

SECTION 2:
HOME POLICIES AND PROCEDURES

POLICIES AND PROCEDURES

ADMISSIONS, TRANSFERS AND DISCHARGES

Topic: New Admission

Rule(s): IDAPA 16.03.19.260.01-03

Policy: Only residents for whom my staff and I have appropriate skills and adequate time to meet their level or types of services shall be admitted.

Procedure:

1. Prior to admitting the resident, submit to the regional certifying agent the completed Request for New Admission form that includes the following information:
 - Name, gender, and date of birth of the prospective resident
 - Anticipated date of admission
 - A copy of the prospective resident's recent history and physical exam reflecting the current health status and current medication list
 - Contact information for the resident's health care professionals
 - Contact information for the prospective resident's representative, if applicable
 - 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
 - Other information requested by the Department relevant to the appropriateness of the admission and the certified family home's ability to provide adequate care
2. Wait to admit the prospective resident until approval from the Department is granted. The certifying agent will give verbal or written notification whether the Department approved the proposed admission.
3. A prospective resident may be admitted to my certified family home on an emergency basis only under the following conditions:
 - I reasonably believe the certified family home has the ability to provide adequate care to the prospective resident
 - The request for an emergency placement in the certified family home occurs after the Department's normal business hours and I am unable to contact the Department for prior approval
 - I notify the resident or resident's representative that the admission is conditional upon Department approval
 - I notify the regional certifying agent of the emergency admission on the next business day
 - I submit the completed Request for New Admission form to the certifying agent within two (2) business days of the emergency admission

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

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Topic: Emergency Temporary Placement

Rule(s): IDAPA 16.03.19.260.06

Policy: The resident's admission agreement (excluding the provision of care and meals) with my certified family home is honored and continued until the admission agreement is properly terminated, even when the resident is placed in an alternate care setting on an emergency basis.

Procedure:

1. An emergency temporary placement of the resident to an alternate care setting that can meet the resident's needs is only made when any of the following occur:
 - My staff and I lack the skills to adequately care for the resident due to a deterioration of the resident's mental or physical condition
 - The home can no longer reasonably accommodate the resident due to a deterioration of the resident's mental or physical condition
 - An emergency condition exists that endangers the resident, other residents, myself, or other members of my household
2. While the resident is in an emergency temporary placement, I continue to honor the resident's admission agreement, including holding the resident's room for a possible return to my certified family home. During the emergency temporary placement, I am not obligated to offer care or meals to the resident.
3. I may continue to charge the resident for room and board during an emergency temporary placement.
4. I do not charge or submit claims for the resident's care during an emergency temporary placement.
5. Nothing will prevent either me or the resident (or resident's representative) from giving written notice to terminate the admission agreement as established in the admission agreement at any time or for any reason.
6. Until the admission agreement is properly terminated, I allow the resident to return to my certified family home from an emergency temporary placement if, and only if, the resident's condition has improved such that my certified family home may resume meeting the resident's needs, or the dangerous condition has been resolved.

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Topic: Termination of the Admission Agreement

Rule(s): IDAPA 16.03.19.260.05, 16.03.19.270.03

Policy: Admission agreements remain in effect until the timeframe established in the agreement

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has elapsed from when the resident (or the resident's representative, if applicable) or I have provided the other party with advance written notice.

Procedure:

1. Give or collect a written notice to terminate the admission agreement.
 - The notice is dated
 - The notice includes the specific date upon which the admission agreement will be terminated
 - The notice is provided in advance of terminating the admission agreement according to the timeframes established in the admission agreement
2. File a copy of the written notice terminating the admission agreement with the resident's records and retain these records for five (5) years from the date the admission agreement is terminated.
3. Continue to offer goods and services to the resident as established in the admission agreement until termination of the admission agreement goes into effect, including throughout the appeal process, if applicable.

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Topic: Discharge

Rule(s): IDAPA 16.03.19.260.07-08

Policy: Resident's possessions are returned in a timely manner upon discharge from my certified family home. I report the discharge to the regional certifying agent. I do not prevent the resident from discharging from my certified family home prior to termination of the admission agreement when the resident or resident's authorized representative has made the decision to leave my home.

- I may hold the resident liable for room and board charges through the last day of the notice period as established in the admission agreement, or upon the resident moving from my home, whichever is later
- If the resident fails to compensate me for payable room and board charges, I may pursue the matter in small claims court
- I do not use possession of the resident's belongings as leverage for collecting room and board payments

Procedure:

1. Immediately upon discharge of the resident from my certified family home, return to the resident (or resident's representative, if applicable):
 - All personal funds belonging to the resident
 - Any medication, supplement or treatment belonging to the resident
2. Immediately upon discharge of the resident from my certified family home, follow the policy and procedure for Reporting: Discharge of a Resident.

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3. Within three (3) business days of the resident's discharge from my certified family home, return to the resident (or resident's representative, if applicable):
 - A final accounting of the resident's funds if my relative, another member of my household, or I was managing those funds
 - All the resident's belongings remaining in my certified family home as indicated on the resident's belongings inventory
 - Any other items belonging solely to the resident, including personal documents

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CHANGE OF LOCATION

Rule(s): IDAPA 16.03.19.110.02

Policy: Prior to moving in, a temporary CFH certificate is obtained from the Department for a move to a new residence when relocating from one home to another in Idaho.

