



Government of Newfoundland and Labrador  
Department of Health and Community Services

# **Provincial Alternate Family Care Program**

## **Operational Standards**

**October 2007**

## TABLE OF CONTENTS

	<b><u>PAGE</u></b>
<b>Introduction</b>	5
Purpose	5
Definitions	5
Structure and Numbering	6
Responsibility for Manual Reviews, Revisions and Additions	6
<b>Section 1. Program Description</b>	
1.10 Description	8
1.20 Philosophy	8
1.30 Goals	8
1.40 Principles	9
<b>Section 2. Service Delivery</b>	
2.10 Service Delivery Model	10
2.20 Approval of an Alternate Family Caregiver	10
2.20.10 Approval Process	10
2.20.20 RHA Employee as Caregiver	12
2.30 Eligibility Criteria	13
2.40 Placement	13
2.40.10 Pre-placement	13
2.40.20 Placement Process	13
2.40.30 Reciprocal Arrangements	14
2.50 Funding	14
2.50.10 Basic Board and Lodging Rate	14
2.50.20 Alternate Family Care Rate	14
2.50.30 Flat Rate Allowance	15
2.50.40 Contribution by the Individual	15
2.50.50 Dental Services	15
2.50.60 Vision Care Services	16
2.50.70 Medication and Other Prescriptions	16
2.50.80 Equipment	16
2.50.90 Hospitalization	16
2.50.100 Transportation	17
2.50.110 Vacation	17
2.50.120 Damages to Home	17
2.60 Service Plans	18
2.70 Discharge	19
2.80 Transfer	19
<b>Section 3. Individual's Rights And Responsibilities</b>	
3.10 Individuals' Rights and Privileges	20
3.20 Individuals' Responsibilities	20

<b>Section 4. Responsibility Of Natural Families</b>	
4.10 Responsibility of Natural Families	21
<b>Section 5. DHCS Responsibilities</b>	
5.10 Establishing Provincial Operational Standards	22
5.20 Funding	22
<b>Section 6. Regional Health Authority’s Responsibilities</b>	
6.10 Service Delivery	23
6.20 Service Contracts	24
6.30 Orientation and Training	24
6.40 Health Care Decisions	24
6.50 Support Trusts	24
6.60 Investigating Abuse and Neglect	24
6.70 Trust Accounts	25
6.80 Monitoring and Evaluating	25
6.90 Medication Storage and Administration	26
6.100 Death of an Individual	26
<b>Section 7. Alternate Family Caregiver’s Responsibilities</b>	
7.10 Day to Day Support	27
7.20 Collaboration with Health Professional	27
7.30 Alternate Family Caregiver as Employer	28
7.40 Service Agreements	28
7.50 Financial Considerations	28
7.50.10 Funding Agreement	28
7.50.20 Management of Funds	28
7.50.30 Support Trusts	29
7.50.40 Trust Accounts	29
7.60 Vacation	29
7.70 Health Issues	29
7.70.10 Medical, Dental and Vision Appointments	29
7.70.20 Health Records	29
7.70.30 Medication Administration and Storage	29
7.70.40 Medication and Other Prescription Items	29
7.70.50 Health Care Decisions	30
7.80 Transportation	30
7.90 Confidentiality	30
7.100 Residential Respite	30
7.110 Safety	31
7.120 Damages Caused by the Individual	31
7.130 Infectious Diseases	31

## **APPENDICES**

Appendix A – Residential Services Historical Overview

Appendix B – Application to Provide Alternate Family Care (Adult)

Appendix C – Medical Report on Prospective Alternate Family Caregivers  
(Adults)

Appendix D – Letter of Reference – Alternate Family Care

Appendix E – Guidelines for Alternate Family Care Homestudy

Appendix F – Fire & Life Safety Guidelines for Alternate Family Care  
Homes

Appendix G – Letter of Approval – Alternate Family Care

Appendix H – Declaration of Confidentiality

Appendix I – Guidelines to Follow in Establishing Policy Regarding Dealing  
with a Health Care Decision on behalf of the Individual in the  
Alternate Family Care Program

Appendix J – Support Trusts

Appendix K – Guidelines to Follow in Establishing Policy on the  
Investigation of Abuse/Neglect

Appendix L – Alternate Family Care Funding Agreement

Appendix M – Alternate Family Care Service Agreement

Appendix N – Permission to Release Information

Appendix O – Sample Letter – Insurance Company

## **INTRODUCTION**

The Alternate Family Care Program is one residential option available to adults with intellectual disabilities who are unable to reside with the natural family. Other residential options include:

- board and lodging;
- co-operative apartments;
- individualized living arrangement.

Appendix A provides a historical overview of residential services for adults with intellectual disabilities. This manual focuses on the Alternate Family Care Program only and the operational standards governing the program.

### **Purpose**

The operational standards manual is intended to provide direction regarding the Alternate Family Care Program for:

- the individual receiving service and his/her family;
- the alternate family caregiver;
- the regional health authority.

The manual establishes the minimum standards required to ensure consistent and quality service delivery across the province. It outlines the requirements related to program eligibility, service delivery, and monitoring of services. The operational standards were developed by the Department of Health and Community Services, with input from the regional health authorities (RHA). Unless specified in the manual, the RHAs shall establish policies and procedures to meet the operational standards.

The regional health authorities include:

- Eastern Regional Health Authority;
- Central Regional Health Authority;
- Western Regional Health Authority;
- Labrador / Grenfell Regional Health Authority.

### **Definitions**

Throughout this manual,

- RHA refers to the regional health authority
- DHCS refers to the Department of Health and Community Services
- “staff of the RHA” is used to indicate staff of the RHA such as a social worker, behaviour management specialist, nurse and financial personnel etc. assigned to support the alternate family care home.
- “caregiver” refers to the approved alternate family care provider.
- “individual” refers to the individual with an intellectual disability who is a resident of an alternate family care home. It is used to replace the term “individual

with developmental disabilities” which according to the definition of the American Association on Mental Deficiency (1992), the following three areas must apply in order for an individual to be classified as having a developmental disability:

- significantly sub-average intellectual functioning (IQ score more than 2 standard deviations below the mean for the IQ test administered)
- related limitations in two or more of the following applicable adaptive skill domains:
  - functional academics;
  - communication;
  - self help/ daily living;
  - gross/ fine motor;
  - social/ emotional
- manifesting itself before age 18 years.
- “home” refers to the approved alternate family care home.
- “applicant” refers to the prospective alternate family care home provider.

### **Structure and Numbering**

The operational standards are grouped in sections as indicated in the Table of Contents. Each section of the manual has an Arabic Number and each operational standard within the section has an Arabic number which is subset of the section number (e.g. 2-10). Multiples of 10 have been used to identify sequential operational standards within the same section. Reserve numbers are available for the addition of new operational standards.

### **Responsibility for Manual Reviews, Revisions and Additions**

The Department of Health and Community Services will be responsible for review of the provincial operational standards regarding the Alternate Family Care Program every three years. Specific standards may be reviewed as issues arise. Upon review and consultation, any changes and additions shall be forwarded to the RHA for inclusion in their manual. The RHA shall be responsible to distribute revisions to the various stakeholders in the region. Holders of the manual are responsible for keeping them up-to-date based upon revisions and additions received and advising the RHA of any change in their mailing address.

Upon receiving a request for an operational standard revision or addition, the RHA will:

- review the request for revisions/additions;
- determine if the suggestion is requirement related;
- endeavour to clarify; and
- forward requested edits and/or suggestions to the DHCS.

The DHCS will:

- research proposed material as necessary;
- review, revise or edit material for appropriateness to the manual;

- incorporate new or revised operational standard(s) in the manual; and
- distribute copies of the new or revised operational standard(s) and revised table of contents, if applicable.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES	
Alternate Family Care Program Operational Standards Manual	
Section 1. Program Description	Operational Standard :1.10 to 1.40
Effective Date: October 1, 2007	Revised

## **1. PROGRAM DESCRIPTION**

### **1.10 Description**

An alternate family care home is a private residence which provides room and board, supervision, and personal and social care to an unrelated adult with an intellectual disability. It is a program based on the Foster Care Program for an adult with an intellectual disability who cannot live independently or chooses not to live independently and who can benefit from a family environment. The service parameters and supports acknowledge the fact that an intellectual disability is a lifelong condition and that for certain individuals supported long term family living is the most appropriate service response.

When an adult with an intellectual disability can no longer reside with the natural family or with the family that he/she currently lives with, placement in the Alternate Family Care Program is the first and preferred option. This option is a flexible living arrangement that enables an individual with extensive support needs and /or challenging behaviours to live in a family environment.

Placement in the alternate family care program is usually applicable to all individuals with an intellectual disability including but not limited to

- a person who is residing in a caregiver home (foster care) and has reached adulthood;
- an adult whose intellectual disability requires supports and services representative of those typically provided in a caregiver home (foster care).

