

# CERTIFIED FAMILY HOME GUIDELINES FOR VACATIONS



## GUIDELINES FOR VACATIONS IN CERTIFIED FAMILY HOMES (CFH)

A vacation is defined as when the resident is away from their normal living environment and their normal routine. (Weekends and holidays are not considered vacations, as they are typically leisure in nature).

If the resident chooses not to go on vacation with the CFH provider: The provider must arrange for substitute or alternate care as defined below:

- **Substitute Care:** A substitute caregiver must be approved by the provider to provide care and supervision to the resident in the provider's certified family home. The provider is responsible to provide or arrange for resident-specific training for the substitute caregiver. Substitute care can be provided for up to thirty (30) consecutive days. In addition the substitute caregiver must have:
  - a. Current certification in first aid and Cardio-Pulmonary Resuscitation (CPR)
  - b. A criminal history check
  - c. Completed the "Assistance with Medications" if they will assist the resident with medications
- **Alternate Care:** An alternate caregiver must be a certified family home provider. An alternate caregiver provides care and supervision in his home to a resident from another certified family home according to the resident's original plan of service and admission agreement. The provider is responsible to provide or arrange for resident-specific training for the alternate caregiver. Alternate care can be provided for up to thirty (30) consecutive days.

If the resident chooses to go on vacation with the CFH provider: If the provider requests reimbursement for services provided during the vacation the following guidelines apply:

- Resident interest and choice in accompanying the provider should be documented.
- The duration of the vacation cannot interfere with the resident's progress in activities to become more independent nor can it jeopardize their health, welfare, or current employment status.
- Documentation requirements continue as usual and must include the duration of the vacation and any modification of services/care in a different location.

**NOTE:** Medicaid eligibility rules and waiver rules state that residents will lose Medicaid eligibility if they are out of state longer than one (1) month (IDAPA16.03.05.101.TEMPORARY ABSENCE. A participant may be temporarily absent from his home and still receive AABD cash and Medicaid. A participant is temporarily absent if he intends to return home within one (1) month. Temporary absence may exceed one (1) month for a child attending school or vocational training or a participant in a medical institution, hospital, or nursing home.)