-20-20)T

g. Admission date and name of the person who completed the admission form; (3-20-20)T

h. Results of a history and physical examination performed by a health care professional reflecting the resident's current health status and conducted no earlier than twelve (12) months prior to admission; (3-20-20)T

i. A list of medications, treatments, and special diets, if any, prescribed for the resident and signed and dated by their health care professional; (3-20-20)T

j. Religious affiliation if the resident so chooses to disclose; (3-20-20)T

k. Social information, obtained by the provider from the resident or resident's relatives, service coordinator, legal guardian or conservator, or other knowledgeable individuals to include the resident's social history, hobbies, and interests; (3-20-20)T

l. The written admission agreement as described in Section 260 of these rules; (3-20-20)T

m A signed copy of the resident rights policy as described in Section 200 of these rules; (3-20-20)T

n. A copy of the resident's assessment as described in Section 225 of these rules; (3-20-20)T

o. A copy of the resident's signed and dated plan of service as described in Section 250 of these rules; (3-20-20)T

p. An inventory of the resident's belongings that may consist of photographs or a written descriptive list. The resident or the resident's representative may inventory any personal possession they so choose and expect returned upon the resident's transfer or discharge from the home. The belongings inventory may be updated at any time but must be updated at least annually; (3-20-20)T

q. Information about any specific health problems of the resident that may be useful in a medical emergency; (3-20-20)T

r. Any other health-related, emergency, or pertinent information that the resident requests the provider to keep on record; (3-20-20)T

s. If the resident has a representative, a copy of the document giving the representative legal authority to act on behalf of the resident, including guardianship or power of attorney for healthcare decisions; (3-20-20)T

t. Contact name, address, and telephone number of any individual or agency providing supportive services to the resident; and (3-20-20)T

u. Signed copy of any care plan that is prepared for the resident by an outside service provider. (3-20-20)T

02. Ongoing Resident Records. Records must be kept by the provider for services to the resident showing accurate and updated information as services are rendered, including: (3-20-20)T

a. Any incident or accident occurring while the resident is living in the home and the provider's response. If the incident or accident occurs while the resident is receiving supportive services, the provider must obtain a written report of the event from the service provider; (3-20-20)T

b. The provider's written response to any grievance as described in Section 200 of these rules; (3-20-20)T

c. Notes from the licensed nurse, home health agency, physical therapist, or any other service providers, documenting the services provided to the resident at each visit to the home; (3-20-20)T

d. Documentation of significant changes in the resident's physical or mental status, and the provider's response; (3-20-20)T

e. When the provider, a relative of the provider, or an individual living in the home other than the resident manages the resident's funds, financial accounting records for such funds as described in Section 275 of these rules; and (3-20-20)T

f. Medication records as required in Sections 400 through 402 of these rules, as applicable. (3-20-20)T

03. Maintenance of Resident Records. All records of services delivered by the provider must be maintained in the home for at least five (5) years from the date of service. (3-20-20)T

271. -- 274. (RESERVED)

275. RESIDENT FUNDS AND FINANCIAL RECORDS.

01. Resident Funds Policy. Each provider must possess and implement a policy and procedure outlining how the resident's funds will be managed. This policy and procedure must include the following: (3-20-20)T

a. Statement of whether the provider will or will not manage resident funds. (3-20-20)T

b. When the resident leaves the home under any circumstances, the provider must: (3-20-20)T

i. Only retain room and board funds prorated to the last day of the notice period as specified in the admission agreement, or upon the resident moving from the home, whichever is later; (3-20-20)T

ii. Immediately return all remaining resident funds to the resident or to the resident's representative as specified in the admission agreement according to Section 260 of these rules; and (3-20-20)T

iii. Only use the resident's funds for that resident's expenses until a new payee is appointed. (3-20-20)T

c. Prohibit personal loans to the resident from the provider, provider's relatives, and other members of the household unless the loan is from a relative of the resident. When such a loan is made, the provider must: (3-20-20)T

i. Ensure the terms of the loan are described in a written contract signed by the resident or resident's representative; (3-20-20)T

ii. Maintain a copy of the loan contract in the resident's record; and (3-20-20)T

iii. Immediately update documentation of repayments towards the loan. (3-20-20)T

02. Managing Resident Funds. When the resident's funds are turned over to the provider for any purpose other than payment for services allowed under these rules, or if the provider, their relative, or an individual living in the home acts as the resident's payee, the provider is deemed to be managing the resident's funds. The provider who manages a resident's funds must: (3-20-20)T

a. Establish a separate account at a financial institution for each resident to which use of the resident's funds may be reconciled by means of a financial statement; (3-20-20)T

b. Prohibit commingling of the resident's funds with the funds of any other person, including borrowing funds from the resident; (3-20-20)T

c. Upon request, notify the resident or the resident's representative the amount of the resident's funds in their account that are available for their use; (3-20-20)T

d. Charge the resident the amount agreed upon in the admission agreement as described in Section 260 of these rules for their certified family home services on a monthly basis from their funds; (3-20-20)T

e. Maintain accounting documentation, including financial statements, receipts and ledgers, for all financial transactions in excess of five dollars ($5) in which the resident's funds were used. A separate transaction record must be maintained for each resident; (3-20-20)T

f. Restore funds to the resident if the provider cannot produce proper accounting records of resident's funds or property, including receipts for purchases made using the resident's personal funds. Restitution of the funds to the resident is a condition for continued operation of the home; (3-20-20)T

g. Not require the resident to purchase goods or services from or for the home other than those designated in Section 260 of these rules; (3-20-20)T

h. Provide the resident, their legal guardian, their representative with financial power of attorney, and conservator access to the resident's funds; (3-20-20)T

i. On the death of a private-pay resident, convey the resident's funds with a final accounting of those funds to the individual administering the resident's estate; within thirty (30) days as described in Section 210 of these rules; (3-20-20)T

j. On the death of a publicly-funded resident, convey the resident's funds, with a final accounting of those funds, to the Department within thirty (30) days as described in Section 210 of these rules. (3-20-20)T

276. -- 299. (RESERVED)

300. SHORT-TERM CARE AND SUPERVISION.
When the provider is temporarily unavailable to provide care or supervision to the resident, they may designate another adult to provide care and supervision, or only supervision to the resident. The provider must assure that this short-term arrangement meets the needs of the resident and protects the resident from harm. (3-20-20)T

01. Alternate Caregiver. An alternate caregiver must be a certified family home provider. An alternate caregiver provides care and supervision in their home to a resident from another certified family home according to the resident's original plan of service and admission agreement. The following applies to an alternate care placement: (3-20-20)T

a. The Department must approve an alternate care placement using the process described in Section 260 of these rules. The alternate caregiver must: (3-20-20)T

i. Not exceed the number of residents for which their home is certified to provide care; (3-20-20)T

ii. Comply with Section 140 of these rules when the resident receiving alternate care will be the third or fourth resident in the alternate caregiver's home; (3-20-20)T

iii. Comply with Section 130 of these rules when the resident receiving alternate care requires nursing facility level of care and any other resident in the alternate caregiver's home requires nursing facility level of care. (3-20-20)T

b. Upon approval from the Department, alternate care may be provided for up to thirty (30) consecutive days; and (3-20-20)T

c. The provider must provide or arrange for resident-specific training to the alternate caregiver, including supplying copies of the resident's current assessment, plan of service, and admission agreement. (3-20-20)T

02. Substitute Caregiver. A substitute caregiver must be an adult designated by the provider to provide care and supervision to the resident in the provider's certified family home. The following apply to the designation of a substitute caregiver: (3-20-20)T

a. The provider is responsible to provide or arrange for resident-specific training for the substitute caregiver including reviewing copies of each resident's current assessment, plan of service, and admission agreement; (3-20-20)T

b. Staffing levels in the home must be maintained at the same level as when the provider is available to provide care and supervision; (3-20-20)T

c. Substitute care can be provided for up to thirty (30) consecutive days; and (3-20-20)T

d. The substitute caregiver must have the following qualifications: (3-20-20)T

i. Current certification in first aid and adult Cardio-Pulmonary Resuscitation (CPR) that meets the standards under Section 100 of these rules; (3-20-20)T

ii. A criminal history check as provided in Section 009 of these rules; and (3-20-20)T

iii. Completion of the “Assistance with Medications” course or other Department-approved training as provided in Section 100 of these rules. (3-20-20)T

03. Incidental Supervision. An individual providing incidental supervision must be approved by the provider to supervise the resident. Incidental supervision must not include resident care. Incidental supervision may be provided for up to four (4) hours per week. (3-20-20)T

301. -- 399. (RESERVED)

400. MEDICATION POLICY.
The provider must possess and implement written medication policies and procedures that outline in detail how the home will assure appropriate assistance with and handling of and safeguarding of medications. These policies and procedures must be maintained in the home, and include the following: (3-20-20)T

01. Following Orders. Assistance given by the provider must only be as directed by the resident's health care professionals. (3-20-20)T

02. Evidence of Orders. Evidence of each resident's orders must be maintained in the home, regardless of whether the resident is able to self-administer, and may consist of the following: (3-20-20)T

a. Written instructions from the health care professional for the medication including the dosage, expected effects, potential adverse reactions or side effects, and actions to take in an emergency; (3-20-20)T

b. Medisets filled and appropriately labeled by a pharmacist or licensed nurse with the name of the medications, dosage, time to be taken, route of administration, and any special instructions; (3-20-20)T

c. An original prescription bottle labeled by a pharmacist describing the order and instructions for use; and (3-20-20)T

d. If the medication, supplement, or treatment is without a prescription, it will be listed among over-the-counter medications approved by the resident's health care professional as indicated by a signed statement. Over-the-counter medications will be given as directed on the packaging. (3-20-20)T