### **1.20 Philosophy**

The Alternate Family Care Program is based on a philosophy that:

- the individual regardless of extent of intellectual disability should have access to life within a normal family unit;
- where specialized needs exist, these can be met through the provision of required supports to a family unit.

### **1.30 Goals**

The goals of the Alternate Family Care Program are:

- to provide a normal family environment in which the individual can continue to develop and mature, in a stable and secure home, for as long as he/she desires or needs it;



- to make available living environments which will prevent the use of other more restrictive arrangements;
- to ensure that through the provision of necessary support services, the individual will have the opportunity to realize his/her full potential.

#### **1.40 Principles**

- **Rights and Responsibilities**  
The individual with an intellectual disability has the same rights and responsibilities as other citizens.
- **Empowerment**  
The individual with an intellectual disability should be able to make his/her own choices, take risks and participate in the setting of his/her goals for personal development.
- **Participation**  
The individual with an intellectual disability should be included in all aspects of family life.
- **Inclusion**  
The needs of the individual with an intellectual disability will be met through generic programs with specialized supports and services.
- **Community partnerships**  
Sustainable community capacity building activities are important in enabling the individual with an intellectual disability to become a full contributing member of his/her community.

## **2. SERVICE DELIVERY**

### **2.10 Service Delivery Model**

The alternate family care home is a private residence which provides room and board, supervision, and personal and social care to an unrelated adult with an intellectual disability who meets the eligibility criteria.

The RHA will be responsible for approving and administering the Alternate Family Care Program. The social worker shall identify and assess the potential alternate family caregiver. The assessment will include matching the skills of the family with available support services to meet the needs of the individual, some of whom present with challenging behaviours. There is no minimum age limit established for potential caregivers however the social worker should consider the applicant's ability to provide long term stable care based on an assessment of maturity, commitment, past experiences etc. The RHA shall assign social work support to the individual with an intellectual disability, his/her family and the alternate family caregiver. This support includes, but is not limited to, counselling, advocacy, referrals and service planning.

The alternate family caregiver is responsible for providing day to day support in a normal family setting to the adult with an intellectual disability in accordance with a service plan. Cooperation with the staff of the RHA is required for the individual's continued development.

Funding for the Alternate Family Care Program delivered by the RHA is provided by the Department of Health and Community Services and may include funding from the Department of Human Resources, Labour, and Employment.

The Department of Health and Community Services will monitor the RHA for compliance to the operational standards. The RHA will monitor the caregiver for compliance to the operational standards and maintaining quality care. A service agreement and funding agreement will be signed between the caregiver and RHA which will outline the responsibilities of both parties.

### **2.20 Approval of an Alternate Family Caregiver**

#### **2.20.10 Approval Process**

Where a prospective alternate family caregiver indicates a desire to provide care in his/her own home for an adult with an intellectual disability, the home shall be approved

in a similar manner as a caregiver home (foster home) provided for children and youth. The approval process will include but not be limited to (in no particular order):

#### Introduction to the Alternate Family Program

The RHA may hold an orientation process for prospective applicants which will provide information on the program and the roles and responsibilities of the alternate family caregiver, RHA, DHCS, the natural family and the individual involved.

#### Application

If a prospective applicant continues to be interested in becoming a caregiver the application form (see Appendix B) shall be completed and submitted to the appropriate staff of the RHA. The following documentation must accompany the application:

- Copy of birth and marriage certificate (if applicable)
- Medical report on the prospective alternate family caregiver (see appendix C for sample form)
- Letter of Reference – alternate family care (see appendix D for sample form)
- Record of Conduct satisfactory to the RHA

#### Home Study

If an applicant is deemed acceptable after the initial review of the above documents, a home study is completed by a social worker. The home study allows the social worker and applicant to jointly assess the families' strengths and weakness, skills and abilities. There is no minimum age limit established for potential caregivers however the social worker should consider the applicant's ability to provide long term stable care based on an assessment of maturity, commitment, past experiences etc. (See Appendix E for guidelines for alternate family care home study)

#### Fire Life Safety Check

At the same time, the Government Service Centre will complete a fire and life safety review on the applicant's residence. (See Appendix F for outline of items to be considered by the Government Service Centre). Homes will not be approved unless the fire and life safety standards are met. In extenuating circumstances funding may be provided by the RHA to address noted deficiencies particularly if this home is required for an individual for whom placement has been difficult to obtain. Funding may also be available through other Government agencies such as Newfoundland and Labrador Housing Corporation.

#### Recommendation

Based on the outcome of the home study and fire and life safety review, the social worker will make a recommendation to the manager responsible for approving the home. The manager will make the decision on the approval based on a review of required documentation and the recommendation of the social worker.

### Letter of Approval

When the decision is made regarding approval/non-approval of an alternate family care home a letter is to be sent to the applicant advising of the decision. (See Appendix G for a sample approval letter)

- An alternate family care home is not authorized to care for more than two adults. In the event of circumstances which necessitate or indicate the placement of more than two individuals (family members or others), the home owner must seek approval from the RHA.
- If structural renovations to the home are required prior to approval, financial assistance may be available in special circumstances.
- During the approval process and prior to any discussion regarding the placement of an individual in the alternate family care home, the caregiver is required to sign a Declaration of Confidentiality, witnessed by a social worker. (see appendix H for copy of sample form)
- Any training required to become an approved alternate family caregiver must be completed prior to the placement of individuals in the home. The RHA is responsible for ensuring training is provided. If the caregiver has not completed training and urgent placement of the individual with an intellectual disability is required, the individual may be placed in the home and the caregiver will sign an agreement to complete training within a reasonable time period as agreed to by the alternate family caregiver and the RHA.

#### 2.20.20 RHA Employee as Caregiver

- If a staff person of the RHA applies to become an alternate family caregiver, every effort must be made to ensure they are not placed in a real or perceived conflict of interest position.
- Staff that have a reporting relationship through the Community Supports Program of the RHA, will not be considered for the designation of alternate family caregiver. This includes all employees in this category independent of the specific type of work performed or whether the employee is full time, part time, temporary or casual. This policy extends to the spouse, partner or any adult residing in the same residence as a staff person in this category.
- Employees of the RHA who had a reporting relationship through the Community Supports Program in the past, must wait two years before applying to become a caregiver. If an employee is working in a different program area it must be deemed that they will not have a reporting relationship to the Community Supports Program in their new position.
- In situations where an existing alternate family caregiver becomes an employee of the RHA and has a reporting relationship to the Community Supports Program, any existing placements will not be disrupted. However, the case will be reviewed every six months to ensure there is no real or perceived conflict of interest.
- If special circumstances exist and an employee of the RHA with a reporting relationship through the Community Supports Program is or applies to

become an approved caregiver, an employee from another area of the same RHA will manage all aspects of the case.

### **2.30 Eligibility Criteria**

The individual shall be considered eligible for acceptance into an Alternate Family Care Program if all of the following criteria are met:

- the individual is eighteen (18) years of age or older, and has an intellectual disability;
- the individual requires the supports and supervision typically provided in a natural family environment;
- continued residence in the natural home setting is not possible even with the provision of support services;
- an assessment of the resources of the family and needs of the individual indicates that this placement is the preferred option;
- the individual's service plan indicates that an alternate family care environment is required.

### **2.40 Placement**

#### **2.40.10 Pre-placement**

- The RHA shall have a policy regarding the pre-placement of the individual in alternate family care. The pre-placement will help identify information about the care of the individual, supports required, and also help the individual become acquainted with his/her new family and to understand the household rules on a gradual basis.

#### **2.40.20 Placement Process**

- The social worker of the RHA is responsible for completing an assessment to determine if the individual meets the eligibility criteria as defined in section 2.30 of this manual;
- The social worker for the individual shall ensure the individual is considered for placement in an approved alternate family care home in the region;
- The social worker shall consider the individual's needs such as smoke free environment, religious beliefs etc. when matching the individual with the alternate family care environment;
- The social worker shall share all appropriate information relating to the individual's strengths, needs and other requirements with the caregiver in writing.

#### 2.40.30 Reciprocal Arrangements

- RHAs shall accept referrals from other regions and consider placement in existing homes and/or prospective homes.

### **2.50 Funding**

Funding for the alternate family care program is provided through the RHA's global budget from the Department of Health and Community Services as well as through funding from the Department of Human, Resources, Labour and Employment.

#### 2.50.10 Basic Board and Lodging Rate

- Based on a financial assessment, the Department of Human Resources, Labour and Employment (HRLE) may provide a basic monthly board and lodging rate to an individual in the alternate family care program.