Procedure:

1. At least thirty (30) days before moving, notify the regional certifying agent of the intent to move to a new residence in Idaho.
2. Provide the certifying agent with the following:
 - Application Part A, which has been completed with the new location address
 - An electrical inspection for the new location indicating that all wiring in the home complies with applicable local code
 - A report of the inspection for any fuel-fired heating system (e.g., gas furnace or fireplace, wood-burning stove, etc.) at the new location that indicates the device is approved for use
 - Any 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. Confirm that the certifying agent has received all documents and request a temporary certificate.
4. Obtain a temporary CFH certificate from the Department.
 - I recognize that the Department can only issue a temporary certificate effective for up to 60 days, and that a full certificate cannot be issued until I have requested and passed an on-site inspection of the new location
5. Move into the new residence and work towards making it and my certified family home operation at the new location compliant with IDAPA 16.03.19.
6. When I feel that I have achieved compliance with IDAPA 16.03.19, contact the certifying agent to schedule an inspection of the new location.

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- I recognize that to avoid a lapse in my certification, the inspection and issuance of a full certificate must be completed before the temporary certificate expires
 - I recognize I need to work with the availability of the certifying agent
7. Provide a completed copy of Application Part B for the new residence to the certifying agent at the on-site inspection.

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EMERGENCY PREPAREDNESS

Topic: Escape from Home Fire

Rule(s): IDAPA 16.03.19.600.04.a, 16.03.19.600.05.a-c

Policy: Be prepared to assist in evacuating all members of my household from my certified family home in the event of a fire.

Procedure:

1. Develop a written evacuation plan for my home, consisting of the following:
 - A drawing of the floor plan for each level of my home
 - At least two (2) routes of escape from each room are indicated on the drawing
 - The location of the designated meeting area where all members of the household will gather upon exiting the home is included in the plan
 - The plan identifies the person responsible for taking a head-count and relaying information to the fire department
2. Document reviews of this evacuation plan with residents (or their representatives) on the Emergency Preparedness Log as follows:
 - Immediately upon the admission of a new resident
 - At least every six (6) months thereafter
3. Conduct and document fire drills on a regular basis as follows:
 - If I care for between zero (0) and two (2) residents, conduct fire drills at least every three (3) months
 - If I care for three (3) or four (4) residents, or offer hourly adult care services in my home, conduct fire drills on a monthly basis
 - If a resident is medically unable to participate in a fire drill, develop an effective plan to evacuate the resident in the event of a fire, and document that I discuss this plan with the resident at the time of each drill
 - Maintain documentation of each fire drill either by keeping video recordings or completing the Fire Drill Summary form
4. Immediately after each fire drill, evaluate the drill.

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- If evacuation takes longer than three (3) minutes, identify problems that were encountered, make a plan to resolve these problems, review this plan with the members of my household, and run the fire drill again
- Check to see if doors were closed upon exiting rooms in the route of evacuation
- Observe whether individuals gathered at the designated meeting area upon exiting the home
- See whether an accurate head-count was taken at the designated meeting area

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Topic: Shelter in Place

Rule(s): IDAPA 16.03.19.600.04.b

Policy: Be prepared to meet the needs of the members of my household should we be confined to my certified family home for at least 72 hours.

Procedure:

1. Ensure there is always an adequate food supply in my home by:

- _____

2. Ensure there is always an adequate water supply in my home by:

- _____

3. Ensure there is always an adequate medication supply in my home by:

- _____

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4. Document a review of this plan to shelter in place with residents (or their representatives) on the Emergency Preparedness Log as follows:
 - Immediately upon the admission of a new resident
 - At least every six (6) months thereafter

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Topic: Evacuation Orders

Rule(s): IDAPA 16.03.19.600.04.c

Policy: Be prepared to quickly evacuate all members of my household in the event of an evacuation order affecting my certified family home.

Procedure:

1. Confirm that the following alternative living environments (one within my local community and one outside my local community) are willing to shelter my household in the event of an emergency:
 - _____

2. The following essential supplies are kept in a state of readiness for quick evacuation:
 - _____

3. Ensure that each resident's emergency contact numbers are available to me should we evacuate my certified family home by doing the following:
 - _____

4. In the event evacuation orders are issued, take the residents and emergency supplies to the appropriate pre-arranged shelter or safe location identified in this procedure.

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5. Notify the residents' emergency contacts of our location.
6. Document a review of this plan to follow evacuation orders with residents (or their representatives) on the Emergency Preparedness Log as follows:
 - Immediately upon the admission of a new resident
 - At least every six (6) months thereafter

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Topic: Provider Incapacitation

Rule(s): IDAPA 16.03.19.600.04.d

Policy: A plan will be in place to ensure the residents' needs are met should I become incapacitated or unable to provide services.