03. Alteration of Orders. The provider must not alter dosage, discontinue or add medications, including over-the-counter medications and supplements, or discontinue, alter, or add treatments or special diets without first consulting the resident's prescribing health care professional and obtaining an order for the change as required under Subsection 400.02 of this rule. (3-20-20)T

04. Allergies. The provider must list any known food or drug allergies for each resident and take precautions to guard against the resident ingesting such allergens. (3-20-20)T

05. Training. Each adult assisting with resident medications must have successfully completed the "Assistance with Medications" course, or other Department-approved training as described in Section 100 of these rules. Additionally: (3-20-20)T

a. Each resident's orders must be reviewed by each staff person assisting residents with medications prior to offering assistance; and (3-20-20)T

b. Written instructions must be in place that outline who to notify if any of the following occur: (3-20-20)T

i. Doses are not taken; (3-20-20)T

ii. Overdoses occur; or (3-20-20)T

iii. Side effects are observed. (3-20-20)T

c. The provider must ensure any staff assisting with medications has reviewed each resident's known allergies and takes precautions against the resident ingesting such allergens. (3-20-20)T

06. Self-administration. When the provider cares for a resident who self-administers their own medications, the provider must follow the standards described under Section 401 of these rules. (3-20-20)T

07. Assistance with Medication. When the provider cares for a resident who needs assistance with medications, the provider must follow the standards described under Section 402 of these rules. (3-20-20)T

401. SELF-ADMINISTRATION OF MEDICATION.
If the resident is responsible for administering their own medication without assistance, the provider must ensure the following: (3-20-20)T

01. Approval. The provider must obtain written approval stating that the resident is capable of self-administration from the resident's health care professional; otherwise, the provider must comply with the standards in Section 402 of these rules. (3-20-20)T

02. Evaluation.The resident's record must include documentation that the resident's health care professional has evaluated the resident's ability to safely self-administer medication. The evaluation must include verification of the following: (3-20-20)T

a. The resident understands the purpose of each medication; (3-20-20)T

b. The resident is oriented to time and place and knows the appropriate dosage and times to take the medication; (3-20-20)T

c. The resident understands the expected effects, adverse reactions, or side effects, and knows what actions to take in case of an emergency; and (3-20-20)T

d. The resident is able to take the medication without assistance or reminders. (3-20-20)T

03. Change in Condition. Should the condition of the resident change such that it brings into question their ability to safely continue self-administration of medications, the provider must have a reevaluation and approval of the resident to self-administer as required in Subsections 401.01 and 401.02 of this rule. (3-20-20)T

04. Safeguarding Medication. The provider must ensure that the medications of a resident who self-administers are safeguarded, including providing a lockable storage cabinet or drawer to the resident as described in Section 175 of these rules. Notwithstanding, the resident must be allowed to maintain their medications under their own control and possession. (3-20-20)T

402. ASSISTANCE WITH MEDICATION.
The provider must offer assistance with medications to residents who need assistance; however, only a health care professional may administer medications. Prior to assisting residents with medication, the provider must ensure the following conditions are in place: (3-20-20)T

01. Training. Each person assisting with resident medications must be an adult who successfully completed and follows the "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing, or other Department-approved training. (3-20-20)T

02. Condition of the Resident. The resident's health condition is stable. (3-20-20)T

03. Nursing Assessment. The resident's health status does not require nursing assessment before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken, unless the provider is a health care professional. (3-20-20)T

04. Containers and Labels. The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container. (3-20-20)T

a. Each medication must be packaged separately unless in a Mediset, blister pack, or similar system. (3-20-20)T

b. Medication may be placed in a unit container by a licensed nurse when the container is appropriately labeled with the name of the medications, dosage, time to be taken, route of administration, and any special instructions. (3-20-20)T

c. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. (3-20-20)T

05. Safeguarding Medications. The provider must take adequate precautions to safeguard the medications of each resident for whom they provide assistance. Safeguarding consists of the following: (3-20-20)T

a. Storing each resident's medications in an area or container designated only for that particular resident including a label with the resident's name, except for medications that must be refrigerated or over-the-counter medications; (3-20-20)T

b. Keeping the designated area or container for the resident's medications under lock and key when either of the following apply: (3-20-20)T

i. The resident's medications include a controlled substance; or (3-20-20)T

ii. Any resident in the home or other member of the household has drug-seeking behaviors. (3-20-20)T

c. Ensuring each resident's designated medication area or container is clean and kept free of contamination, including disposal of loose pills in accordance with Subsection 402.08 of this rule; (3-20-20)T

d. Dispensing only one (1) resident's set of medications from its designated area or container at one (1) time, so as to mitigate medication errors; and (3-20-20)T

e. On at least a monthly basis, document an inventory of narcotic medications. (3-20-20)T

06. Administration of Medications. Only a health care professional working within the scope of their license may administer medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." Some procedures are of such a technical nature that they must always be performed by, or under the direct supervision of, a health care professional. These procedures are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490. (3-20-20)T

07. Documentation of Assistance. Documentation of assistance with medications must be maintained by the provider. The documentation must: (3-20-20)T

a. Be logged concurrent with the time of assistance; (3-20-20)T

b. Contain at least the following information: (3-20-20)T

i. The name of the resident receiving the medication; (3-20-20)T

ii. The name of the medication given; (3-20-20)T

iii. The dosage of the medication given; and (3-20-20)T

iv. The time and date the medication was given. (3-20-20)T

c. Indicate the reason for assisting with any PRN medication, including both over-the-counter and prescription medication. (3-20-20)T

08. Disposal of Medication. Medication that has been discontinued as ordered by the resident's health care professional, or has expired, must be disposed of by the provider within thirty (30) days of the order or expiration

date. A written record of all disposal of drugs must be maintained in the home and must include: (3-20-20)T

a. The name of the medication; (3-20-20)T

b. The amount of the medication, including the number of pills at each dosage, if applicable; (3-20-20)T

c. The name of the resident for whom the medication was prescribed; (3-20-20)T

d. The reason for disposal; (3-20-20)T

e. The date on which the medication was disposed; (3-20-20)T

f. The method of disposal; and (3-20-20)T

g. A signed statement from the provider and a credible witness confirming the disposal of the medication. (3-20-20)T

403. -- 499. (RESERVED)

500. ENVIRONMENTAL SANITATION STANDARDS.
The provider is responsible for disease prevention and maintenance of sanitary conditions in the home. (3-20-20)T

01. Water Supply. The water supply for the home must be adequate, safe, and sanitary. (3-20-20)T

a. The home must use a public or municipal water supply or a Department-approved private water supply; (3-20-20)T

b. If water is from a private supply, water samples must be submitted to an accredited laboratory and show an absence of bacterial contamination at least annually, or more frequently if deemed necessary by the Department. Copies of the laboratory reports must be kept on file at the home; and (3-20-20)T

c. There must be adequate water pressure to meet sanitary requirements at all times. (3-20-20)T

02. Sewage Disposal. The sewage disposal system must be in good working order. All sewage and liquid wastes must be discharged, collected, treated, and disposed of in a manner approved by the local municipality or the Department. (3-20-20)T

03. Nonmunicipal Sewage Disposal. (3-20-20)T

a. For homes with nonmunicipal sewage disposal, at the time of the initial certification and at least every five (5) years thereafter, the provider must obtain proof that the septic tank has been pumped or that pumping was not necessary, or that the system is otherwise in good working condition. (3-20-20)T

b. The Department may require the provider to obtain a statement from the local or area health district indicating that the sewage disposal system meets local requirements. The statement must be kept on file at the home. (3-20-20)T

04. Garbage and Refuse Disposal. Garbage and refuse disposal must be provided by the home. (3-20-20)T

a. Garbage containers outside the home used for storage of garbage and refuse must be constructed of durable, nonabsorbent materials and be provided with tight-fitting lids. (3-20-20)T

b. Garbage containers must be maintained in good repair and must not leak or absorb liquids. (3-20-20)T

c. Sufficient containers must be available to hold all garbage and refuse that accumulates between periods of removal from the premises. (3-20-20)T

d. Storage areas must be kept free of excess refuse and debris. (3-20-20)T

05. Insect and Rodent Control. The home must be maintained free from infestations of insects, rodents and other pests. Pesticides used in the control program must be selected, stored, and used safely. (3-20-20)T

a. The pesticide must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer; (3-20-20)T

b. The provider must take necessary precautions to protect the resident from obtaining toxic chemicals, as appropriate for their functional and cognitive ability. (3-20-20)T

06. Yard. The yard surrounding the home must be safe and maintained. (3-20-20)T

07. Laundry Facilities and Services. A washing machine and dryer must be readily available for the proper and sanitary washing of linen and other washable goods. Laundry services must be offered on at least a weekly basis, or more frequently when soiled linens or clothing create a noticeable odor. (3-20-20)T

08. Housekeeping and Maintenance. Sufficient housekeeping and maintenance must be provided to maintain the interior and exterior of the home in a clean, safe, and orderly manner. (3-20-20)T

a. Resident sleeping rooms must be thoroughly cleaned including the bed, bedding, furnishings, walls, and floors. Cleaning must occur on at least a weekly basis and immediately before being occupied by a new resident. (3-20-20)T

b. Deodorizers must not be used to cover odors caused by poor housekeeping or unsanitary conditions. (3-20-20)T

c. Cleaners and chemicals must be stored and used appropriately and safely. The provider must take necessary precautions to protect the resident from obtaining toxic chemicals, as appropriate for their functional and cognitive ability. (3-20-20)T

501. -- 599. (RESERVED)