#### 2.50.20 Alternate Family Care Rate

- The RHA shall provide a monthly alternate family care rate to an alternate family care giver to cover items ordinarily required for an individual's care. This payment is expected to cover items which are ordinarily kept in a home for a family member and includes items such as but not limited to toothpaste, soap, shampoo, food, housing laundry and some clothing replacement expenses. There is a maximum rate established however the rate approved varies according to individual need. The RHA may approve a higher than the maximum rate in extenuating circumstances. These circumstances may include but not be limited to the individual's requirement for or exit from a more costly living arrangement. This rate is determined by considering the individual's special needs and supports required. In determining the appropriate rate the following factors should be considered:
  - presence or absence of employment or other structural activities or programs;
  - the degree of physical or attendant care required;
  - the amount of respite and home support provided to the family on a regular basis (an approval of an increase in home support or respite does not automatically mean a reduction in the alternate family care rate);
  - the presence of behaviour problems;
  - skill or behavioural deficits which will require specialized services such as Community Behavioural Services, and the extent of involvement that will be expected of the family;
  - the presence of medical problems which require special treatments or therapies

This rate shall be detailed in the funding agreement which must be signed prior to the individual moving into the home. (see Appendix L for sample funding agreement)

#### 2.50.30 Flat Rate Allowance

- The Department of Health and Community Services through the RHA shall, based on the financial eligibility in section 2.50.10, provide a monthly allowance for the individual requiring supportive services. This allowance is intended to cover personal spending requirements and supplement the individual's clothing over and above that covered by the alternate family care payment. The allowance may be provided directly to the individual; in certain circumstances the allowance may be provided to the caregiver. The caregiver shall ensure the individual receives this monthly allowance for personal needs/spending and shall assist him/her in the management of this money. Where necessary this may include establishing a bank account in the individual's name. The caregiver will oversee and report on the expenditure based on the direction from the social worker.

#### 2.50.40 Contribution by the Individual

- The individual who has employment or other financial assets may be required to contribute toward the board and lodging rate, the alternate family care rate, the flat rate allowance and any other supportive service approved on his/her behalf. In order to determine this amount, individuals must have a financial assessment (enriched needs assessment ) completed by staff of the RHA. This assessment will take into account the board and lodging payment received from Human Resources, Labour and Employment and any other income and assets. The assessment must be completed prior to placement and be reviewed on an annual basis or when the individuals' circumstances change. The assessment will remain on his/her file.

#### 2.50.50 Dental Services

- The RHA shall cover the cost of annual dental check-ups and any required procedures for the individual residing in the alternate family care program. If the individual is financially eligible for the income support program of the Department of Human Resources Labour and Employment, this program will pay for the cost for emergencies and extractions and for dentures in special circumstances. Additional services may require approval from the RHA, based on the availability of funds. (see section 7.70 for additional policies related to dental care)

#### 2.50.60 Vision Care Services

- If the individual is financially eligible for the income support program of the Department of Human Resources Labour and Employment, this program will pay for vision care. Costs which exceed the allowable rate under this program (e.g. more frequent replacement, special lenses, or treatments) shall require approval from the RHA based on the availability of funds. (see section 7.70 for additional policies related to vision care)

#### 2.50.70 Medication and Other Prescriptions

- Medications prescribed by a physician licensed in Newfoundland and Labrador shall be covered through the individual's drug card if eligible. Items that do not require a prescription such as cough medicines shall be purchased according to the following guidelines:
  - if there is an occasional need, it should be covered by the board and lodging rate;
  - if a chronic problem exists and ongoing costs incurred, the flat rate allowance or existing financial resources should be used to cover the cost where possible. If this is not possible, a special request should be made to the social worker and receipts are required.
- Incontinence items required for the individual due to toileting issues may be provided by the RHA upon receipt of a prescription from the physician. The alternate family caregiver shall forward the prescription to the social worker.
- (see section 7.70 for additional policies related to medication and other prescriptions)

#### 2.50.80 Equipment

- If the individual requires special equipment and/or services the appropriate health professional (e.g. physiotherapist, occupational therapist) will complete an assessment and provide it to the social worker. The social worker will determine if approval and funding is available prior to purchase. Purchases made by the alternate family caregiver without approval will not be reimbursed.

#### 2.50.90 Hospitalization

- If the individual is admitted to hospital and Human Resources, Labour and Employment approves the continued payment of the board and lodging rate to the alternate family caregiver, the RHA shall continue to supplement this rate for three months to enable the individual to return to the alternate family care home upon discharge from hospital.
- Where the primary caregiver is hospitalized for an extended time period the social worker should discuss the situation with the family to ensure that existing supports are adequate to maintain the placement. Before additional supports are



provided the full extent of the family's resources should be assessed. It may be necessary for the residential respite days to be used to provide support to the individual while the caregiver is hospitalized. (see section 7.100).

#### 2.50.100 Transportation

- The caregiver shall be reimbursed based on the approved Government rate for using their own vehicles for transporting the individual to medical appointments, home visits, community access, day programs or work sites.
- There shall be no reimbursement of transportation costs associated with when the individual accompanies the caregiver family on outings as part of normal living activities.
- The use of taxi or other mode of transportation shall require prior approval from the social worker in order for the cost to be reimbursed.
- If the caregiver hires a home support worker(s) who transports the individual in his/her own vehicle, the home support worker(s) will be reimbursed at the appropriate rate by the RHA. Prior approval by the social worker will be required. (see section 7.80 for additional policies related to transportation)

#### 2.50.110 Vacation

- Where additional expenses are incurred due to the inclusion of the individual in a family vacation the social worker will review and approve additional funding, where warranted, based on circumstances, prior history, needs of the individual and availability of funds. The following criteria will apply. Where:
  - additional travel expenses (i.e. airfare, ferry fare, etc.) are involved consideration may be given to those costs related to the individual;
  - the vacation involves out-of-province travel for at least 2-3 weeks a provision of up to \$300.00 may be made;
  - vacation involves travel within province for at least 2-3 weeks a provision of up to \$200.00 may be made;(see section 7.60 for additional policies related to vacations)

#### 2.50.120 Damages to the Home

- Where the individual is residing in an alternate family care home, the social worker will assess and may recommend payment of damages up to an amount of \$500.00 per incident. Amounts in excess of this figure must be approved by the appropriate manager of the RHA. Whenever possible attempts should be made to place accountability for actions with the individual and if he/she is of an appropriate developmental level they should be expected to offset some of the costs. This should be discussed and agreed to by the individual involved, social worker and the caregiver. The caregiver may be required to provide a detailed report to the social worker to support the request for damage payments.

## 2.60 Service Plans

- The individual who lives in alternate family care shall have a service plan. The plan shall identify specific objectives to meet the goals of the program as outlined in section 1.30.
- The social worker shall involve the individual, natural family and alternate family in developing the service plan.
- The social worker shall ensure that a service plan is completed prior to placement. In crisis placement situations the social worker shall ensure that a service plan is initiated within 30 days following placement. This plan is reviewed annually.

This plan shall:

- be based on a comprehensive assessment of the individual's strengths, needs, goals and service requirements;
- be developed through a collaborative interdisciplinary process with the full participation of the individual, his/her family, the alternate family caregiver, other support and staff of the RHA, and significant others;
- identify who will be responsible for developing and implementing the required action plans and/or obtaining necessary services.

This plan shall include, but not be limited to, goals to support the individual in the following categories:

- Residential - supports and services required for the individual including exit planning where necessary;
- Educational/Employment- supports for the individual in post secondary or work settings;
- Health- medical and special care needs of the individual, including vision and dental care, equipment, supplies and medication needs;
- Social and Community Inclusion- areas of interest and access to integrated, generic social and community activities;
- Natural Family - type of family involvement, visits to natural home, vacation arrangements, etc. Continued contact with family is important especially regarding consent for medical treatment.
- Emotional Needs- counselling services, sessions with social worker, or other therapists including socio/sexual training (if required);
- Behavioural Needs - the individual's behavioural requirements in all settings.

If an individual is under twenty-one (21) years of age, an Individual Support Service Plan is required. See the following website for details: [www.mescy.nl.ca](http://www.mescy.nl.ca)

## **2.70 Discharge**

- An individual may be discharged from the alternate family care program if:
  - a less structured environment is available and deemed appropriate by the RHA in consultation with the individual, natural family, alternate family and staff of the RHA;
  - the alternate family care home cannot appropriately meet the needs of the individual either physically, behaviourally, or emotionally, and this is documented in the individual's file.
  - Other reasons for discharge may also be considered depending on an individual's needs.

## **2.80 Transfer**

Where an individual is transferred from one residential setting to another (not including weekend or vacation respite), it is required that:

- the parents, other family members who may be acting on behalf of the parents or guardians, be advised and fully involved from the initial planning stages to actual placement and follow-up;
- the social worker ensure that upon placement the individual has an adequate supply of clothing. In extenuating circumstances funding may be required for this purpose;
- the individual has a medical assessment completed by a licensed physician.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES	
Alternate Family Care Program Operational Standards Manual	
Section 3. Individuals' Rights & Responsibilities	Operational Standard : 3.10 to 3.20
Effective Date: October 1, 2007	Revised

### **3 INDIVIDUAL'S RIGHTS AND RESPONSIBILITIES**

#### **3.10 Individual's Rights and Privileges**

The individual shall have rights and privileges which include, but not limited to:

- being treated in a courteous and respectful manner;
- being accepted into the alternate family care home as an equal family member;
- having service provided by persons with appropriate knowledge and training;
- being informed and participating in his/her service plan and other decisions regarding their well being;
- receiving appropriate care and services;
- receiving support in accessing services and community programs;
- being free from any action that would be considered to be abuse, (for example, intimidation, physical, sexual, verbal, mental, emotional, material or financial, etc.)
- being free to voice concerns regarding any aspect of his/her service;
- having his/her religious beliefs respected;
- maintaining and developing natural family contacts;
- having access to quality health services including prescribed medications, vision care, dental care, and hospitalization;
- having access to post secondary training and employment according to the service plan;
- having unsupervised time ( if identified in his/her service plan);
- being provided with personal privacy and privacy of possessions;
- being supported in developing and maintaining a personal social network, and;
- having all personal information protected except where such information is required to provide the appropriate supports and service.