Procedure:

1. When it is known ahead of time that I will be unable to provide services, ensure that arrangements have been made for either:
 - A qualified substitute caregiver (i.e. an adult with current certification in first aid and CPR and who has completed a Department-approved medications course and cleared a Department criminal history and background check) to deliver services in my certified family home for up to thirty (30) consecutive days
 - or -
 - Another certified family home to provide alternate care to my resident(s) in their home, with the approval of the Department for temporary placement of the resident(s)
2. When utilizing substitute or alternate caregivers, provide training to them by completing the Alternate/Substitute Caregiver Training form and maintain the forms with the resident's records.
3. To prepare for situations when it is not known ahead of time that I will be unable to provide services, do the following:
 - _____

 - Keep and maintain the records described in IDAPA 16.03.19.270; these records are kept at the following location in my home:

 - My personal emergency contacts are as follows:

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4. Document a review of the plan addressing my incapacitation or inability to provide services with residents (or their representatives) on the Emergency Preparedness Log as follows:
 - Immediately upon the admission of a new resident
 - At least every six (6) months thereafter

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INSPECTIONS AND INVESTIGATIONS

Topic: Inspections

Rule(s): IDAPA 16.03.19.150

Policy: Be prepared for an inspection by the Department with or without prior notice.

Procedure:

1. Maintain the home and records in a state of readiness for inspection by doing the following:
 - Accommodate the certifying agent's schedule if at all possible
 - Continually update records to reflect accurate information as changes occur
 - Maintain the physical premises of the home, both inside and out, to a reasonable standard of cleanliness and organization
2. During an inspection, immediately make available to the certifying agent the following:
 - All home and resident records, including financial records
 - The entire physical premises of the home and yard
 - The residents—who must be interviewed by the certifying agent privately unless the resident specifies otherwise

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Topic: Investigations

Rule(s): IDAPA 16.03.19.160

Policy: Cooperate with the Department when an investigation into my certified family home is conducted.

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Procedure:

1. Follow my policy and procedure for inspections when being investigated by the Department.
2. Upon request from the certifying agent, provide copies of records or make the documents available for the Department to copy.
3. If the investigation is announced, ensure that schedules are arranged to make available to the certifying agent anyone who may have information to aid in the investigation without causing a medical or behavioral concern.
4. Do not obstruct the Department's investigative process.
 - Be truthful and forthright with certifying agents
5. Do not retaliate against the following people due to an investigation into my certified family home:
 - The residents involved in the allegations, their representatives, or their families
 - The person suspected of lodging the complaint
 - The certifying agent conducting the investigation
 - Anyone suspected of supplying the certifying agent with information
 - Anyone else connected with the investigation

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Topic: Correcting Non-compliance

Rule(s): IDAPA 16.03.19.150.04, 16.03.19.902

Policy: Non-compliance with IDAPA 16.03.19 identified by the certifying agent is corrected as soon as possible and not longer than thirty (30) days from the date the Department issued its findings.

Procedure:

1. When the certifying agent, either verbally or in writing, provides technical assistance, act on the recommendations to comply with IDAPA 16.03.19 and maintain compliance with the identified regulation on an ongoing basis.
2. When the Department issues my certified family home a Statement of Deficiencies, develop and submit to the certifying agent, within 14 calendar days of the date on the notice, a Plan of Correction for approval. Acceptable Plans of Correction include the following:
 - How each deficiency was or will be corrected
 - What steps will be taken to prevent each deficiency from reoccurring
 - The date on which each deficiency was or will be corrected
 - My signature

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3. Be prepared to demonstrate to the certifying agent how technical assistance was implemented or how my Department-approved Plan of Correction was implemented within the timeframe given in the Plan of Correction.

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MEDICATIONS

Topic: Training

Rule(s): IDAPA 16.03.19.400.05

Policy: Each adult assisting residents with medications is properly trained prior to offering assistance.

Procedure:

1. Prior to allowing an adult to assist residents with medications, do the following:
 - Obtain and keep on file with my records proof that the adult has successfully completed the "Assistance with Medications" course or other Department-approved medications training.
 - Review each resident's medication orders with the adult offering assistance
 - Review each resident's known allergies with the adult offering assistance and the precautions to be taken to prevent ingesting such allergens
 - Provide written instructions to the adult offering assistance outlining who to contact if any of the following occur:
 - A missed or refused dose
 - Overdose
 - Side effects are observed
 - Adverse reactions are observed
2. When changes to the resident's medications or known allergies occur, inform all adults assisting the resident with medications of these changes.

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Topic: Following Orders

Rule(s): IDAPA 16.03.19.400.01-02

Policy: Assistance with resident medications is only as directed by the resident's health care professionals.

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Procedure:

1. Keep evidence of each of the resident's prescription medication orders in at least one of the following ways:
 - Written instructions from the resident's health care professional including the dosage, expected effects, potential adverse reactions or side effects, and actions to take in an emergency
 - 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
 - An original prescription bottle labeled by a pharmacist describing the order and instructions for use
2. Ensure the resident's health care professional signs a current Over-the-Counter (OTC) Medications form before assisting the resident with OTC medications, supplements, or treatments.
3. Do not alter, discontinue, or add any of the following for the resident without evidence from the resident's health care professional to make the change:
 - Prescription medications
 - OTC medications
 - Supplements
 - Treatments
 - Special diets
4. Offer assistance with resident medications consistent with the resident's health care professional's orders.