600. FIRE AND LIFE SAFETY STANDARDS.
Each home must meet all applicable requirements of local and state codes concerning fire and life safety. (3-20-20)T

01. General Requirements. General requirements for the fire and life safety standards for a certified family home are: (3-20-20)T

a. The home must be structurally sound and equipped and maintained to assure the safety of residents; and (3-20-20)T

b. When natural or man-made hazards are present, suitable fences, guards, and railings must be provided to protect the residents according to their need for supervision as documented in the plan of service; and (3-20-20)T

c. The exterior and interior of the home must be kept free from the accumulation of weeds, trash, debris, rubbish, and clutter. (3-20-20)T

02. Fire and Life Safety Requirements. (3-20-20)T

a. Smoke alarms must be installed in sleeping rooms, hallways, on each level of the home, and as recommended by the local fire district. (3-20-20)T

b. Carbon monoxide (CO) alarms must be installed as recommended when: (3-20-20)T

i. The home is equipped with gas or other fuel-burning appliances or devices; or (3-20-20)T

ii. An enclosed garage is attached to the home. (3-20-20)T

c. Unvented combustion devices of any kind are prohibited from use inside the home. (3-20-20)T

d. Any locks installed on exit doors must be easily opened from the inside without the use of keys or any special knowledge. (3-20-20)T

e. An electric portable heating device must only be used under the following conditions: (3-20-20)T

i. The unit is maintained in good working order and without obvious damage or fraying of the cord; (3-20-20)T

ii. The heating element does not exceed two hundred twelve degrees Fahrenheit (212°F); (3-20-20)T

iii. The user complies with safety labels, which are to remain on the unit; (3-20-20)T

iv. The unit is equipped with automatic shut-off protection when tipped over; and (3-20-20)T

v. The unit is operated under direct supervision and at least thirty-six (36) inches away from combustibles including furnishings, bedding, and blankets. (3-20-20)T

f. Homes that use fuel-fired stoves must provide adequate railings or other approved protection designed to prevent the resident from coming into contact with the stove surfaces, as appropriate for their functional and cognitive ability. (3-20-20)T

g. Each resident's sleeping room must have at least one (1) door or window that can be easily opened from the inside and leads directly to the outside. If a window is used as a means of egress/ingress, the following conditions must be met: (3-20-20)T

i. The window sill height must not be more than forty-four (44) inches above the finished floor; (3-20-20)T

ii. The window opening must be at least twenty (20) inches in width and twenty-four (24) inches in height; and (3-20-20)T

iii. If the sleeping room is in a below-ground basement, the window must open into a window well through which the resident can easily exit. (3-20-20)T

h. Flammable or highly combustible materials must be stored safely. The provider must take necessary precautions to protect the resident from obtaining flammable materials as appropriate for their functional and cognitive ability. (3-20-20)T

i. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves. (3-20-20)T

j. A portable fire extinguisher must be mounted on each level of the home. The location of fire extinguishers is subject to Department approval. All extinguishers must be at least five (5) pound dry chemical multipurpose 2A:10B:C type. (3-20-20)T

k. Electrical installations and equipment must comply with the applicable local and state electrical codes. (3-20-20)T

l. Fuel-fired heating devices must be approved by the local heating/venting/air conditioning (HVAC) board. (3-20-20)T

m. Exits must be free from obstruction. (3-20-20)T

n. Paths of travel to exits and all exit doorways must be at least twenty-eight (28) inches wide. (3-20-20)T

o. The door into each bathroom and sleeping room must unlock from both sides, if equipped with a lock, in case of an emergency. (3-20-20)T

03. **Smoking**. Smoking is a fire hazard. The provider may choose to allow or not allow smoking. If the provider chooses to allow smoking, they must reduce the risk of fire by: (3-20-20)T

a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (3-20-20)T

b. Prohibiting residents from smoking in bed; and (3-20-20)T

c. Prohibiting unsupervised smoking by the resident unless unsupervised smoking is specifically allowed in their plan of service. (3-20-20)T

04. **Emergency Preparedness**. Each provider must develop and implement a written emergency preparedness plan. The provider must review the emergency plan with the resident(s), or their representative, at admission and at least every six (6) months thereafter. The plan must address the following: (3-20-20)T

a. Evacuation of the home, including: (3-20-20)T

i. A floor plan of the home depicting at least two (2) routes of escape from each room; (3-20-20)T

ii. A designated meeting area indicated on the floor plan where all members of the household will congregate upon evacuation of the home; and (3-20-20)T

iii. The person responsible to take a head-count at the designated meeting area and relay information to firefighters regarding the probable whereabouts in the home of missing individuals. (3-20-20)T

b. Emergency situations in which people are confined to the home for a period of at least seventy-two (72) hours and considering adequate food, water, and medications during that time; (3-20-20)T

c. Emergency situations in which people are ordered evacuated from the home, including pre-arranged plans to shelter within the local community and in a town outside the local community, and considering the necessary supplies that will be kept in a state of preparedness for quick evacuation; and (3-20-20)T

d. Procedures for any situation in which the provider is incapacitated and unable to provide services. (3-20-20)T

05. **Fire Drills**. The provider must conduct and document fire drills at least quarterly. (3-20-20)T

a. The provider must demonstrate the ability to evacuate all persons from the home to a point of safety outside the home within three (3) minutes. (3-20-20)T

b. Residents who are medically unable to exit unassisted are exempt from physical participation in the drill if the provider has an effective evacuation plan for such residents and discusses the plan with the resident at the time of the drill. (3-20-20)T

c. Documentation, which may consist of video recordings or written logs, must include the following: (3-20-20)T

i. The date and time of the drill; (3-20-20)T

ii. The length of time for all persons able to participate in the drill to evacuate from the home; (3-20-20)T

iii. The name or likeness of each caregiver who participated in the drill; and (3-20-20)T

iv. The name or likeness of each resident and whether the resident participated in the drill. (3-20-20)T

06. Report of Fire. A report on each fire incident occurring within the home must be submitted to the Department as described in Section 210 of these rules. (3-20-20)T

07. Maintenance of Equipment. The provider must assure that all equipment is properly maintained. (3-20-20)T

a. Smoke and carbon monoxide alarms must be tested at least monthly and a written record of the test results maintained on file. (3-20-20)T

b. If the smoke or carbon monoxide alarm has replaceable batteries, replacement of the batteries must occur at least every six (6) months or as indicated by a low battery, whichever occurs first. (3-20-20)T

c. A smoke or carbon monoxide alarm must be replaced at the end of its useful life as indicated by the manufacturer. (3-20-20)T

d. Portable fire extinguishers must be serviced every twelve (12) months by an outside servicing agency or when the quarterly examination reveals issues with the extinguisher as described under Subsection 600.07.e. of this rule, whichever occurs first. Fire extinguishers purchased in the last twelve (12) months must be serviced within twelve (12) months from the dated receipt on file. (3-20-20)T

e. All portable fire extinguishers must be examined at least quarterly by the provider or a knowledgeable member of the household, as indicated by their initials and date on a log, to determine that: (3-20-20)T

i. The extinguisher is in its designated location; (3-20-20)T

ii. Seals or tamper indicators are not broken and the safety pin is in place; (3-20-20)T

iii. The extinguisher has not been physically damaged; (3-20-20)T

iv. The extinguisher does not have any obvious defects, such as leaks; (3-20-20)T

v. The nozzle is unobstructed; and (3-20-20)T

vi. Chemicals are prevented from settling and clumping by repeatedly tipping the extinguisher upside down and right-side up. (3-20-20)T

f. Fuel-fired heating systems must be inspected for safe operation, serviced if necessary, and approved at least annually by person(s) in the business of servicing these systems. The inspection records must be maintained on file in the home. (3-20-20)T

601. -- 699. (RESERVED)

700. HOME CONSTRUCTION AND PHYSICAL HOME STANDARDS.

01. General Requirements. Any residence used as a certified family home must be suitable for that use. Certified family homes must only be located in buildings intended for residential use. (3-20-20)T

a. Remodeling or additions to the home must be consistent with residential use of the property and

must conform to local building standards including obtaining building permits as required by the local jurisdiction. (3-20-20)T

b. All homes are subject to Department approval. (3-20-20)T

02. Walls and Floors. Walls and floors must withstand frequent cleaning. Walls in sleeping rooms must extend from floor to ceiling. (3-20-20)T

03. Telephone. There must either be a telephone or an enhanced 911-compliant cell phone available to the resident. (3-20-20)T

a. If the home provides a cell phone for the resident's use, the provider must obtain documentation from the service carrier that the cell phone is enhanced 911-compliant. (3-20-20)T

b. The telephone or cell phone must: (3-20-20)T

i. Be immediately available in case of an emergency; (3-20-20)T

ii. Be functional and operational at all times, including having dependable service; (3-20-20)T

iii. Be programmed with general emergency phone numbers and the emergency contacts for the resident, or alternatively, such numbers must be posted near the telephone; and (3-20-20)T

iv. Be accessible to the resident throughout the day, including night hours, with unlimited usage and adequate privacy. (3-20-20)T

04. Toilet Facilities and Bathrooms. The home must contain: (3-20-20)T

a. At least one (1) flush toilet, one (1) tub or shower, and one (1) sink with a mirror; (3-20-20)T

b. Toilet and shower or bathing facilities must be separated from all rooms by solid walls or partitions; (3-20-20)T

c. Each room containing a toilet, shower, or bath must have either a window that is easily opened to the outside, or forced ventilation to the outside; (3-20-20)T

d. Tubs, showers, and sinks must be connected to hot and cold running water; and (3-20-20)T

e. Access to toilet facilities and bathrooms designated for the resident's use must not require them to pass through another person's sleeping room. (3-20-20)T