#### **3.20 Individual's Responsibilities**

The individual shall have responsibilities in the Alternate Family Care Program which include, but are not limited to:

- treating the family and other individuals living in the home with dignity;
- sharing household duties and responsibilities;
- participating in activities agreed to in the service plan;
- following household rules, (e.g. smoking);
- agreeing to pay for "room and board" and other expenses from his/her income and cover the costs of personal expenses ( long distance telephone calls).

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES	
Alternate Family Care Program Operational Standards Manual	
Section 4. Responsibility of Natural Families	Operational Standard : 4.10
Effective Date: October 1, 2007	Revised

## **4 RESPONSIBILITY OF NATURAL FAMILIES**

### **4.10 Responsibility of Natural Families**

The support of the natural family is paramount to the success of an individual living in an alternate family care home. To assist with ensuring a mutual understanding and a respectful relationship, the natural family shall:

- discuss and work to achieve consensus with the social worker about the responsibilities of the natural family, individual, alternate family caregiver and RHA;
- acknowledge and respect the caregiver's need for privacy and treat the family and other individuals in the home with dignity;
- be supportive of programs, routines and schedules when visiting the alternate family care home or taking the individual for visits to the natural home;
- participate cooperatively in discussions/service plans/decision making activities to ensure that the individual receives the necessary supports and services;
- provide consent for necessary medical treatment when the individual is unable to give that consent;
- have the individual visit the natural family on a regular basis where possible to enable him/her to continue to be involved with his/her family as well as provide respite for the caregiver;
- participate in the development of the service agreement.

**5 DEPARTMENT OF HEALTH AND COMMUNITY SERVICES RESPONSIBILITIES**

**5.10 Establishing Provincial Operational Standards**

The DHCS will be responsible for;

- developing and revising provincial operational standards for the Alternate Family Care Program in consultation with the RHA and other stakeholders;
- planning, evaluating and coordinating research to ensure that services and decisions are based on best practices for persons with intellectual disabilities;
- providing policy direction and support to the RHAs to deliver the Alternate Family Care Program within available resources; and
- communicating legislative and regulatory requirements applicable to alternate family care homes to the RHA.

**5.20 Funding**

- The DHCS will provide funding to the RHA within its global budget to provide the alternate family care program in compliance with the provincial operational standards.

## **6 REGIONAL HEALTH AUTHORITY’S RESPONSIBILITIES**

The RHA shall be responsible for administering the Alternate Family Care Program in accordance with the provincial operational standards established by the Department of Health and Community Services. The RHA shall be responsible for developing regional policies and procedures consistent with provincial operational standards.

### **6.10 Service Delivery**

The RHA shall establish policies related to the following processes:

- acceptance and handling of inquiries regarding the Alternate Family Care Program;
- approval of the alternate family caregivers (see section 2.20);
- assessment of the individual for eligibility ( see section 2.30);
- placement of the individual in an alternate family care home ( see section 2.40);
- financial assessment of the individual ( see section 2.50);
- provision of funding to the caregiver (see section 2.50);
- development and implementation of a service plan for each individual ( see section 2.60);
- assessing an individual’s eligibility for a drug card and submitting the appropriate form to the DHCS for the card to be issued;
- the necessary coordination to provide the individual with vision care, dental care and hospitalization as required;
- addressing complaints from any party regarding services provided;
- assignment of staff to support the work of the alternate family care program; These staff should have the appropriate knowledge and training to ensure that quality services are provided to individuals in the alternate family care program. These qualities are normally found in the social work discipline;
- social worker’s role in identifying potential residential respite placement and facilitating such placement;
- social worker’s role in verifying that the job description for staff hired by the alternate family caregiver to work over night “awake” shifts are signed by the worker;
- social worker’s role in directing the caregiver to keep track of the weight of the individual if they have significant medical issues;
- social worker’s role in facilitating the individual’s involvement with his/her family.

## **6.20 Service Contracts**

- The RHA shall have a policy on the establishment and monitoring of service contracts and funding agreements between the RHA and the caregiver to clearly define the responsibilities of both parties ( see Appendix L for sample funding agreement and Appendix M for sample service agreement);

## **6.30 Orientation and Training**

The RHA shall have a policy on orientation and training for the alternate family caregiver. The training shall include but not be limited to :

- program philosophy;
- roles and responsibilities of the alternate family caregiver, RHA, natural family and individual;
- importance of maintaining family relationships;
- alternate family caregiver as the employer of support staff;
- managing behaviour and skill teaching, and community participation;
- importance of understanding health issues and sexuality;
- dealing with others/working as a team member;
- how to safeguard your family and the individual residing in your home.

## **6.40 Health Care Decisions**

- The RHA shall establish a policy in keeping with the Health Care Directives Act to provide direction to RHA staff and the caregiver to follow when the individual requires health care decisions to be made on his/her behalf.(Appendix I may assist the RHA in developing policies on this topic);

## **6.50 Support Trusts**

- The RHA shall establish a policy regarding the social worker's role in approving the individual for the establishment of a support trust as per the Department of Human Resources, Labour and Employment policy. (see Appendix J for HRLE policy );

## **6.60 Investigating Abuse and Neglect**

- The RHA shall establish a policy regarding the investigation and reporting of abuse or neglect. (Appendix K may assist the RHA in developing policies on this topic);  
In the event of an allegation of an incident of abuse or neglect, the RHA shall take immediate steps to ensure the safety/well being of the victim. The RHA shall ensure the details of the event are documented to the greatest extent possible in the files of the individual, alternate family care home, and any other location deemed necessary by the RHA. The RHA shall establish policy to include but not be limited to:



- notification of police and development of protocols for notice and investigation;
- notification of family, caregiver and others;
- assessment, interaction between complainant and alleged proprietor;
- emergency response procedure for after hours; and
- medical examination;

### **6.70 Trust Accounts**

- The RHA shall establish a policy regarding establishing and/or maintaining trust accounts which will include but not be limited to:
  - the account shall have two signatures for withdrawal;
  - the withdrawals are made for resident expenses that are above and beyond budgeted items such as birthday and Christmas gifts, special basic needs, vacations, etc. Other items of expenditure or purchases would be considered after consultation with the social worker;
  - the individual's control of his/her own money. Expenditures from trust accounts may be reviewed by the social worker in conjunction with the individual and caregiver on a regular basis; and
  - trust account funds are to be used to offset funeral expenses and all other outstanding expenses related to the deceased individual. Any remaining funds may then be refunded to the parents or legal guardian. Where no parent is known to be living, representation should be made to the RHA with regard to distribution of funds.

### **6.80 Monitoring and Evaluating**

The RHA shall establish policies on:

- monitoring the quality of program delivery and outcomes;
- identifying measures to evaluate the performance and the quality, efficiency and effectiveness of the service provided to ensure the needs of the individuals are being met. This policy shall include but not be limited to the following:
  - monthly visits to the home by a social worker to determine any change in personal circumstances/family status or service delivery, the quality of life at home and in the community, and adherence to operational standards;
  - re-assess the support services should there be a change in the needs of the individual and /or caregiver;
  - complete a review of the individual's accomplishments and activities six months following the completion of the initial service plan and annually thereafter.
  - complete an annual review of the alternate family care home and provide written notification to the caregiver outlining the findings and follow-up action.
  - ongoing follow-up and monitoring of compliance to the operational standards;

## **6.90 Medication Storage and Administration**

- The RHA shall establish policies regarding medication storage and administration. These policies shall include but not be limited to :
  - proper storage and labelling in pharmacy containers;
  - administration of medications to the individual including written records;
  - medication errors.

## **6.100 Death of an Individual**

- In the case of the death of an individual living in an alternate family care arrangement, the following procedure shall be followed by the social worker:
  - the Chief Executive Officer or designate of the RHA is to be notified immediately, who in turn will notify the DHCS;
  - the natural parents are to be contacted immediately. In situations where the family requires additional supports and/or service the social worker in the family's home area will be notified;
  - if parents are assuming the costs of burial then specific arrangements can be made between them and the Funeral Home;
  - if the individual does not have the financial means to provide for burial costs contact must be made with the Department of Human Resources, Labour and Employment. The costs of burial for the client of the Rights Future Program in an alternate family care home rests with the RHA but in accordance with the income support policy of the Department of Human Resources, Labour and Employment;
  - if difficulties arise regarding the responsibility for funeral arrangements this decision will be made by the Chief Executive Officer of the RHA or designate;
  - where the RHA is making burial arrangements, staff should contact the Funeral Home;
  - a report should be forwarded to the Chief Executive Officer or designate and copied to the DHCS.