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Topic: Safeguarding Medications

Rule(s): IDAPA 16.03.19.401.04, 16.03.19.402.04-05

Policy: Resident medications are properly safeguarded.

Procedure:

1. When a resident has been approved by his or her health care professional to self-administer medications, do the following:
 - Provide a lockable storage cabinet or drawer to the resident
 - Provide the resident with his or her medications
 - Monitor the security of the resident's medications to ensure they are adequately safeguarded to prevent drug diversion
 - Allow the resident to maintain medications under his or her own control and possession

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2. When responsible for assisting the resident with medications, do the following:
 - Keep the medication in the original pharmacy-dispensed container with proper label and directions or in an original OTC container
 - Unless the Department has granted a variance otherwise, only a licensed nurse places medications into a unit container (Mediset) when the container is appropriately labeled with:
 - a. The name of the medication
 - b. Dosage
 - c. Time to be taken
 - d. Route of administration
 - e. Any special instructions
 - Each medication is packaged separately unless in a Mediset, blister pack, or similar system
 - Use proper measuring devices for liquid medications, and pour directly from a pharmacy-dispensed container
 - Store each resident's medications in an area or container designated only for that particular resident
 - Label the area or container with the resident's name, except for refrigerated or OTC medications
 - Keep the the area or container for the resident's medications under lock and key when either of the following conditions exist:
 - The resident's medications include a controlled substance
 - Any member of my household has drug-seeking behaviors
 - Keep the area or container containing the resident's medications clean and free from contamination
 - Immediately dispose of loose pills according to the policy and procedure for Medications: Disposing of Medications
 - Dispense only one (1) resident's set of medications from its designated are or container at one (1) time, so as to mitigate medication errors
 - If the resident has been prescribed narcotic medications (i.e., opioid pain relievers), physically inventory the narcotic medications at least every thirty (30) days by counting pills or measuring liquids, as appropriate, and reconciling the physical inventory with the resident's records using the Narcotic Inventory form
 - If the physical inventory does not match the records reconciliation, do the following:
 - a. Investigate the cause of the discrepancy
 - b. Take precautions to keep the discrepancy from recurring
 - File the Narcotic Inventory form with the resident's records

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Topic: Residents Who Self-Administer

Rule(s): IDAPA 16.03.19.401

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Policy: The resident's health care professional evaluates and approves the resident for self-administration of medications before responsibility for those medications is relinquished to the resident.

Procedure:

1. If the resident wishes to self-administer medications, do the following:
 - Arrange an appointment with the resident's health care professional
 - Provide the resident's health care professional with the Approval to Self-Administer Medications form
 - After the appointment, if the resident's health care professional has indicated "Yes" to each question in the Evaluation section and signed/dated the Health Care Professional Approval section, do the following:
 - Update the resident's admission agreement to reflect that the resident assumes responsibility for medications
 - File the completed Approval to Self-Administer Medications form with the resident's records
 - Relinquish responsibility for the resident's medications to the resident
 - If the resident's health care professional has indicated "No" to any question in the Evaluation section or has not signed/dated the Health Care Professional Approval section, do the following:
 - Follow the policy and procedure for Medications: Assisting with Medications
 - If necessary, update the resident's admission agreement to reflect that the certified family home assumes responsibility for the resident's medications
 - File the completed Approval to Self-Administer Medications form with the resident's records
2. Monitor the resident's condition.
 - If a resident who previously was approved to self-administer medications experiences a change in condition such that it brings into question the continued ability to self-administer, follow this procedure again from the beginning

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Topic: Assisting with Medications

Rule(s): IDAPA 16.03.19.402.02-03, 16.03.19.402.06-07

Policy: When the certified family home is responsible for the resident's medications, the resident is properly assisted with medications and documentation of the assistance offered is maintained.

Procedure:

1. When initially offering assistance for a given medication or treatment, obtain information from the resident's health care professional whether a licensed nurse is required to assess the resident's health status either before receiving the

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medication or treatment, or after receiving the medication or treatment to evaluate therapeutic or side effects, or whether the treatment is of such a technical nature that it must always be performed by, or under the direct supervision of, a health care professional.

- If nursing expertise is required and the person assisting the resident with medications or treatments is not a health care professional working within the scope of his or her license, do the following:
 - Inform the resident (or the resident's representative) that he or she requires a type of service which this certified family home does not have the appropriate skills to provide
 - Follow the policy and procedure for Admissions, Transfers and Discharges: Emergency Temporary Placement
 - Follow the policy and procedure for Admissions, Transfers and Discharges: Termination of the Admission Agreement
 - If nursing expertise is not required, continue with this procedure
2. Assess the condition of the resident.
 - If the resident's health condition appears to be unstable:
 - Take immediate and appropriate interventions on behalf of the resident, including dialing 9-1-1 if necessary
 - If the resident requires hospitalization or a visit to either the emergency room or urgent care clinic, follow the policy and procedure for Reporting: Critical Incidents
 - If the resident's health condition appears to be stable, continue with this procedure
 3. Dispense each resident's set of medications separately according to the resident's health care professional's orders.
 4. Offer the resident the medications as trained in the "Assistance with Medications" course or other Department-approved training.
 5. Immediately document medications taken by the resident on the Medication Assistance Record form.
 - If the medication was taken on a PRN basis, document it on the back-side of the form, including the reason for taking the medication and the result
 6. Immediately document missed dosages of medications on the Incident/Accident/Change in Condition form.