05. Accessibility for Residents with Physical and Sensory Impairments. A provider choosing to provide services to a resident who has difficulty with mobility or who has sensory impairments must assure the physical environment meets the needs of the resident and maximizes independent mobility and use of appliances, bathroom facilities, and living areas. The home must provide necessary accommodations that meet the "American With Disabilities Act Accessibility Guidelines--Standards for Accessible Design (SFAD)," as incorporated by reference in Section 004 of these rules and as described below according to the individual resident's needs: (3-20-20)T

a. A ramp that complies with Section 405 of the SFAD. Elevators or lifts that comply with Sections 409 and 410, respectively, may be utilized in place of a ramp; (3-20-20)T

b. Doorways large enough to allow easy passage of a wheelchair and that comply with Subsection 404.2.3 of the SFAD; (3-20-20)T

c. Toilet and bathing facilities that comply with Sections 603 and 604 of the SFAD; (3-20-20)T

d. Sinks that comply with Section 606 of the SFAD; (3-20-20)T

e. Grab bars in resident toilet facilities and bathrooms that comply with Section 609 of the SFAD; (3-20-20)T

f. Bathtubs or shower stalls that comply with Sections 607 and 608 of the SFAD, respectively; (3-20-20)T

g. Non-retractable faucet handles that comply with Subsection 309.4 of the SFAD. Self-closing valves are not allowed; (3-20-20)T

h. Suitable handrails on both sides of all stairways leading into and out of the home that comply with Section 505 of the SFAD; and (3-20-20)T

i. Smoke and carbon monoxide alarms that comply with Section 702 of the SFAD. (3-20-20)T

06. Storage Areas. Adequate storage must be provided in addition to the required storage in resident sleeping rooms. (3-20-20)T

07. Lighting. Adequate lighting must be provided in all resident sleeping rooms and any other rooms accessed by the resident. (3-20-20)T

08. Ventilation. The home must be well ventilated and the provider must take precautions to prevent offensive odors. (3-20-20)T

09. Heating and Cooling. The temperature in the home must be maintained between sixty-five degrees Fahrenheit (65°F) and eighty degrees Fahrenheit (80°F) when residents or adult hourly care participants are at home. The thermostat for the primary source of heat must be located away from the wood stove, if applicable. (3-20-20)T

10. Plumbing. All plumbing in the home must be in good working order and comply with local and state codes. All plumbing fixtures must be easily cleanable and maintained in good repair. (3-20-20)T

11. Resident Sleeping Rooms. (3-20-20)T

a. The sleeping room must not be in an attic, stairway, hall, or any room commonly used for other than bedroom purposes. (3-20-20)T

b. The sleeping room may be in a below-ground basement or a room located on the second story or higher only if the following conditions are met: (3-20-20)T

i. The resident is able to independently recognize an emergency and self-evacuate from their sleeping room without physical assistance or verbal cueing as assessed and indicated in their plan of service; or (3-20-20)T

ii. The provider's sleeping room or the sleeping room of another responsible and able-bodied individual living in the home is located on the same level with the resident's sleeping room; and (3-20-20)T

iii. The level of the home on which the resident's sleeping room is located has floors, ceilings, and walls that are finished to the same degree as the rest of the home. (3-20-20)T

c. Walls must run from floor to ceiling and doors must be solid. (3-20-20)T

d. The resident must not occupy the same bedroom as the provider. The resident must not occupy the same bedroom as a relative of the provider unless the relative is a sibling of the resident. (3-20-20)T

e. The ceiling height in the sleeping room must be at least seven feet, six inches (7'6"). (3-20-20)T

f. The sleeping room must have a closet that must be equipped with a door if the resident so chooses. (3-20-20)T

i. Closet space shared by two (2) residents must have a substantial divider separating each resident's space. (3-20-20)T

ii. Free-standing closet space must be deducted from the square footage in the sleeping room. (3-20-20)T

g. The sleeping room must have at least one hundred (100) square feet of floor space in a one (1) person sleeping room and at least one hundred and sixty (160) square feet of floor space in a two (2) person sleeping room. (3-20-20)T

701. MANUFACTURED HOMES AND MODULAR BUILDINGS.

01. Use of Manufactured Homes and Modular Buildings. Idaho Division of Building Safety (DBS) approved modular buildings or U.S. Department of Housing and Urban Development (HUD) approved buildings may be approved for use as a certified family home when the home meets the following requirements: (3-20-20)T

a. The manufactured or modular home meets the requirements of HUD or DBS requirements in accordance with state and federal regulations as of the date of manufacture. (3-20-20)T

b. The manufactured or modular home meets the adopted standards and requirements of the local jurisdiction in which the home is located. (3-20-20)T

c. Recreational vehicles, commercial coaches, unregulated or unapproved modifications or additions to approved manufactured housing or modular buildings will not be approved by the Department. (3-20-20)T

d. Manufactured housing constructed prior to June 15, 1976, is prohibited for use as a certified family home without assessment and approval by the Department. (3-20-20)T

02. Previously Certified. A manufactured home approved for use as a certified family home before July 1, 2001, may continue to be certified when evaluated on a case-by-case basis. (3-20-20)T

702. -- 709. (RESERVED)

710. SITE REQUIREMENTS FOR CERTIFIED FAMILY HOMES.
In addition to the requirements of Section 700 of these rules, the home must comply with the following site requirements: (3-20-20)T

01. Fire District. The home must be in a lawfully constituted fire district. (3-20-20)T

02. Accessible Road. The home must be served by an all-weather road kept open to motor vehicles at all times of the year. (3-20-20)T

03. Emergency Medical Services. The home must be accessible to emergency medical services. (3-20-20)T

04. Accessible to Services. The home must be accessible to necessary social, medical, and rehabilitation services. (3-20-20)T

05. House Number. The house number must be prominently displayed and plainly visible from the street. (3-20-20)T

711. -- 899. (RESERVED)

900. EMERGENCY POWERS OF THE DIRECTOR.

In the event of an emergency endangering the life or safety of a resident, the Director may summarily suspend or revoke any certified family home certificate. As soon thereafter as practical, the Director will provide an opportunity for a hearing in accordance with the provisions of IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-20-20)T

901. ENFORCEMENT PROCESS.
If the Department finds that the provider does not meet, or did not meet, a rule governing certified family homes, it may impose a remedy, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal. (3-20-20)T

01. Recommendation of Remedy. In determining which remedy to recommend, the Department will consider the provider's compliance history, complaints, and the number, scope, and severity of the deficiencies. Subject to these considerations, the Department may impose any of the following remedies: (3-20-20)T

a. Ban on all admissions in accordance with Section 910 of these rules; (3-20-20)T

b. Ban on admissions of residents with certain diagnosis in accordance with Section 911 of these rules; (3-20-20)T

c. Summarily suspend the certificate and transfer residents in accordance with Section 912 of these rules; (3-20-20)T

d. Issue a provisional certificate in accordance with Section 909 of these rules; and (3-20-20)T

e. Revoke the home's certificate in accordance with Section 913 of these rules. (3-20-20)T

02. Notice of Enforcement Remedy. The Department will give the provider written notice of an enforcement remedy by certified mail or by personal service upon its decision. The notice will include the decision, the reason for the Department's decision, and how to appeal the decision subject to the hearing provisions in IDAPA 16.05.03, "Contested Case Proceedings and Declaratory Rulings." (3-20-20)T

902. FAILURE TO COMPLY.
The Department may revoke the provider's certificate when it determines any of the following conditions exist: (3-20-20)T

01. Out of Compliance. The provider has not complied with any part of these rules within thirty (30) days of the date the home is found out of compliance with that requirement. (3-20-20)T

02. Lack of Progress. The provider has made little or no progress in correcting deficiencies within thirty (30) days from the date the Department accepted the provider's plan of correction. (3-20-20)T

903. REPEATED NONCOMPLIANCE.
When the Department determines that a provider has repeated noncompliance with any of these rules, it may impose any of the enforcement remedies listed in Sections 909 through 913 of these rules. (3-20-20)T

904. -- 908. (RESERVED)

909. ENFORCEMENT REMEDY OF PROVISIONAL CERTIFICATION.
When the Department finds that the provider is unable to meet a standard required under these rules because of conditions that are not anticipated to continue beyond six (6) months and do not jeopardize the health or safety of the residents, the Department may grant a provisional certificate to the provider as described under Section 110 of these rules. (3-20-20)T

01. Conditions of Provisional Certification. The Department, at its discretion, may impose conditions upon the provider, which will be included with the notice of provisional certification, if so imposed. Conditions are imposed to ensure the provider achieves compliance with the requirements of these rules and to aid the Department in monitoring the provider's performance during the provisional certification period. (3-20-20)T

02. Failure to Meet Conditions of Provisional Certification. Failure by the provider to meet the conditions of a provisional certificate is cause for the Department to revoke the provider's certificate. (3-20-20)T

03. Certification or Revocation. The Department, upon review of the provider's performance during the course of the provisional certification period, may either issue a certificate to the provider when the Department finds that the provider has achieved substantial compliance with these rules, or revoke the provider's certificate if the provider has failed to comply. (3-20-20)T

910. ENFORCEMENT REMEDY OF BAN ON ALL ADMISSIONS.
All admissions to the home are banned pending satisfactory correction of all deficiencies. Bans will remain in effect until the Department determines that the provider has achieved full compliance with all requirements of these rules, or until a substitute remedy is imposed. (3-20-20)T