A copy of the death certificate shall be placed in the individual's file by the social worker.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES	
Alternate Family Care Program Operational Standards Manual	
Section 7. Alternate Family Caregivers	Operational Standard : 7.10 to 7.130
Responsibilities	
Effective Date: October 1, 2007	Revised

## **7 ALTERNATE FAMILY CAREGIVER'S RESPONSIBILITIES**

### **7.10 Day to Day Support**

The alternate family caregiver shall:

- provide and assist the individual with personal care and supervision required for regular daily living including, but not limited to, bathing, dressing, preparing food, doing laundry, house cleaning, shopping for clothes, financial management, and personal care and support as required through the overnight period;
- provide a safe clean home including a separate bedroom, closet and furnishings, space for personal belongings and toiletries, and easy access throughout the house for personal equipment i.e. wheelchairs, walkers etc. when required. (funding opportunities may be available from Newfoundland and Labrador Housing Corporation to pay for wheelchair accessible renovations);
- include the individual in the caregiver's social/recreation/seasonal activities and /or assist the individual to attend community activities including, but not limited to, concerts, shopping, church, seasonal events, visits to friends/natural family;
- ensure the individual receives the necessary supports and services to attend vocational/work activities as required;
- be at home when the individual returns from an outside activity or ensure that a responsible adult is there in their absence (if required);
- ensure the individual has input into all decisions that affect him/her;
- encourage/support involvement with the individual's natural family.

### **7.20 Collaboration with Health Professional**

The alternate family caregiver shall:

- participate in the development of a service plan for the individual;
- work with the professional/support workers who support the individual in the home, i.e. behaviour management specialists, speech therapists, occupational therapists, physiotherapists, etc.;
- allow the social worker scheduled and unscheduled access to the home to review living arrangements;
- assist the social worker in identifying potential persons to provide residential respite for the individual when he/she requires overnight accommodations and receive approval from the social worker prior to placement;
- participate in any training required to care for the individual i.e. tube feeding.

### **7.30 Alternate Family Caregiver as Employer**

The alternate family caregiver shall:

- employ the individual's support workers (unless home support is provided through an agency), and follow all processes relative to being an employer including compliance with all applicable legislation and standards including but not limited to the Human Rights Code, Income Tax Act and Labour Standards Act;
- hire support workers who are knowledgeable and willing to involve the individual in community/recreational/seasonal activities as per the preferences and requirements outlined in the service plan of the individual;
- provide employees with written job descriptions outlining expected duties. This is particularly important when staff are required during an overnight "awake" shift when the individual needs direct attention over night. The caregiver shall ensure the job description is signed by the employee, kept in the employee's and individual's file at the alternate family care home, and available for the social worker during regular visits;
- make payroll and other records available to the RHA for financial monitoring.

### **7.40 Service Agreements**

- The caregiver shall sign a service agreement with the RHA which outlines the expectations/responsibilities of both parties. This agreement ensures a consistent understanding between the parties and must be revised as the individual's/family's needs change. (see Appendix M for sample service agreement)
- The service agreement must be signed by both parties prior to the individual moving into the alternate family care home.

### **7.50 Financial Considerations**

#### **7.50.10 Funding Agreement**

- The caregiver shall sign a funding agreement with the RHA which outlines the funding expectations/responsibilities of all parties.(see Appendix L for sample funding agreement)

#### **7.50.20 Management of Funds**

- The caregiver is responsible for the management and expenditure of the alternate family care rate (see section 2.50.20).
- The caregiver is responsible for setting up a bank account on behalf of the individual for the flat rate allowance. The caregiver will then oversee the individual's account and report on the expenditures to the social worker as required.

#### 7.50.30 Support Trusts

- The caregiver shall be aware of the RHA policy concerning the establishment of support trusts for the individual (see section 6.50).

#### 7.50.40 Trust Accounts

- The caregiver shall establish a trust account for the individual who has difficulty managing a bank account and abide by the policies set by the RHA regarding these trust accounts. (see section 6.70) These funds are the property of the individual and the caregiver shall act as trustee.

### **7.60 Vacation**

- Whenever possible the caregiver shall include the individual in family vacations. (see section 2.50.110 for costing details)

### **7.70 Health Issues**

#### 7.70.10 Medical, Dental and Vision Appointments

- The caregiver shall ensure the individual has annual medical , dental, and vision check-ups and shall accompany the individual to all appointments.(see section 2.50.50 and .60 for costing details);
- Home support or other workers shall not accompany the individual to these appointments in the absence of alternate family caregiver.

#### 7.70.20 Health Records

- When the individual living in an alternate family care home has significant medical issues (e.g. weight problems, seizures etc.), the social worker shall direct the caregiver to keep weekly records of the problem and to advise the family physician, and social worker, of any significant issues.

#### 7.70.30 Medication Administration and Storage

- The caregiver shall be aware of the RHA's policy concerning a process for storage and administration of medications (see section 6.90) ;

#### 7.70.40 Medication and other Prescription Items

- The alternate family caregiver shall be responsible for ensuring the individual's medication and other prescription items are up to date and available. (see section 2.50.70 for costing details)
- Incontinence items required for the individual who has toileting issues may be provided by the RHA upon receipt of a prescription from a licensed doctor. The alternate family caregiver shall forward the prescription to the social worker.

#### 7.70.50 Health Care Decisions

- The caregiver shall follow the RHA's policy, in keeping with the Advance Health Care Directives Act, when the individual requires a health decision to be made on his/her behalf. (see section 6.40)

#### 7.80 Transportation

- The alternate family caregiver shall be responsible for the transportation needs of the individual (see section 2.50.100 for costing details).

#### 7.90 Confidentiality

- As the caregiver will be privy to background, as well as current, information on the individual and the natural family, confidentiality of personal information is paramount. If information is required by professionals in the community who are involved with the individual, the need and content should first be discussed with the social worker and where necessary a "permission to release information" form (see appendix N for sample form) be signed by the individual or their designate.
- Prior to the placement of the individual in an alternate family care home, the caregiver shall sign a Declaration of Confidentiality, witnessed by the social worker. (see appendix H for sample form)
- The caregiver who violates the confidentiality policies may lose his/her approval to operate as an alternate family caregiver.

#### 7.100 Residential Respite

- The caregiver is entitled to a maximum of fifty-four (54) residential respite days per year. These days may be used in any form acceptable to the caregiver (i.e. daily, week-end, weekly or monthly). Residential respite is based on the fiscal year (i.e. April 1 - March 31) and in the initial year would be calculated on a prorated basis from the date of placement. The number of days to be funded per year are to be negotiated with each family and detailed in the service agreement. Time that the individual spends with natural family is to be considered in making this determination and subtracted from the maximum 54 days.
- Additional respite days may be approved for the caregiver by the manager of the RHA in exceptional circumstances (e.g. caregiver is hospitalized or death in the family).
- The alternate family care home that has been approved within the past year will have the number of days available for respite prorated.
- Payments to the alternate family caregiver will remain in place during periods of respite.
- Residential respite days cannot be carried from one fiscal year to another.

- Except in extenuating circumstances, the individual will not be approved to remain in the alternate family home for residential respite. Whenever he/she is placed outside the home, the placement shall be in an approved home. Requests shall be made to the social worker as soon as possible (at least 30 days in advance) to allow for arrangements to be made;
- If persons residing outside the alternate family care home, including relatives of the alternate family, move into the home to provide respite, references and certificate of conduct satisfactory to the RHA shall be provided.

### **7.110 Safety**

The caregiver shall:

- notify the RHA as soon as possible and not to exceed 24 hours when a serious illness, accident, or incident occurs with the individual or the caregiver;
- be aware of and follow the RHA's policy relating to investigating and reporting abuse and/or neglect (see section 6.60);
- comply with standards of fire and life safety as required by the Government Service Centre. Before renovating or relocating the individual to another room within the house the caregiver shall advise the RHA so the Government Service Centre can conduct the required inspections;
- ensure that the home owner's insurance policy covers the individual and his/her belongings. (see Appendix O for sample letter which alternate family caregivers may present to their insurance companies when applying for insurance)

### **7.120 Damages Caused by the Individual**

- When damages are caused by an individual, attempts should be made to place accountability for actions with the individual and if he/she is of an appropriate developmental level they should be expected to offset some of the costs. This should be discussed and agreed to by the individual involved, social worker and the caregiver. The caregiver may be required to provide a detail report to the social worker to support the payment of the damage. ( see section 2.50.120 for costing details)

### **7.130 Infectious Diseases**

- The caregiver shall be knowledgeable about the presence and spread of infectious diseases and parasites in the home.
- The caregiver may contact the Public Health Nurse in the region concerning any issues related to infectious diseases.