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Topic: Disposing of Medications

Rule(s): IDAPA 16.03.19.402.08

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Policy: Unused medications are destroyed within thirty (30) days of the expiration date or discontinuation order, whichever occurs first. Loose pills are destroyed immediately.

Procedure:

1. When a medication is discontinued by the resident's health care professional:
 - Obtain written evidence of the order and keep it with the resident's records
 - Remove the discontinued medication from the resident's designated area or container
 - Place the discontinued medication in a disposal holding area or container
2. Monitor the expiration dates on the resident's medication packaging.
 - When a medication is past its expiration date, remove the expired medication from the resident's designated area or container
 - Place the expired medication in a disposal holding area
3. At least every thirty (30) days, destroy all medications in the disposal holding area.
 - Dispose of the medication as trained in the "Assistance with Medications" course or other Department-approved training, including having a credible witness present during the disposal
 - Document the destruction of the medication using the Medication Disposal Record form.
4. When a loose pill is discovered, destroy it immediately.
 - Dispose of the medication as trained in the "Assistance with Medications" course or other Department-approved training, including having a credible witness present during the disposal
 - Document the destruction of the medication using the Medication Disposal Record form.

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REPORTING

Topic: Suspected Abuse, Neglect or Exploitation

Rule(s): IDAPA 16.03.19.210.02

Policy: When any vulnerable adult is suspected of being abused, neglected or exploited, a report is immediately made to the Area Agency on Aging.

Procedure:

- Immediately upon becoming reasonably suspicious that any vulnerable adult has been abused, neglected or exploited, call the appropriate adult protective services office as listed on the Emergency Phone Numbers form.
 - Be prepared to give the following information if possible:

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- The vulnerable adult's name
 - The vulnerable adult's age
 - The vulnerable adult's address
 - The vulnerable adult's contact information
 - What makes the adult vulnerable
 - The alleged perpetrator's name
- Report why it is suspected that abuse, neglect, or exploitation of a vulnerable adult has occurred.

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Topic: Serious Physical Injury or Death Due to Abuse or Neglect

Rule(s): IDAPA 16.03.19.210.01

Policy: When suspected abuse or neglect results in serious physical injury to or the death of a resident, the incident is reported to law enforcement.

Procedure:

1. Immediately call 9-1-1 and verbally report what occurred to law enforcement.
 - If unable to make the call immediately, make the call within four (4) hours of becoming aware of the incident.
2. Follow the policy and procedure for Reporting: Suspected Abuse, Neglect or Exploitation.
3. Follow the policy and procedure for Reporting: Critical Incidents.

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Topic: Critical Incidents

Rule(s): IDAPA 16.03.19.210.03

Policy: Critical incidents occurring to residents in my certified family home are reported to the certifying agent in a timely manner.

Procedure:

1. Complete the Critical Incident Report form and submit it to the email address or fax number given on the form within the following timelines:
 - Within 24 hours of:

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- Elopement: the resident left the certified family home without notifying the provider as to his or her whereabouts, or the resident did not return from an outing as expected by the provider
- Death: the resident passed away
- Within three business days of:
 - Hospitalization: the resident was admitted to a hospital due to a change in condition, serious illness or serious accident
 - Emergency Room or Urgent Care Visit: the resident visited an emergency room or urgent care clinic due to a change in condition, serious illness or serious accident
 - Investigation: the resident is the subject (either as an alleged victim or an alleged perpetrator) of a law enforcement or adult protective services investigation

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Topic: Fire Occurring within the Home

Rule(s): IDAPA 16.03.19.210.04

Policy: Fires occurring in my certified family home are reported to the certifying agent in a timely manner.

Procedure:

1. Within three (3) business day, complete the Report of Fire form and submit it to the regional certifying agent.

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Topic: Law Enforcement, Adult Protection or Child Protection Investigation

Rule(s): IDAPA 16.03.19.210.06

Policy: Any investigation being conducted by law enforcement, adult protection services or child protection services involving me, any other adult living in my certified family home, or any substitute caregiver I utilize is immediately reported to the certifying agent.

Procedure:

1. Immediately call the certifying agent and verbally report when any of the following occur involving me, any other adult living in my certified family home, or any substitute caregiver I utilize:
 - An investigation by law enforcement, adult protection services or child protection services that involves any of the following:
 - Abuse, neglect or exploitation of any vulnerable adult or child

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- Substantiation of an adult protection or child protection complaint
- Other criminal conduct

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Topic: Additional Criminal Convictions

Rule(s): IDAPA 16.03.19.210.05

Policy: After clearing a Department criminal history and background check, any additional criminal convictions for myself, another adult living in my certified family home, or a substitute caregiver I utilize are immediately reported to the certifying agent.