911. ENFORCEMENT REMEDY OF BAN ON ADMISSIONS OF RESIDENT WITH SPECIFIC DIAGNOSIS.
The Department may ban admission into the home any resident with a specific diagnosis when the Department has determined the provider lacks the skill to provide adequate care to such a resident. A ban may be imposed for all prospective residents, both publicly and privately funded, and will prevent the home from admitting residents with a specific diagnosis for whom the provider has shown an inability to provide adequate care as described in Section 170 of these rules. (3-20-20)T

912. ENFORCEMENT REMEDY OF SUMMARY SUSPENSION AND TRANSFER OF RESIDENT.
The Department may summarily suspend the provider's certificate and transfer the resident when convinced by a preponderance of the evidence that the resident's health and safety are in immediate jeopardy. (3-20-20)T

913. ENFORCEMENT REMEDY OF REVOCATION OF CERTIFICATE.

01. Revocation of the Certificate. The Department may institute a revocation action when persuaded by a preponderance of the evidence that the provider is not in substantial compliance with these rules. (3-20-20)T

02. Causes for Revocation of the Certificate. The Department may revoke any certificate for any of the following causes: (3-20-20)T

a. The provider has willfully misrepresented or omitted any of the following: (3-20-20)T

i. Information pertaining to their certification; or (3-20-20)T

ii. Information obstructing an investigation. (3-20-20)T

b. The home is not in substantial compliance with these rules; (3-20-20)T

c. When persuaded by a preponderance of the evidence that such conditions exist which endanger the health or safety of any resident; (3-20-20)T

d. Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the home. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (3-20-20)T

e. The provider has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a certified family home; (3-20-20)T

f. The provider has violated any of the conditions of a provisional certificate; (3-20-20)T

g. The provider has one (1) or more core issues; (3-20-20)T

h. An accumulation of minor violations that, when taken as a whole, constitute inadequate care; (3-20-20)T

i. Repeat violations of any requirement of these rules or of the Idaho Code; (3-20-20)T

j. The provider lacks the ability to properly care for the resident, as required by these rules, or as directed by the Department; (3-20-20)T

k. The provider is not in substantial compliance with the provisions for services, resident rights, or admissions; (3-20-20)T

l. The provider refuses to allow the certifying agent or other representative of the Department or protection and advocacy agencies full access to the home, records, or the residents; (3-20-20)T

m. The provider fails to pay the certification fee as specified in Section 109 of these rules. The certification fee is considered delinquent if not paid within thirty (30) days of due date on the invoice. (3-20-20)T

914. (RESERVED)

915. TRANSFER OF RESIDENT.
The Department may require transfer of a resident from a certified family home to an alternative placement on the following grounds: (3-20-20)T

01. Violation of Rules. As a result of a violation of a provision of these rules or standards, the provider is unable or unwilling to provide an adequate level of meals, lodging, personal assistance, or supervision of a resident. (3-20-20)T

02. Violation of Resident's Rights. A violation of a resident's rights provided in Section 39-3516, Idaho Code, or Section 200 of these rules. (3-20-20)T

03. Immediate Jeopardy. A violation of a provision of these rules, or applicable rules or standards, results in conditions that present an immediate jeopardy. (3-20-20)T

916. -- 949. (RESERVED)

950. RIGHT TO SELL.
Nothing contained in these rules limits the right of any home owner to sell, lease, mortgage, or close any certified family home in accordance with all applicable laws. (3-20-20)T

951. -- 999. (RESERVED)

Subject Index

A

Access By Advocates & Representatives 27
- Advise & Represent 27
- Assist Residents to Secure Rights 27
- Communicate Privately 28
- Inform Residents of Rights 27
- Inform Residents of Services 27

Activities & Community Integration 20
- Activities 20
- Activity Supplies 21
- Transportation 21

Admissions 31
- Admission Agreement 32
- Discharge Procedure 33
- Emergency Admission 31
- Emergency Temporary Placement 33
- Notification 31
- Prior Approval Required 31
- Return of Resident's Possessions 33
- Termination of Admission Agreement 33

Application & Certification Fees For Certified Family Homes 10
- Application Fee Amount 10
- Certification Fees 10
- Payment of Application Fees 10

Application For Certification 9
- Completed & Signed Application 9
- Criminal History & Background Checks 9
- Electrical Inspection 9
- Environmental Sanitation Inspection 9
- List of Individuals Living in the Home 10
- Other Information as Requested 10
- Payment of Application Fee 10
- Proof of Insurance 10
- Statement Disclosing Revocation or Disciplinary Actions 9
- Statement to Comply 9
- Termination of Application Process 10

Assistance With Medication 39
- Condition of the Resident 39
- Containers and Labels 39
- Disposal of Medication 40
- Documentation of Assistance 40
- Nursing Assessment 39
- Safeguarding Medications 40
- Training 39

C

Certification Requirements 8
- Accessibility to the Home 8
- Certificate Issued in the Name of Provider 8
- Certification Limitations 8
- Certification Study Required 8
- Effect of Previous Revocation or Denial of Certificate or License 9
- Number of Residents in the Home 8
- Provider Training Requirements 9

Change Of Provider Or Location 12
- Change of Location 12
- Change of Provider 12

Complaint Procedure 19
- Investigation 19
- Investigation Method 19
- Public Disclosure 19
- Statement of Deficiencies 19
- Written Report 19

Criminal History & Background Check Requirements 4
- Additional Criminal Convictions, Pending Investigations, or Charges 5
- Department Criminal History and Background Check Clearance 4
- Minor Child Turns Eighteen 5
- New Adults in the Home After Certification Is Granted 4
- Renewal of Clearance 5
- Substitute Caregiver 5
- When Certification Can Be Granted 4

D

Definitions & Abbreviations -- A Through K 5
- Abuse 5
- Activities of Daily Living 5
- Adult 5
- Alternate Caregiver 5
- Assessment 5
- Certificate 5
- Certified Family Home 5
- Certified Family Home Care Provider 5
- Certifying Agent 5
- Chemical Restraint 6
- Core Issue 6
- Criminal Offense 6
- Critical Incident 6
- Department 6
- Director 6
- Exploitation 6
- Health Care Professional 6
- Immediate Jeopardy 6
- Inadequate Care 6
- Incident 6
- Incidental Supervision 6
- Instrumental Activities of Daily Living 6

Definitions & Abbreviations -- L Through Z 6
- Level of Care 6
- Neglect 6
- Negotiated Service Agreement 6
- Personal Assistance 7
- Plan of Service 7
- PRN (Pro Re Nata) 7
- Relative 7
- Resident 7
- Substitute Caregiver 7
- Supervision 7
- Supportive Services 7
- Variance 7
- Vulnerable Adult 7
- Waiver 7

Denial Of Application For Certificate 12
- Additional Causes For Denial 12
- Notice of Denial 13

E

Emergency Powers Of The Director 48

Enforcement Process 49
- Notice of Enforcement Remedy 49
- Recommendation of Remedy 49

Enforcement Remedy Of Ban On Admissions Of Resident With Specific Diagnosis 50

Enforcement Remedy Of Ban On All Admissions 50

Enforcement Remedy Of Provisional Certification 49
- Certification or Revocation 50
- Conditions of Provisional Certification 49
- Failure to Meet Conditions of Provisional Certification 50

Enforcement Remedy Of Revocation Of Certificate 50
- Causes for Revocation of the Certificate 50
- Revocation of the Certificate 50

Enforcement Remedy Of Summary Suspension & Transfer Of Resident 50

Environmental Sanitation Standards 41
Garbage & Refuse Disposal 41
Housekeeping & Maintenance 42
Insect & Rodent Control 42
Laundry Facilities and Services 42
Nonmunicipal Sewage Disposal 41
Sewage Disposal 41
Water Supply 41
Yard 42
Exception To The Two Resident Limit
Variance To The Two Resident Limit Determination 16

F

Failure To Comply 49
Lack of Progress 49
Out of Compliance 49
Family Home Operating Without A Certificate 13
Operating Without Certificate 13
Placement or Transfer of Resident 13
Fire & Life Safety Standards 42
Emergency Preparedness 44
Fire and Life Safety Requirements 42
Fire Drills 44
General Requirements 42
Maintenance of Equipment 45
Report of Fire 45
Smoking 44

G

General Variances 15
Special Conditions 15
Variance Not Transferable 15
Variance Renewal 15
Written Request 15

H

Home Construction & Physical Home Standards 45
Accessibility for Residents with Physical & Sensory Impairments 46
General Requirements 45
Heating and Cooling 47
Lighting 47
Plumbing 47
Resident Sleeping Rooms 47
Storage Areas 47
Telephone 46
Toilet Facilities & Bathrooms 46
Ventilation 47
Walls & Floors 46
Hourly Adult Care 22
Enrollment Contract 22
Fire and Life Safety 23
Medications 23
Participants 22
Records 22
Resident's Personal Space 23
Service Logs 23
Space and Accommodations 23
Staffing 23

I

Incorporation By Reference 4
Inspections Of Homes 18
Inspection by Department or Certifying Agent 18
List of Deficiencies 19
Notice of Inspection 18
Plan of Correction 18
Statement of Deficiencies 18
Issuance Of Certificate 10
Certificate 10
Provisional Certificate 11
Temporary Certificate 11

L

Legal Authority 4

M

Manufactured Homes & Modular Buildings 48
Previously Certified 48
Use of Manufactured Homes & Modular Buildings 48
Medication Policy 38
Allergies 38
Alteration of Orders 38
Assistance with Medication 39
Evidence of Orders 38
Following Orders 38
Self-administration 39
Training 38
Medication Standards & Requirements
Administration of Medications 40
Minimum Standards Of Care 19
Daily Living Activities 20
Emergency Services 20
Medication Management 20
Plan of Service 20
Resident Rights 20
Safe Living Environment 20
Supervision 20
Supportive Services 20