## **Appendix A**

### **Residential Services Historical Overview**

The residential services for persons with disabilities provided by the Province expanded in 1982 into a community based service system which enabled the closure of Exon House & Children's Home (institutions for children/young adults with intellectual disabilities). Community residential options such as group homes and developmental maximization units, and support services were created for those leaving the institution as well as for those in the community who needed support services. The result was a new service system with a range of services and supports to prevent the need for out of home placement. Emphasis was placed on the provision of in-home supports that would strengthen children's services and stem the need for institutional placements for children and young adults. Collaborative teamwork and individual program planning were an integral part of the effort and resulted in the provision of community based supports for individuals with complex needs.

In the 1990s, the group homes and developmental maximization units experienced increased costs and their service delivery began to shift away from a client focus to having institutional qualities. An initiative was undertaken to move individuals from group homes and maximization units, close those programs and relocate funding to expand program areas such as the home support program. Policies for this program were revised to better reflect what was needed by individuals with disabilities. Alternate Family Care Homes, Individualized Living Arrangements and Cooperative Apartments were developed and became essential elements in the new delivery system.

This community based residential living model is the current model for residential services for persons with intellectual disabilities. The Department of Health and Community Services is currently working on a long term care and community services policy framework including a new disability supports program.



**APPENDIX B****SAMPLE FORM ONLY****APPLICATION TO PROVIDE ALTERNATE FAMILY CARE (ADULT)**

	<b>Applicant</b>	<b>Spouse</b>
<b>Name</b>		
<b>Address</b>		
<b>Phone Number</b>		
<b>Date of Birth</b>		
<b>Place of Birth</b>		
<b>Education</b>		
<b>Occupation</b>		
<b>Gross annual income *</b>		

\*as per most recent Revenue Canada tax return.

**Description of House**

<b>Type of house</b>	
<b>How many rooms?</b>	
<b>Is your home wheelchair accessible?</b>	
<b>If no, would extensive modification be necessary?</b>	
<b>Do you own your home or pay rent?</b>	
<b>Are there children residing in the home and relationship?</b>	
<b>Any other individuals presently in the home?</b>	

Please respond “yes” or “no” to the following questions.

	<b>Applicant</b>	<b>Spouse</b>
<b>Have you ever had any serious emotional or physical illness?</b>		
<b>Have you ever been under psychiatric care?</b>		
<b>Have you ever been charged with a criminal offence?</b>		
<b>If approved, would you and your spouse (if applicable) be willing to participate in initial and on-going training?</b>		
<b>Have you had any past involvement with individuals with an intellectual disability? Please Specify.</b>		

**Why do you wish to provide alternate family care for an individual with an intellectual disability?**

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**Have you applied to the regional health authority (RHA) to provide residential services in the past?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, in what year? \_\_\_\_\_

**Are you aware of the support services the RHA provides for alternate caregiver?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**MEDICAL REPORT ON PROSPECTIVE ALTERNATE  
FAMILY CAREGIVERS (ADULTS)**

To Physician:

\_\_\_\_\_ of \_\_\_\_\_ has submitted  
(name of caregiver) (address of caregiver)

an application to become an alternate family caregiver (AFC).

It is the responsibility of the regional health authority to select caregivers whose general health and emotional stability would enable them to provide a stable and enriching home environment for individuals with intellectual disability(s). Medical references assist in making this selection. As such, the applicant and his/her spouse have agreed to ask his/her physician to complete the attached medical form. A separate medical form must be completed on each applicant.

Authorization for Release of Medical Information

I hereby request and authorize any physician who has observed or treated me, or any hospital where I have been a patient, to give full information regarding my medical condition, (including family history, consultation, reports, findings and diagnosis) to \_\_\_\_\_ for purposes of assessing my application to

(regional health authority)  
become and alternate family caregiver.

\_\_\_\_\_  
(signature of caregiver applicant)

\_\_\_\_\_  
(date)

**SECTION A: MEDICAL HISTORY**

How long have you known the applicant? \_\_\_\_\_ (Months/Years) Date of last examination \_\_\_\_\_

If you have known this person less than two years is there someone else that you recommend we contact for the purposes of obtaining a thorough medical history? \_\_\_\_\_ Who?  
\_\_\_\_\_

In your medical opinion, is there any past history of illness, hospital admissions/surgery and or accidents, that would impact or influence the applicant's ability to be a caregiver? \_\_\_\_\_

If yes, please provide details.

**SECTION B: FAMILY MEDICAL HISTORY**

Is there a history of any significant chronic disease in the applicant's family background (please include any substance abuse, mental illness)? \_\_\_\_\_

If Yes please provide details.

Would this affect the applicant's ability to care for a person with an intellectual disability? \_\_\_\_\_  
Please explain.

**SECTION C: GENERAL HEALTH**

Comments on applicant's general health.

Has applicant usual life expectancy? ( ) Yes ( ) No

If no, comment.

Is the applicant taking any medication or has any recommendation for medical care been made to

the applicant? ( ) Yes ( ) No

If yes, specify.

Has the applicant ever been treated for emotional problems or has the applicant ever received psychiatric treatment? ( ) Yes ( ) No

If yes, comment:

Does the applicant now seem stable and well balanced emotionally?  
( ) Yes ( ) No

Comment:

Please describe anything that might prevent the applicant from handling the extra demands of caregiving.

Would you recommend that an individual with intellectual disabilities be placed in this home?

Physician's Signature:	Phone number: Fax number:	Date:	Mailing Address:
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Social Worker	Office	Telephone Number
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APPENDIX D

SAMPLE LETTER ONLY

LETTER OF REFERENCE - ALTERNATE FAMILY CARE

\_\_\_\_\_  
(Name of person providing the reference)

\_\_\_\_\_  
(Address of person providing the reference)

\_\_\_\_\_ of \_\_\_\_\_ have made application to provide alternate  
(Name of Applicant) (Address of Applicant)  
family care for adults with intellectual disabilities and has given your name as a reference.

An Alternate Family Care Home (AFC) is a home authorized by the local regional health authority to provide room and board, supervision and personal/social care to adults with intellectual disabilities. The AFC program acknowledges that certain persons with intellectual disabilities will require long term support and nurturing available only within the context of a family unit. We, therefore, request your assistance in providing information which will help us determine the suitability of this family and whether it would be in the best interest of the individual with a intellectual disability to be placed in this environment. Please be assured that your reference will be dealt with on a confidential basis and will only be released by the local regional health authority if required to do so by law.

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

Social Worker: \_\_\_\_\_

Please return to: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*\*\*\*\*

Please answer the following questions.

1. How long have you known the applicant(s)? \_\_\_\_\_

2. In what capacity have you know them? \_\_\_\_\_

3. What do you consider are the personal qualities of the applicant(s) to enable them to care for an individual with an intellectual disability?

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4. Why, in your opinion, might the applicant(s) be interested in providing alternate family care?

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5. How would you describe the relationship between the applicant and his/her spouse?

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6. Has there ever been a separation between the applicant and his/her spouse?

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7. Would you describe the relationship between these applicants and their own children (if applicable), particularly the involvement of both parents, and the discipline measures used in the home.

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8. Do you think the children in this home would be accepting of an individual with an intellectual disability?

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9. Describe any community/church activities in which the applicant(s) is involved.

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10. Do you know of any reason why these applicants should not be given the responsibility of caring for an individual having an intellectual disability? If so, explain.

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11. What is your overall opinion of the applicants ability to provide alternate family care? Include any previous experience they might have had related to caring for individuals with an intellectual disability.

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If you wish to discuss this reference with the social worker, please call the phone number on the previous page.

Signature: \_\_\_\_\_ Occupation: \_\_\_\_\_

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



## Appendix E

### **GUIDELINES FOR ALTERNATE FAMILY CARE HOMESTUDY**

#### **1. Agency Contacts:**

- # of home visits completed, record of telephone calls , etc.

#### **2. Family Background:**

- Name, date of birth and place of birth of applicant
- Name of parents, age, address and employment history.

#### **3. Siblings of the alternate family caregiver:**

- Name, age, address, marital status, employment status, children, relationship with them.
- Any history of drug or alcohol dependency or mental illness.

#### **4. Childhood Experiences:**

- Describe relationship with parents
- Who did the disciplining?
- What forms of discipline were used?
- Describe father's role in family
- Describe mother's role in family
- Describe relationship with siblings
- What family activities did you partake?
- How were social occasions celebrated?
- What were your interests/hobbies growing up?
- What is your current relationship with parents and siblings?

#### **5. Education/Employment History:**

- Grades completed
- Name of school
- School activities?
- Post secondary education?
- Are you willing to support the educational/vocational needs of someone with an intellectual disability?
- Employment history
- Current employment status
- Stability of employment
- Job satisfaction

**6. Personality Profile:**

- How would you describe yourself?
- What are your interests/hobbies?
- How do you resolve or settle disagreements?
- What is the most challenging issue you have had to deal with as an adult?
- Have you ever been treated by a psychiatrist or received any type of counselling?