Procedure:

1. When a court of law convicts me, another adult member of my household, or a substitute caregiver of a felony or misdemeanor, immediately report the conviction to the certifying agent.

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Topic: Funds Managed for a Deceased Resident

Rule(s): IDAPA 16.03.19.210.07

Policy: When a resident passes away for whom a member of my household, my relative, or I was managing personal funds or acting as representative payee, a final accounting of such funds is made. The final accounting and any remaining funds are conveyed to the responsible party within thirty (30) days of the resident's death.

Procedure:

1. For a private-pay resident, convey the final accounting of personal funds and any such remaining funds to the individual administering the resident's estate within thirty (30) days of the resident's death.
2. For a resident whose care was paid for in part or in full by public assistance, convey the final accounting of personal funds and any such remaining funds to the Department within thirty (30) days as follows:
 - Final accounting sent to:
Division of Licensing & Certification
Certified Family Home Program
PO Box 83720
Boise, ID 83720-0009

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- Remaining funds sent to:
Division of Medicaid
Third Party Recovery Unit
PO Box 83720
Boise, ID 83720-0009

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Topic: Discharge of a Resident

Rule(s): IDAPA 16.03.19.210.08

Policy: Notify the certifying agent immediately of the discharge of any resident from my certified family home.

Procedure:

1. When a resident is discharged from my certified family home, immediately report the discharge to the certifying agent.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

RESIDENT FUNDS

Topic: Management of Resident Funds

Rule(s): IDAPA 16.03.19.275.01.a, 16.03.19.275.02

Policy: (select one) My certified family home is willing to manage resident funds.
 My certified family home is not willing to manage resident funds.

Procedure (if the provider, provider's relative, or another member of the provider's household is managing resident funds):

1. Update the resident's Admission Agreement form to reflect the provider will be managing the resident's funds.
 - Ensure both the resident (or resident's representative) and the provider document their agreement to any changes
2. Establish a separate account at a financial institution for the resident.
 - Use of the resident's funds is reconcilable to this account
 - Upon request, provide to the resident (or the resident's representative) the amount of the resident's funds in the account available for use
3. Commingling the funds of any other person with the resident's funds is prohibited.
 - Borrowing funds from the resident is prohibited

POLICIES AND PROCEDURES

4. On a monthly basis, charge from the resident's account the amount established in the Admission Agreement for the goods and services provided by my certified family home.
 - If the resident receives public assistance in part or in whole to pay for care, follow the policy and procedure for Resident Rights: Basic Needs Allowance
5. Only use the remaining funds in the resident's account for the resident's personal needs. These personal needs exclude the goods and services already provided by my certified family home as specified in Sections 170-175 of IDAPA 16.03.19 and as established in the resident's Admission Agreement.
6. Maintain separate and proper accounting records for each resident for whom my relative, another adult within my household, or I manage funds, consisting of:
 - Bank statements to which use of the resident's funds may be reconciled
 - The Resident Cash Ledger form, for cash withdrawals
 - A receipt for any financial transaction involving \$5.00 or more
 - Receipts are organized and maintained with the corresponding bank statement or cash ledger to easily demonstrate specific items purchased using the resident's funds
7. If proper accounting records of the resident's funds cannot be produced, restore the amount of the unaccounted funds to the resident's account.
 - Restoration of such funds is a condition for the continued operation of my certified family home
8. Not use the resident's funds or require the resident to pay for goods or services from or for my certified family home other than those established in the Admission Agreement.
9. Provide access to the resident's funds to the following individuals:
 - The resident
 - The resident's legal guardian
 - The resident's conservator
 - The resident's representative with financial power of attorney

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Funds of a Discharged Resident

Rule(s): IDAPA 16.03.19.275.01.b

Policy: The personal funds of any resident who is discharged from my certified family home are immediately returned and any subsequent funds belonging to the resident that come into the possession of the following individuals are only used for that resident's expenses until a new payee is appointed:

- Myself

POLICIES AND PROCEDURES

- My relative
- Any other member of my household

Procedure:

1. When the resident is discharged from my certified family home, follow the policy and procedure for Admissions, Transfers and Discharges: Discharge.
2. If applicable upon discharge, immediately refund a prorated amount to the resident for any room and board payments made to my certified family home for any days beyond the applicable advance notice period to terminate the admission agreement as established in the Admission Agreement, or upon the resident moving from the home, whichever is later.
3. If applicable upon discharge, immediately refund a prorated amount to the resident for any care payments made in advance to my certified family home for any days the resident will not receive care in my home.
4. After the resident is discharged, use any subsequent funds belonging to the resident coming into the possession of myself, my relative, or any other member of my household only for that resident's expenses.
 - Until the resident has a new payee appointed, follow the policy and procedure for Resident Funds: Management of Resident Funds, Steps 5-9

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Personal Loans to Residents

Rule(s): IDAPA 16.03.19.275.01.c

Policy: Personal loans from my relative, any member of my household, or myself to residents in my certified family home are prohibited unless the individual making the loan is a relative of the resident receiving the loan.