N

Notice Of Resident Rights 27
Annual Review of Resident Rights 27
Documentation of Review 27
Resident Rights Notice 27
Nursing Facility Level Of Care Variance 16
Conditions for a Variance 16
Revoking a Variance 16
Variance Not Transferable 16

P

Plan Of Service 30
Changes to the Plan 31
Copy of the Plan 31
Core Elements 30
Developing the Plan 30
Periodic Review 31
Resident Choice 31
Signature & Approval 30

R

Renewal of Certificate 11
Desk Review 11
Home Inspection 11
Validity of Existing Certificate 12
Repeated Noncompliance 49
Reporting Requirements 28
Abuse, Neglect, or Exploitation 28
Additional Criminal Convictions 28
Critical Incidents 28
Discharge of a Resident 29
Notice of Investigations 28
Report of Fire 28
Reporting of Funds Managed by the Provider for a Deceased Resident 29
Serious Physical Injury or Death 28
Required Ongoing Training 14
Content of Training 14
Documentation of Training 14
Initial Provider Training 14
Type of Training 14
Resident Funds & Financial Records 35
Managing Resident Funds 36
Resident Funds Policy 35
Resident Records 34
Admission Records 34
Maintenance of Resident Records 35
Ongoing Resident Records 35
Resident Rights Policy 24

Access to Resident 25
Advance Notice 26
Basic Needs Allowance 25
Freedom From Harm 25
Grievance 26
Health Services 26
Humane Care 24
Other Rights 26
Privacy 24
Resident Funds 25
Respectful Treatment 24
Revoking A Waiver Or Variance 15
Causes for Revocation 15
Time Frame to Comply 16
Written Notice 16
Right To Sell 51
Room, Utilities & Meals 21
Bathroom 21
Bed 21
Common Areas 21
Electricity 21
Heating and Cooling 21
Housekeeping Service 21
Meals 22
Monitoring or Communication System 21
Secure Storage 21
Sewer 21
Sleeping Room 21
Supplies 21
Telephone 21
Trash 21
Water 21

S

Self-Administration Of Medication 39
Approval 39
Change in Condition 39
Evaluation 39
Safeguarding Medication 39
Short-Term Care & Supervision 37
Alternate Caregiver 37
Incidental Supervision 38
Substitute Caregiver 37
Site Requirements For Certified Family Homes 48
Accessible Road 48
Accessible to Services 48
Emergency Medical Services 48
Fire District 48
House Number 48

T

Title, Scope, & Exceptions 4
Transfer Of Resident 51
Immediate Jeopardy 51
Violation of Resident's Rights 51
Violation of Rules 51

U

Uniform Assessment Requirements 29
Provider Responsibility for Private-Pay Residents 29
Results of Assessment 30
State Responsibility for Publicly Funded Residents 29

V

Variance To The Two Resident Limit 16
Additional Training 17
Annual Home Inspection 18
Application for Variance 16
Fire Drill Frequency 18
Other Employment 17
Reassessment of Variance 17
Shared Sleeping Rooms 18
Variance Nontransferable 17
Voluntary Closure Of The Home 13
Closure Date 14
Date of Notification 13
Discharge Plans 14
Provider's Certificate 13

W

Waivers 14
Special Conditions 15
Waiver Not Transferable 15
Written Request 14

Chapter 35 – Idaho State Legislature

legislature.idaho.gov/statutesrules/idstat/Title39/T39CH35/

Idaho Statutes

TITLE 39 HEALTH AND SAFETY

CHAPTER 35 IDAHO CERTIFIED FAMILY HOMES

39-3501	LEGISLATIVE INTENT AND DECLARATION.
39-3502	DEFINITIONS.
39-3503	PAYMENT AGREEMENTS.
39-3504	PHYSICAL AND ENVIRONMENTAL STANDARDS.
39-3505	RULES.
39-3506	STATE CERTIFICATION TO SUPERSEDE LOCAL REGULATION.
39-3507	ADMISSIONS.
39-3508	ASSESSMENT.
39-3509	NEGOTIATED SERVICE AGREEMENT OR PLAN OF SERVICE.
39-3510	SEPARABILITY.
39-3511	ADVISORY COUNCIL.
39-3512	APPLICATION OF PROVISIONS.
39-3513	TRAINING.
39-3516	RESIDENT RIGHTS.

39-3519	ACCESS BY ADVOCATES AND REPRESENTATIVES.
39-3520	APPLICATION FOR CERTIFICATION.
39-3521	ISSUANCE AND RENEWAL OF CERTIFICATION.
39-3522	PROVISIONAL CERTIFICATION.
39-3523	DENIAL OR REVOCATION OF A CERTIFICATE.
39-3524	PROCEDURE FOR DENIAL OR REVOCATION OF A CERTIFICATE.
39-3525	EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A CERTIFICATE.
39-3526	RULES PROVIDED.
39-3527	RESPONSIBILITY FOR INSPECTIONS AND TECHNICAL ASSISTANCE.
39-3528	OPERATING WITHOUT CERTIFICATION — MISDEMEANOR.
39-3554	WAIVER OR VARIANCE.
39-3556	COMPLAINTS.

TITLE 39
HEALTH AND SAFETY

CHAPTER 35
IDAHO CERTIFIED FAMILY HOMES

39-3501. LEGISLATIVE INTENT AND DECLARATION. The purpose of a certified family home in Idaho is to provide a homelike alternative designed to allow individuals to remain in a more normal family-styled living environment, usually within their own community. Certified family homes provide a home to individuals who are elderly, individuals with a mental illness, developmental disabilities, physical disabilities or to those unable to live alone, and whose mental, emotional and physical condition can be met by the care provider to delay the need for more expensive congregate care or other institutional care. The home must obtain a waiver under section 39-1301A, Idaho Code, to care for two (2) persons requiring care described in section 39-1301(b), Idaho Code.

It is the intent of the legislature that certified family homes be available to meet the needs of those residing in these homes while providing a more homelike environment focused on integrated community living rather than other more restrictive environments and by recognizing the capabilities of individuals to direct their own care.

The certified family home shall be operated by a provider who has demonstrated the knowledge and experience required to provide safe and appropriate services to each resident of the certified family home. The provider shall protect each resident's rights and provide appropriate services to meet each resident's needs. For those residents whose care is not paid with public funds, the certified family home shall conduct an objective, individualized assessment to determine resident needs, develop a comprehensive negotiated plan of service to meet those needs, deliver appropriate services to meet resident needs and ensure resident rights are honored.

The department is responsible for monitoring and enforcing the provisions of this chapter. This responsibility includes, but is not limited to: monitoring the condition of the certified family home, ensuring that each resident has an individualized written plan of care that includes activities of daily living and support services, and managing enforcement procedures when violations occur.

[39-3501, added 2005, ch. 280, sec. 34, p. 899.]

39-3502. DEFINITIONS. As used in this chapter:

(1) "Abuse" means a nonaccidental act of sexual, physical or mental mistreatment or injury of a resident through the action or inaction of another individual.

(2) "Activities of daily living" means the performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment.

(3) "Adult" means a person who has attained the age of eighteen (18) years.

(4) "Advocate" means an authorized or designated representative of a program or organization operating under federal or state mandate to represent the interests of a population group served by the certified family home.

(5) "Assessment" means the conclusion reached using uniform criteria which identifies resident strengths, weaknesses, risks and needs, to include functional, medical and behavioral. The assessment criteria shall be developed by the department and the advisory council.

(6) "Board" means the board of health and welfare.

(7) "Care provider" means the adult member of the home family responsible for maintaining the certified family home. The care provider and the legal owner may not necessarily be the same person. The care provider must live in the home.

(8) "Certified family home" means a family-styled living environment in which two (2) or fewer adults live who are not able to reside in their own home and who require care, help in daily living, protection and security, supervision, personal assistance and encouragement toward independence.

(9) "Certifying agent" means a person acting under the authority of the department to participate in the certification, inspection and regulation of a family home.

(10) "Chemical restraint" means any drug that is used for discipline or convenience and not required to treat medical symptoms.

(11) "Client" means any person who receives financial aid and/or services from an organized program of the department.

(12) "Core issues" means abuse, neglect, exploitation, inadequate care, inoperable fire detection or extinguishing systems with no fire watch in place pending the correction of the system, and situations in which advocates, representatives and department certification staff are denied access to records, residents or the certified family home.

(13) "Department" means the Idaho department of health and welfare.

(14) "Director" means the director of the Idaho department of health and welfare.

(15) "Exploitation" means the misuse of a vulnerable adult's funds, property or resources by another person for profit or advantage.

(16) "Governmental unit" means the state, any county, any city, other political subdivision, or any department, division, board or other agency thereof.

(17) "Home family" means all individuals related by blood, marriage or adoption, other than residents residing in the certified family home.

(18) "Inadequate care" occurs when a certified family home fails to provide the services required to meet the terms of the negotiated plan of service or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services or a safe living environment; or engages in violations of residents' rights or takes residents who have been admitted in violation of the provisions of section 39-3507, Idaho Code.

(19) "Medical foster home" means a private home approved by the department of veterans affairs in which a caregiver provides long-term primary health care to veteran residents with serious chronic disease and disability, as described in 38 CFR part 17.

(20) "Neglect" means failure to provide food, clothing, shelter, or medical care necessary to sustain life and health of a resident.

(21) "Negotiated service agreement" means the agreement reached by the resident or their representative, if applicable, and the facility, based on the assessment, physician's orders if any, admission records if any, and desires of the resident and which outlines services to be provided and the obligations of the certified family home and the resident.