**7. Health:**

- Any major illnesses/diseases.
- Smoke?
- Alcohol?
- Medicals

**8. Religion:**

- Would you be accepting of someone of a different religious affiliation and assist them in practicing their faith?

**9. Community Standing:**

- Certificate of Conduct
- Involved in any community activities?
- Child Youth and Family Services Records Checks

**COMBINE THE FOLLOWING SECTIONS****10. Marital Relationship:**

- How did you meet your partner?
- Number of years married.
- Any previous marriages?
- How would you describe your partner as a parent/spouse.
- How do you resolve differences?
- What are your role/responsibilities in the home?
- What is your role in child rearing?
- Who is responsible for the discipline?
- What type of discipline is used?
- Social/recreational activities; darts, bowling, movies, parties, etc
- What is your relationship with your partner's family?
- What is the most challenging issue you've had to deal with as a couple?

**11. Other Persons in Home:**

- Children, names and ages
- Parent, in-laws, boarders, etc.
- Children's attitude toward Alternate Family Care?
- Were they involved in the decision to provide Alternate Family Care?
- Will they be part of the care-giving?

**12. Description of Home & Neighbourhood:**

- Physical description of home
- Location of individual's room
- Describe heating, plumbing
- Wheelchair accessible, stairs, etc
- Describe outdoor area
- Describe the neighbourhood; distance from schools, churches, bus routes, medical facilities

**13. Income:**

- Amount and source of income
- Income stability
- Who pays the bills?
- Monthly expenses: rent/mortgage  
  utilities  
  car loan
- Have you ever been in receipt of Income Support?

**14. Motivation:**

- How did you find out about Alternate Family Care?
- Why do you want to provide Alternate Family Care?
- Any previous experience?
- Are you both equally committed to being an alternate family caregiver?
- Are you willing to be involved with natural families (i.e. phone contact, visits, etc.)
- Are you prepared to advocate on behalf of an individual in your home?
- Are you willing to accept help/suggestions from other professionals?
- Are you willing to be a part of a team to support this individual ( i.e. social workers, behaviour management specialists, physicians, etc.) ?
- Are you willing to participate in training?

**15. Preferences & Expectations:**

- Any preference with regards to age, sex, or care level of an individual?
- How do you feel about severe behaviours; personal care?
- Smokers or non-smokers?

- Do you prefer to provide a long term residential arrangement; weekend respite, etc.

## **16. Recommendations**

## APPENDIX F

### FIRE & LIFE SAFETY GUIDELINES for Alternate Family Care Homes

Without limiting the generality of areas or items to be inspected by the Government Service Centre, the following Fire & Life Safety Guidelines shall be applied. However, for a more complete coverage the National Building Code part 9 should be reference.

Egress	At least one (1) directly to the outside from the main floor area or basement area if occupied.
Stairs	All stairs shall conform to the Code and be equipped with the required handrails. Ref N.B.C Section 9.8
Emergency Lighting	A rechargeable flashlight or as required by inspector.
Early Warning System	All floors shall be equipped with an electrical ULC listed smoke alarm and all units must be interconnected. Other areas as designated by the inspector. Ref N.B.C 9.10.18
Section	
Electrical	Ref N.B.C. 9.34
Bedroom Windows	Bedroom windows shall meet egress requirements. Ref N.B.C 9.7
Ventilation	Ventilation duct work shall be non-combustible e.g. kitchen range hood, dryer vent. Note for fire protection, ref. N.B.C. 9.10.21 Ventilation ref N.B.C. 9.32
Appliances	Fuel fired appliances such as furnaces shall be certified for use, (annual inspection or serviced) Chimneys and flues ref. N.B.C 9.21 Where fuel fired appliances are used, a Carbon Monoxide detector shall be provided.
Interior Finish	Unknown layers of paint, paper, paneling, carpeting and/or other combustible materials may not be acceptable. Standard gypsum board with latex paint or finish is what is acceptable and preferred and will be required at the discretion of the inspector. Ref. N.B.C 9.10.16

## Fire Extinguishers

ULC listed portable fire extinguishers shall be installed in areas designated by inspector. e.g.

- one (1) 5 lb. ABC type fire extinguisher shall be installed in the kitchen area
- one (1) 5 lb. ABC type fire extinguisher shall be installed in the basement area (e.g. electrical and furnace, laundry, garage and workshop area).

## Attached Garages

Interior door fumes tight and equipped with a self-closing device. Also a carbon monoxide detector be provided near interior entrance to the garage. Ref. N.B.C 9.10.13.15

## Balcony/Patio

Guards shall be designed in such a manner that will not facilitate climbing. The spacing between the vertical members shall be not more than 100 mm. The guard height shall be a minimum of 900 mm or as determined. Ref. N.B.C 9.8.8

\*Note appendix section in the N.B.C. for further explanation.

**APPENDIX G**

*SAMPLE ONLY*

**LETTER OF APPROVAL - ALTERNATE FAMILY CARE**

**Re: File # XXXXXX**

Dear \_\_\_\_\_,  
(Name of Applicant)

We are pleased to advise you that your home has been approved to provide Alternate Family Care for \_\_\_\_\_ individuals, with an intellectual disability. This  
(Number of individual(s))  
authorization is ongoing and will be periodically assessed by your social worker who will be completing an annual report as well as scheduled and unscheduled visits.

Continuance of this approval is dependent on your adherence to the terms and conditions outlined in your service and financial agreements.

Providing Alternate Family Care is a challenging responsibility. To assist you in supporting individuals in your care you will be offered training opportunities and support from social work and other professionals as required.

Please advise your social worker of any changes in your family or home conditions. If you have any questions or concerns contact your social worker \_\_\_\_\_ at  
(social worker)  
\_\_\_\_\_. Your worker will be able to offer assistance and support.

(phone number)

We wish to take this opportunity to thank you most sincerely for your participation in our Alternate Family Care Program.

Yours truly,

\_\_\_\_\_

(RHA Manager)

**DECLARATION OF CONFIDENTIALITY**

I hereby acknowledge that as participant in the Alternate Family Care Program in the province of Newfoundland and Labrador, I may be entrusted with knowledge of a personal and private nature concerning adults with intellectual disabilities placed in my home, their parents and their relatives. I hereby undertake not to divulge any of this knowledge, nor to discuss it at any time, or at any place with unauthorized person(s) either during the time that I am approved to participate in this program, or thereafter. I also acknowledge that a breach of this undertaking could result in the regional health authority discontinuing use of my home for alternate family care.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE (alternate family care provider)**

I have explained the implications of signing the Declaration of Confidentiality to \_\_\_\_\_ and am fully satisfied he/she is aware (alternate family care provider) of the necessity to hold the affairs of individuals placed in their home, their parents and their relatives in absolute confidence.

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE (social worker)**



## Appendix I

### **Guidelines to follow in establishing policy regarding dealing with a health care decision on behalf of the individual in the Alternate Family Care Program.**

- (A) The term “health care decision” is defined in Section 2 (b) of the Advance Health Care Directives Act as follows:

“health care decision means a consent, refusal to consent, or withdrawal of consent of any care, treatment, service, medication, or procedure to maintain, diagnose, treat, or provide for an individual’s physical or mental health or personal care and includes life-prolonging treatment, psychiatric treatment for a persons who has not been admitted under section 5 of the *Mental Health Act* to a treatment facility, the administration of nutrition and hydration and admissions, other than under section 5 of the *Mental Health Act*, to treatment facilities and removal from those institutions.

- (B) When such decisions are required for individuals with intellectual disabilities who are living in any setting under the residential services program the following procedure should be followed:

- (i) where the resident is not a child or otherwise lawfully under the guardianship of the Director of Child Welfare or the Director of Neglected Adults, and where he/she, is capable of giving “informed consent,” he/she should do so.
- (ii) where the resident is not a child or otherwise lawfully under the guardianship of the Director of Child Welfare or the Director of Neglected Adults and where the individual is not competent to give informed consent, the consent is to be obtained from a substitute decision maker chosen from the following list in descending order as per Section 10 of the Advance Health Care Directives Act:
  - (a) the incompetent person’s spouse;
  - (b) the incompetent person’s children;
  - (c) the incompetent person’s parents;
  - (d) the incompetent person’s siblings;
  - (e) the incompetent person’s grandchildren;
  - (f) the incompetent person’s grandparents;
  - (g) the incompetent person’s uncles and aunts;
  - (h) the incompetent person’s nephews or nieces;
  - (i) another relative of the incompetent person; and
  - (j) the incompetent person’s health care professional who is responsible for the proposed health care.