Procedure (if the person making the personal loan to the resident is related to the resident):

1. Use the Personal Loan Contract form to describe the terms of the loan.
 - Ensure the contract is signed and dated by the resident or the resident's authorized representative
2. Maintain a copy of the signed contract with the resident's record.
3. Immediately upon receiving any repayment towards the loan, update the "Repayment Tracking" section on the Personal Loan Contract.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

POLICIES AND PROCEDURES

RESIDENT RIGHTS

Topic: Notice of Resident Rights

Rule(s): IDAPA 16.03.19.201

Policy: Residents (or the residents' representatives, if applicable) are informed of resident rights.

Procedure:

1. At the time of the resident's admission to my certified family home, do the following:
 - Provide the resident (or the resident's representative, if applicable) with a copy of my certified family home's policies and procedures regarding resident rights (pages 90-96 in this manual)
 - Verbally review each resident rights policy and procedure together
 - Complete the Resident Rights Policy Review Log
2. Review my certified family home's policies and procedures regarding resident rights with the resident (or, if applicable, resident's representative) on at least an annual basis.
 - Update the Resident Rights Policy Review Log

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Filing Complaints

Rule(s): IDAPA 16.03.19.200

Policy: Any person, including the resident, may file a complaint with the Department when he or she believes that the rights of the resident have been violated.

Procedure:

1. Contact the closest regional certifying agent as follows:
 - Coeur d'Alene Area..... (208) 665-8807
 - Lewiston Area (208) 799-4438
 - Nampa Area..... (208) 455-7120
 - Boise Area (208) 334-0700
 - Twin Falls Area (208) 732-1515
 - Pocatello Area..... (208) 239-6249
 - Idaho Falls Area..... (208) 528-5721
2. Report concerns to the certifying agent.
 - If possible, provide the following (be as specific as possible):
 - The first and last names of the people involved, including:
 - a. The resident whose rights were violated
 - b. The person who violated the resident's rights

POLICIES AND PROCEDURES

- c. Any witnesses to the incident
- Contact information for the people involved
- A description of the incident that violated the resident's rights, including the date and time

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Privacy

Rule(s): IDAPA 16.03.19.200.01

Policy: Each resident's right to privacy is honored and protected with regard to:

- Accommodations (e.g., bedroom, bathroom, etc.)
- Medical and other treatments
- Written and telephone communications
- Visits
- Meetings of family and resident groups

Procedure:

1. Unless the resident's plan of service specifically calls for monitoring his or her correspondence to protect the resident from abuse or exploitation, do not open or read written correspondence sent by or to the resident without his or her consent, including:
 - Mail through the postal service
 - Email communications
 - Other written communications (e.g., text messages, private social media accounts, etc.)
2. If the resident is married, allow privacy when his or her spouse visits.
 - If the resident's spouse also lives in my certified family home, allow them to share a room unless medically inadvisable as documented by the resident's health care professional
3. Follow the resident's instructions regarding the use of pictures or videos containing his or her image.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Humane Care

Rule(s): IDAPA 16.03.19.200.02

Policy: Each resident's right to humane care and a humane living environment is honored and protected, including, but not limited to, the following:

- The right to a diet which is consistent with any religious or health-related restrictions

POLICIES AND PROCEDURES

- The right to refuse a restricted diet
- The right to a safe and sanitary living environment
- The right to an environment free of illicit drug use or possession and any other criminal activities

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Respectful Treatment

Rule(s): IDAPA 16.03.19.200.03

Policy: Each resident's right to be treated with dignity and respect is honored and protected, including:

- The right to be treated in a courteous manner by the provider and other individuals in the home
- The right to receive a response from the provider to any request of the resident within a reasonable time
- Freedom from discrimination on the basis of race, color, national origin, sex, religion, age, disability, or veteran status
- Freedom from intimidation, manipulation, and coercion
- The right to wear his or her own clothing
- The right to determine his or her own dress and hair style

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Basic Needs Allowance

Rule(s): IDAPA 16.03.19.200.04

Policy: Each resident whose care is paid for by publicly-funded assistance is charged for certified family home goods and services from his or her total monthly income an amount leaving, at least, the basic allowance established by IDAPA 16.03.05.513. The current basic allowance is \$_____.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Resident Funds and Property

Rule(s): IDAPA 16.03.19.200.05

Policy: Each resident's right to manage his or her personal funds and use his or her personal property is honored and protected, including the right to retain and use such property in his or her own living area so long as it does not present a fire or life safety hazard.

POLICIES AND PROCEDURES

Procedure:

1. Do not require the resident to deposit his or her personal funds into an account controlled by any other person.
2. Upon accepting written authorization from the resident (or resident's representative) to manage the resident's funds, hold, safeguard and account for such funds.
 - Follow the policy and procedure for Resident Funds: Management of Resident Funds

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Access to Resident

Rule(s): IDAPA 16.03.19.200.06

Policy: Each resident's right to receive visitors is honored and protected.