(22) "Personal assistance" means the provision by the certified family home of one (1) or more of the following services:

(a) Assisting the resident with activities of daily living.

(b) Arranging for supportive services.

(c) Being aware of the resident's general whereabouts.

(d) Monitoring the activities of the resident while on the premises of the facility to ensure the resident's health, safety and well-being.

(23) "Political subdivision" means a city or county.

(24) "Representative of the department" means an employee of the department.

(25) "Resident" means an adult who lives in a certified family home and who requires personal assistance or supervision.

(26) "Room and board" means lodging and meals.

(27) "Substantial compliance" means a certified family home has no core issue deficiencies.

(28) "Substitute caregiver" means an adult designated by the certified family home provider to provide care and services in a certified family home in the temporary absence of the regular care provider.

(29) "Supervision" means administrative activity which provides the following: protection, guidance, knowledge of the resident's whereabouts and monitoring activities. The care provider is responsible for providing appropriate supervision based on each resident's negotiated service agreement.

(30) "Supportive services" means the specific services that are provided to the resident in the community and that are required by the negotiated service agreement or reasonably requested by the resident.

[39-3502, added 1993, ch. 374, sec. 1, p. 1355; am. 1994, ch. 284, sec. 2, p. 890; am. 1996, ch. 207, sec. 25, p. 645; am. 2000, ch. 274, sec. 65, p. 833; am. 2005, ch. 280, sec. 35, p. 900; am. 2007, ch. 90, sec. 20, p. 257; am. 2015, ch. 47, sec. 1, p. 99.]

39-3503. PAYMENT AGREEMENTS. Each care provider shall negotiate a written, signed and dated agreement between the care provider and a resident specifying the amount of monthly payment to be paid by the resident and the method for payment.

[(39-3503) 39-3575, added 1994, ch. 284, sec. 1, p. 890; am. 2000, ch. 274, sec. 113, p. 854; am. and redesig. 2005, ch. 280, sec. 53, p. 911.]

39-3504. PHYSICAL AND ENVIRONMENTAL STANDARDS. Standards shall be developed through the regulatory process by the department to assure a safe, sanitary and comfortable environment for residents of certified family homes.

[(39-3504) 39-3578, added 1994, ch. 284, sec. 1, p. 890; am. 2000, ch. 274, sec. 116, p. 854; am. and redesig. 2005, ch. 280, sec. 55, p. 911.]

39-3505. RULES. The board shall have the power and it shall be its duty to promulgate appropriate rules necessary to implement and enforce the standards for certified family homes pursuant to this act including, but not limited to, the following:

(1) A home shall be certified for no more than two (2) adults, however, upon an application by the owner and upon a finding by the department that residents can be cared for safely and appropriately based on the residents' specific needs, the department may authorize not more than four (4) adults

to be placed in a certified family home which is owner-occupied and which applies to the department for the authorization. Certification as a four (4) resident certified family home shall not be transferable to another person or entity. Four (4) resident certified family homes shall be subject to all statutes and rules governing certified family homes but shall not be subject to the residential care facility administrator licensing requirements of chapter 42, title 54, Idaho Code, or section 39-3340, Idaho Code, licensing of residential care or assisted living facilities for individuals with mental illness, developmental disabilities or physical disabilities. This provision implementing four (4) resident certified family homes shall be effective on July 1, 2001. The department shall promulgate rules for four (4) resident certified family homes through the negotiated rulemaking process. Nothing in this subsection shall be construed to authorize increased group size for providers of any form of care other than certified family homes.

(2) A care provider is the adult who has applied to be the care provider and who is responsible for client care and following the laws and rules of the certified family home program.

(3) A home cannot be approved as certified for family home care if it also provides room and board for other persons. A waiver may be granted by the department where a married couple wishes to live together in the same certified family home and one (1) member of the couple does not require certified family home care.

(4) A home cannot be approved as a certified family home and for child foster care at the same time, unless a waiver is granted by the department.

(5) The care provider must have sufficient resources to maintain the home and the services offered.

(6) Information obtained by the care provider shall be held confidential except to representatives of the department to provide services or determine compliance with this chapter or upon consent of the individual or his legal guardian.

(7) Recordkeeping and reporting requirements as may be deemed necessary.

(8) Requirements to assure the safety and adequate care of residents to include the recording of incidents and accidents.

(9) Management of medications.

(10) Inspections. The certifying agency may inspect and investigate certified family homes as necessary to determine compliance with this chapter and the department's rules.

(11) Revocation of certification or other enforcement actions.

[(39-3505) 39-3561, added 1994, ch. 284, sec. 1, p. 887; am. 2000, ch. 274, sec. 101, p. 851; am. 2003, ch. 201, sec. 3, p. 531; am. and redesig. 2005, ch. 280, sec. 43, p. 908.]

39-3506. STATE CERTIFICATION TO SUPERSEDE LOCAL REGULATION. The provisions of this chapter, and the rules promulgated pursuant to this chapter, shall supersede any program of any political subdivision of the state which licenses or sets standards for certified family homes.

[39-3506, added 1993, ch. 374, sec. 1, p. 1357; am. 2000, ch. 274, sec. 68, p. 837; am. 2005, ch. 280, sec. 36, p. 902.]

39-3507. ADMISSIONS. A certified family home shall not admit or retain any resident requiring a level of services or type of service which the certified family home does not have the time or appropriate skills to provide.

[39-3507, added 1993, ch. 374, sec. 1, p. 1358; am. 1996, ch. 207, sec. 28, p. 648; am. 2000, ch. 274, sec. 69, p. 837; am. 2005, ch. 280, sec. 37, p. 902.]

39-3508. ASSESSMENT. The department shall employ uniform assessment criteria to assess functional and cognitive disability. The conclusions shall be deemed the assessment and shall be used to provide appropriate placement and funding for service needs.

[39-3508, added 1996, ch. 207, sec. 30, p. 649; am. 2005, ch. 280, sec. 38, p. 903.]

39-3509. NEGOTIATED SERVICE AGREEMENT OR PLAN OF SERVICE. Each resident shall be provided a negotiated service agreement or plan of service to provide for coordination of services and for guidance of the care provider where the person resides. Upon completion, the agreement shall clearly identify the resident and describe the services to be provided to the resident and how such services are to be delivered.

[39-3509, added 1996, ch. 207, sec. 32, p. 649; am. 2005, ch. 280, sec. 39, p. 903.]

39-3510. SEPARABILITY. If any section, subsection, paragraph, sentence, or any other part of this chapter is adjudged unconstitutional or invalid, such judgment shall not affect, impair, or invalidate the remainder of this chapter, but shall be confined to this section, subsection, paragraph, sentence, or any other part of this chapter directly involved in the controversy in which the judgment has been rendered.

[(39-3510) 39-3579, added 1994, ch. 284, sec. 1, p. 890; am. and redesig. 2005, ch. 280, sec. 56, p. 911.]

39-3511. ADVISORY COUNCIL. The department shall establish a state level advisory council consisting of twenty (20) members appointed by the organizations and/or agencies represented on the council. The chairman of the council shall be elected from the membership. The members of the council shall be determined by the bylaws of the council.

[39-3511, added 2005, ch. 280, sec. 40, p. 904; am. 2011, ch. 123, sec. 4, p. 347.]

39-3512. APPLICATION OF PROVISIONS. (1) Any individual providing care and housing commercially to the elderly, or individuals with mental illness, developmental disabilities, or physical disabilities shall at a minimum, meet the requirements of this chapter or other provision of law governing care and housing for the elderly, individuals with mental illness, developmental disabilities or physical disabilities if those provisions are more restrictive.

(2) Medical foster homes are exempt from the certification requirements under this chapter if the home provides care only to veterans who are not medicaid recipients and who are approved by the department of veterans affairs to receive care in the home.

(3) Homes that provide care to nonveterans as well as veterans shall not be exempt from the certification requirements of this chapter.

[(39-3512) 39-3580, added 1996, ch. 207, sec. 49, p. 658; am. 2000, ch. 274, sec. 117, p. 855; am. and redesig. 2005, ch. 280, sec. 57, p. 912; am. 2015, ch. 47, sec. 2, p. 101.]

39-3513. TRAINING. The department shall assure that care providers receive, at a minimum, training which shall include the rights of the resident, and a basic understanding of the psychosocial and physical needs of residents to be served. The department will require annual continuing education requirements for care providers as defined by rules promulgated pursuant to this chapter.

[(39-3513) 39-3577, added 1994, ch. 284, sec. 1, p. 890; am. 2000, ch. 274, sec. 115, p. 854; am. and redesig. 2005, ch. 280, sec. 54, p. 911.]

39-3516. RESIDENT RIGHTS. A certified family home must protect and promote the rights of each resident, including each of the following rights:

(1) Resident records. Each certified family home must maintain and keep current a record of the following information on each resident:

(a) A copy of the resident's current negotiated plan of service and physician's history and physical that includes current medications and special treatments.

(b) Written acknowledgement that the resident has received copies of the rights.

(c) A record of all personal property and funds which the resident has entrusted to the certified family home, including copies of receipts for the property.

(d) Information about any specific health problems of the resident which may be useful in a medical emergency.

(e) The name, address and telephone number of an individual identified by the resident who should be contacted in the event of an emergency or death of the resident.

(f) Any other health-related, emergency or pertinent information which the resident requests the certified family home to keep on record.

(g) The current admission agreement between the resident and the certified family home.

(2) Privacy. Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits, and meetings of family and resident groups.

(3) Humane care and environment (dignity and respect).

(a) Each resident shall have the right to humane care and a humane environment, including the following:

(i) The right to a diet which is consistent with any religious or health-related restrictions.

(ii) The right to refuse a restricted diet.

(iii) The right to a safe and sanitary living environment.

(b) Each resident shall have the right to be treated with dignity and respect, including:

(i) The right to be treated in a courteous manner by staff.

(ii) The right to receive a response from the certified family home to any request of the resident within a reasonable time.

(4) Personal possessions. Each resident shall have the right to:

(a) Wear his own clothing.

(b) Determine his own dress or hair style.

(c) Retain and use his own personal property in his own living area so as to maintain individuality and personal dignity.

(d) Be provided a separate storage area in his own living area and at least one (1) lockable cabinet or drawer for keeping personal property if requested by the resident.

(5) Personal funds. Residents whose board and care is paid for by public assistance shall retain, for their personal use, the difference between their total income and the applicable board and care allowance established by department rules.

(a) A certified family home shall not require a resident to deposit his personal funds with the certified family home.

(b) Once the certified family home accepts the written authorization of the resident, the certified family home must hold, safeguard and account for such personal funds under a system established and maintained by the certified family home in accordance with this subparagraph.

(6) Management of personal funds. Upon a certified family home's acceptance of written authorization of a resident, the certified family home must manage and account for the personal funds of the resident deposited with the certified family home. Upon the death of a resident with such an account, the certified family home must promptly convey the resident's personal funds, and a final accounting of such funds, to the individual administering the resident's estate. For clients of the department, the remaining balance of funds shall be refunded to the department.

(7) Access and visitation rights. Each certified family home must permit:

(a) Immediate access to any resident by any representative of the department, by the state ombudsman for the elderly or his designee, or by the resident's individual physician.

(b) Immediate access to a resident, subject to the resident's right to deny or withdraw consent at any time, by immediate family or other relatives.

(c) Immediate access to a resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident.

(d) Reasonable access to a resident by any entity or individual that provides health, social, legal or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.

(e) Access by protection and advocacy system. The certified family home shall permit advocates and representatives of the protection and advocacy system designated by the governor pursuant to 42 U.S.C. 15043 and 42 U.S.C. 10801 et seq. access to residents, certified family homes and records in accordance with applicable federal law and regulations.

(8) Employment. Each resident shall have the right to refuse to perform services for the certified family home except as contracted for by the resident and the care provider of the home. If the resident is hired by the certified family home to perform services as an employee of the home, the wage paid to the resident shall be consistent with state and federal law.

(9) Confidentiality. Each resident shall have the right to confidentiality of personal and clinical records.

(10) Freedom from abuse, neglect and restraints. Each resident shall have the right to be free from physical, mental or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints.

(11) Freedom of religion. Each resident shall have the right to practice the religion of his choice or to abstain from religious practice. Residents shall also be free from the imposition of the religious practices of others.

(12) Control and receipt of health-related services. Each resident shall have the right to control his receipt of health-related services, including:

(a) The right to retain the services of his own personal physician, dentist and other health care professionals.

(b) The right to select the pharmacy or pharmacist of his choice.

(c) The right to confidentiality and privacy concerning his medical or dental condition and treatment.

(13) Grievances. Each resident shall have the right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the certified family home to resolve grievances the resident may have, including those with respect to the behavior of other residents.

(14) Participation in other activities. Each resident shall have the right to participate in social, religious and community activities that do not interfere with the rights of other residents in the certified family home.

(15) Examination of home inspection reports. Each resident shall have the right to examine, upon reasonable request, the results of the most recent home inspection of the certified family home conducted by the department with respect to the certified family home and any plan of correction in effect with respect to the certified family home.

[39-3516, added 1993, ch. 374, sec. 1, p. 1360; am. 1996, ch. 207, sec. 38, p. 651; am. 2000, ch. 274, sec. 74, p. 838; am. 2005, ch. 280, sec. 41, p. 904.]

39-3519. ACCESS BY ADVOCATES AND REPRESENTATIVES. A certified family home shall permit advocates and representatives of community legal services programs, including the protection and advocacy system pursuant to 42 U.S.C. 15043 and 42 U.S.C. 10801 et seq., whose purposes include rendering assistance without charge to residents, to have access to the certified family home at reasonable times.

[39-3519, added 1993, ch. 374, sec. 1, p. 1363; am. 2000, ch. 274, sec. 76, p. 841; am. 2005, ch. 280, sec. 42, p. 907.]

39-3520. APPLICATION FOR CERTIFICATION. An application for certification shall be made to regional offices of the department upon forms provided by the department and shall contain such information as the department reasonably requires which will include a background check and fingerprinting through the department. Following receipt of an application, the department shall conduct a study, including a visit to the home, to determine the capability of the provider to provide care as a certified family home.

[(39-3520) 39-3562, added 1994, ch. 284, sec. 1, p. 888; am. 2000, ch. 274, sec. 102, p. 852; am. 2000, ch. 469, sec. 97, p. 1549; am. and redesig. 2005, ch. 280, sec. 44, p. 909.]

39-3521. ISSUANCE AND RENEWAL OF CERTIFICATION. Each certificate shall be issued only for the home and provider named in the application and shall not be transferable or assignable. Each certified family home is required to renew its certification annually. The application for renewal shall be filed with the regional office of the department within thirty (30) days prior to the date of expiration. The existing certificate, unless suspended

or revoked, shall remain in force and effect until the department has acted upon the application renewal when such application for renewal is timely filed.

[(39-3521) 39-3563, added 1994, ch. 284, sec. 1, p. 888; am. 2000, ch. 274, sec. 103, p. 852; am. and redesig. 2005, ch. 280, sec. 45, p. 909.]

39-3522. PROVISIONAL CERTIFICATION. Upon initial investigation, should an applicant for a certificate be unable to meet a standard because of conditions that are unlikely to endure beyond six (6) months, the department may grant a provisional certificate pending the satisfactory correction of all deficiencies and provided that the deficiencies do not jeopardize the health and safety of residents. No more than one (1) provisional certificate shall be issued to the same certified family home in any twelve (12) month period.

[(39-3522) 39-3564, added 1994, ch. 284, sec. 1, p. 888; am. 2000, ch. 274, sec. 104, p. 852; am. and redesig. 2005, ch. 280, sec. 46, p. 910.]

39-3523. DENIAL OR REVOCATION OF A CERTIFICATE. The department may deny the issuance of a certificate or revoke any certificate when persuaded by a preponderance of evidence that such conditions exist as to endanger the health or safety of any resident, or when the home is not in substantial compliance with the provisions of this chapter or rules promulgated pursuant to this chapter.

[(39-3523) 39-3565, added 1994, ch. 284, sec. 1, p. 889; am. and redesig. 2005, ch. 280, sec. 47, p. 910.]

39-3524. PROCEDURE FOR DENIAL OR REVOCATION OF A CERTIFICATE. Immediately upon the denial of any application for a certificate, or the revocation of a certificate, the department shall notify the applicant in writing. The proceedings shall be conducted in accordance with the Idaho administrative procedure act and the department's rules.

[(39-3524) 39-3566, added 1994, ch. 284, sec. 1, p. 889; am. and redesig. 2005, ch. 280, sec. 48, p. 910.]

39-3525. EFFECT OF PREVIOUS REVOCATION OR DENIAL OF A CERTIFICATE. The department is not required to review the application of an applicant who has had a certificate denied or revoked until five (5) years have elapsed from the date of certificate denial, revocation, or appeals.

[(39-3525) 39-3567, added 1994, ch. 284, sec. 1, p. 889; am. and redesig. 2005, ch. 280, sec. 49, p. 910.]

39-3526. RULES PROVIDED. Upon initial certification, certified family homes shall be provided a printed copy of all applicable statutes and rules by the department, without charge.

[(39-3526) 39-3568, added 1994, ch. 284, sec. 1, p. 889; am. 2000, ch. 274, sec. 105, p. 853; am. and redesig. 2005, ch. 280, sec. 50, p. 910.]

39-3527. RESPONSIBILITY FOR INSPECTIONS AND TECHNICAL ASSISTANCE. The certifying agency shall inspect and provide technical assistance to certified family homes. The department may provide consulting services upon request to any certified family home to assist in the identification and correction of deficiencies and in the upgrading of the quality of care provided by the certified family home.

[39-3527, added 2005, ch. 280, sec. 51, p. 911.]

39-3528. OPERATING WITHOUT CERTIFICATION -- MISDEMEANOR. Any person who operates a certified family home within the state without first obtaining certification as provided in this chapter shall be guilty of a misdemeanor.

[(39-3528) 39-3571, added 1994, ch. 284, sec. 1, p. 889; am. 2000, ch. 274, sec. 108, p. 853; am. and redesig. 2005, ch. 280, sec. 52, p. 911.]

39-3554. WAIVER OR VARIANCE. The board shall provide, by rule, a procedure whereby a temporary variance or a permanent waiver of a specific standard may be granted in the event that good cause is shown for such a variance or waiver and providing that a variance or waiver of a standard does not endanger the health and safety of any resident. The decision to grant a variance or waiver shall not be considered as precedent or be given any force of effect in any other proceeding.

[39-3554, added 1993, ch. 374, sec. 1, p. 1370.]

39-3556. COMPLAINTS. (1) A person who believes that any provision of this chapter has been violated may file a complaint with the certifying agency. Any such complaint shall be subject to the exemption from disclosure set forth in section 74-105(16), Idaho Code.

(2) The certifying agency shall investigate, or cause to be investigated, any complaint alleging a violation of this chapter or applicable rules. If the certifying agency reasonably believes there has been such a violation, it shall conduct an inspection of the facility.

[39-3556, added 2006, ch. 282, sec. 2, p. 869; am. 2015, ch. 141, sec. 90, p. 445.]

This page intentionally left blank