Procedure:

1. Allow immediate access to the resident for the following:
 - Any representative of the Department
 - The state ombudsman for the elderly or his designee
 - Adult protection investigators
 - The resident's personal health care professionals
2. Allow immediate access to the resident, subject to the resident's consent (and right to deny or withdraw that consent at any time) for the following:
 - The resident's relatives
 - Other visitors, subject to reasonable restrictions
3. Allow reasonable access to the resident, subject to the resident's consent (and right to deny or withdraw that consent at any time) by any entity or individual offering the following:
 - Health services
 - Social services
 - Legal services
 - Other services
4. Allow reasonable access to the resident's records, medications and treatments by the resident's health care professional, subject to the resident's consent.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

POLICIES AND PROCEDURES

Topic: Freedom from Harm

Rule(s): IDAPA 16.03.19.200.07

Policy: Each resident's right to be free from harm is honored and protected, including the rights to be free from:

- Physical, mental, or sexual abuse
- Neglect
- Exploitation
- Corporal punishment
- Involuntary seclusion
- Any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat a medical condition

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Health Services

Rule(s): IDAPA 16.03.19.200.08

Policy: Each resident's right to control his or health-related services is honored and protected, including:

- The right to retain the services of his or her own personal physician and dentist
- The right to select the pharmacy or pharmacist of his or her choice
- The right to confidentiality and privacy concerning his or her medical and dental condition and treatment
- The right to participate in the formulation of his or her plan of service
- The right to decline treatment for any medical condition

Procedure:

1. When the resident is unable to give medical consent, 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.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Grievance

Rule(s): IDAPA 16.03.19.200.09

Policy: Each resident's right to voice or file grievances is honored and protected without discrimination or reprisal, including grievances about the behavior of other residents.

POLICIES AND PROCEDURES

Procedure:

1. When the resident voices or files a grievance, promptly attempt to resolve the grievance.
2. Complete the Grievance Response Record form.
 - Provide a copy of the completed Grievance Response Record form to the resident or resident's representative, if applicable
 - Maintain a copy of the completed Grievance Response Record form with the resident's records

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Advance Notice

Rule(s): IDAPA 16.03.19.200.10

Policy: Each resident's right to receive at least thirty (30) days advance notice as established in the admission agreement prior to his or her transfer or discharge is honored and protected, except under the following conditions:

- The resident is transferred or discharged only for medical reasons, which my certified family home cannot meet
- The resident's welfare or the welfare of other members of the household is endangered
- The resident has not paid for his or her stay
- The resident violates any condition mutually established between the resident and the provider at the time of admission
- The resident engages in unlawful delivery, production, or use of a controlled substance on the premises of the home

Procedure:

1. Follow my policy and procedure for Admissions, Transfers and Discharges: Emergency Temporary Placement when either of the following occur:
 - The resident is transferred or discharged only for medical reasons, which my certified family home cannot meet
 - The resident's welfare or the welfare of other members of the household is endangered
2. Follow my policy and procedure for Admissions, Transfers and Discharges: Termination of the Admission Agreement when discharging the resident.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

Topic: Other Rights

Rule(s): IDAPA 16.03.19.200.11

POLICIES AND PROCEDURES

Policy: Each resident's rights for the following are honored and protected:

- The right to refuse to perform services for the home
- The right to access his or her own personal records, including records kept by my certified family home regarding his or her care
 - The right to confidentiality of personal, medical and clinical records
- The right to practice the religion of his or her choice
 - The right to abstain from religious practice
 - The right to be free from the imposition of the religious practices of others
- The right to participate in social, religious, and community activities that do not interfere with the rights of others in the home
- The right to examine, upon reasonable request, the results of the most recent inspection of the home conducted by the Department and any plan of correction in effect
- The right to review a list of other certified family homes that may be available to meet his or her needs in case of transfer
- The right to refuse routine care of a personal nature from any person whom the resident is uncomfortable receiving such care
- The right to be informed, in writing, regarding the formulation of advance directives as described in Title 39, Chapter 45, Idaho Code
- Any other right established by law

Procedure:

1. When the resident is performing paid services for my certified family home, complete a written contract for such services with the resident.
 - Pay the resident a wage consistent with state and federal law

PROVIDER'S SIGNATURE AND DATE OF ADOPTION

VOLUNTARY CLOSURE OF THE HOME

Rule(s): IDAPA 16.03.19.115

Policy: Notify the regional certifying agent when voluntarily giving up the certification of my certified family home.

Procedure:

1. Provide written notice to the certifying agent when I decide to voluntarily close my certified family home. The notice contains the following information:
 - The date of the notification
 - A copy of my certified family home certificate, or the following information from my certificate:
 - My certificate number
 - My name
 - The address of my home

POLICIES AND PROCEDURES

- The date on which I plan to close my home
 - The Department will not refund or prorate prepaid certification fees on retroactive closures
- 2. If any residents will be discharged from my certified family home as a result of this closure, provide the certifying agent with the discharge plans for such residents with my notice of voluntary closure.

PROVIDER'S SIGNATURE AND DATE OF ADOPTION