- (C) For categories which could involve more than one person (all except spouse and health care professional), for instance “children,” all of the known children or persons in the category will be contacted. There is no rule stating that the eldest child or person in the category should be contacted first.
- (D) Once an attempt has been made to contact all known persons in the category, those persons who are available and willing to act as substitute decision maker(s) must reach a majority decision.
- (E) If only one person in the category is available and willing to act as a substitute decision maker, that person can act singularly.
- (F) Section 10 of the Advance Health Care Directives Act operates by process of elimination. If the first category of persons is not available, does not exist, refuses to take on the role of substitute decision maker, or is unable to reach a majority, the next category will be used. This continues until the only person remaining to act as the substitute decision maker is the health care professional treating the person.
- (G) If a substitute decision maker referred to in (ii), other than a court appointed guardian, the Director of Neglected Adults or a health care professional, has not had contact with the resident at some time during the preceding 12 months, he/she may not act as a substitute decision maker unless an application is made to the Trial Division to shorten or waive the 12 month requirement.

## Appendix J Support Trusts

<p style="text-align: center;"><b>DEPARTMENT OF HUMAN RESOURCES &amp; EMPLOYMENT</b></p> <p style="text-align: center;"><b>INCOME SUPPORT POLICY AND PROCEDURE MANUAL</b></p>	<p style="text-align: center;"><b>SECTION: ELIGIBILITY CRITERIA</b></p>	<p style="text-align: center;"><b>REFERENCE NUMBER</b></p> <p style="text-align: center;"><b>3320</b></p>
	<p style="text-align: center;"><b>SUBJECT: SUPPORT TRUSTS</b></p>	
<p><b>REVISION DATE: 2002 03 01</b></p>		

### SUPPORT TRUSTS

#### BACKGROUND:

Many parents who have adult children with disabilities have expressed concern about the future of their adult children when they are no longer around to support them. Many of these youth/adults with disabilities currently receive financial and other supports from government. These supports are limited to meeting only the basic needs of these individuals, i.e., Social Assistance and Home Support Services. Families also provide supports and services that meet the additional needs of these youth/adults that enhance the quality of life for these individuals. There are a limited number of parents who are in a position to help ensure the future well being of their disabled adult children. In the past, the *Social Assistance Regulations* limited their ability to invest in their children's future without affecting the individual's access to the basic financial and other supports provided by government.

The Department of Human Resources and Employment in conjunction with the Department of Health and Community Services and the Newfoundland and Labrador Association of Community Living (NLACL) developed a proposal for a Support Trust amendment to the *Social Assistance Regulations* which was accepted and approved by Government effective October 2001. As a result, Sections 2 and 12 of the *Social Assistance Regulations* were amended.

#### **3320 Definition of a Support Trust**

A Support Trust is a regular trust fund where the capital and interest, are considered exempt when determining eligibility for Social Assistance and other disability-related support services, i.e., Home Support Services, Special Assistance Program, Prescription Drug Program, etc., provided the beneficiary is a person with a disability that requires supportive services to aid independent living.

A Support Trust is a trust fund established for the benefit of the client. In most cases, at least three people are involved when a trust fund is established: the *settlor* who creates the trust fund; the *trustee*, whose duty is to carry out the terms of the trust fund; and the *beneficiary*, for whose benefit the trust fund is created. In some cases, the beneficiary

may also be in a position to be part of the decision making process in the administration of the trust fund.

A Support Trust is intended for the use of the beneficiary and, as such, funds from the trust fund are to be used to enhance the well-being of the beneficiary (client). This would insure the Support Trust is not used as an avenue to safeguard funds, but a mechanism to provide 'support' for the beneficiary to purchase those items or services that cannot be provided through the Social Assistance program or programs offered by Health and Community Services.

### **3321 Exempt Amount for a Support Trust**

The exemption limit for a Support Trust is set at a maximum of \$100,000 in liquid assets (including capital and interest) at any given time. This maximum amount can be obtained through one or multiple contributions.

### **3322 Definition of Supportive Services**

The definition of supportive services includes home support services, not including professional services, residential alternatives such as individual living arrangements and alternate care facilities, supported employment, health supplies and equipment.

### **3323 Role of the Department of Health and Community Services**

In order to be eligible for Social Assistance and have a Support Trust, the applicant/client or representative must first obtain proof that the applicant/client is a disabled person requiring supportive services. In order to obtain this proof the applicant/client or representative is to be referred to the Department of Health and Community Services, via the local Health and Community Services Board to have an assessment completed by a social worker.

**Note: In most cases, this information is readily available through the Health Community Services Boards as a vast majority of these cases, are already known to them.**

The assessment will be used to determine if the applicant/client meets the minimum criteria of requiring supportive services. The applicant/client or representative is responsible for obtaining this information and providing it to the Client Services Officer.

The information provided by the social worker who completes the assessment, must include the date in which the assessment was completed and the date when the assessment was approved. The letter must be dated and indicate if and when another assessment is required.

### **3324 Support Trust Information**

In order to consider a trust to be a Support Trust, the following information is required:

- Date when the trust fund was set up;
- Name of the Trust Fund;
- Name of the trustee;
- Name of witness;
- Name of the beneficiary;
- Name of settlor;
- Name of institution, such as a bank or trust company where the capital of the trust is kept;
- Present balance of the trust, and
- Any other conditions of the trust such as directions outlined by the settlor for the trustee to carry out.

### **3325 Approval Process**

When an applicant applies for an exemption of funds held in a Support Trust, the applicant and/or Trustee must be informed of the procedure. Once the appropriate documentation and supporting information, outlined in **Section 3324**, is obtained, plus verification from the Health and Community Services Board, the information is to be forwarded through the appropriate management levels to the **Regional Manager for approval**. The Regional Manager may wish to discuss the documentation obtained from the Client Services Officer with the Income Support Division to ensure the Trust meets the guidelines of a Support Trust. If there are any concerns, the Department of Human Resources and Employment will refer the information to the Department of Justice for an opinion.

Once approval is given, the Regional Manager must inform the beneficiary and the Trustee in writing of the conditions surrounding the approval. It is important that unless the trustee is willing to abide by the conditions, (**Section 3326**) then the trust cannot be considered a Support Trust, and if the amount exceeds the liquid assets limit outlined in **Section 12 (2)** of the *Social Assistance Regulations* then there is no eligibility for Social Assistance.

### **3326 Conditions Attached to a Support Trust**

As stated in **Section 3321**, a Support Trust is meant to offset the exceptional costs associated with a person with a disability, not covered by the Department of Human Resources and Employment or the Department of Health and Community Services. To ensure that the Support Trust is used for its intended purpose, a minimum of 2% of the capital plus the annual interest must be spent annually to purchase items and/or services for the client. In the event that this amount is not spent on the client, or the full amount is not spent, then the value of the 2% of the capital plus the annual interest less expenses and any amount spent on the client will be considered as non-allowable income and

deducted from the amount of financial support provided by the Department of Human Resources and Employment.

The revenue from the Support Trust (2% of capital + interest) can be used to provide for any item/service that is deemed to enhance the well being of the beneficiary(client) that are not provided by the Department of Human Resources and Employment or the Department of Health and Community Services. The guiding principle is that the expenditure is to be used for the well-being of the beneficiary (client).

It is not possible to provide a list of all the items/services that fit into the category as being “legitimate” expenditures. Providing a list may in fact limit the discretion of the trustee in providing support to the client. However, such items/services could be trips to visit relatives, furniture, recreational pursuits, clothing etc. The overriding consideration, is that the funds from the trust fund are to be used to “enhance the well-being” of the client. The Regional Manager will have discretion in evaluating the expenditure spent in the past year from the trust fund to ensure that it meets the general guidelines outlined in **Section 3220** as to how a Support Trust is to be used. Consultation with the Income Support Division is available.

### **3327 Obligations of the Trustee**

When a client applies for Social Assistance and has a Support Trust, the trustee must be aware of his/her obligations to consider the trust fund to be a Support Trust. The trustee must provide the appropriate information outlined in **Section 3323**. In addition, the trustee must provide an annual statement outlining the details of the trust, such as the capital at the beginning of the year, the interest earned and the details of the funds spent on the beneficiary (client) throughout the year.

Once Social Assistance is approved for the client, the Client Services Officer must inform the trustee of his/her obligations in order to maintain Social Assistance and that failure to provide the required information can result in Social Assistance being discontinued.

### **3328 Small Amounts in Support Trusts**

There will be situations where individuals/families have small amounts in a trust fund. A trust fund can be set up for any amount. In some situations the amount of the capital in the Trust Fund can be less than the allowable liquid asset exemption. In the event that the capital in a trust fund is below or is reduced to an amount that is below the exempt amounts listed in **Section 12 (1) & (2)** of the *Social Assistance Regulations*, the rule that requires the individual/family to spend 2% of the capital plus the annual interest no longer applies. In these situations, the Trust Fund is considered a liquid asset, and the amount will be considered exempt with no obligation to spend any amount.

### **3329 Review**

The purpose of Support Trust is to ensure that income from the trust is being used for the benefit of the beneficiary. Consequently, it is necessary these cases are reviewed annually on the anniversary date, or earlier if necessary, to ensure that the conditions of the Support Trust are being met.

Cases with a Support Trust are to be managed outside the regular review process. The Regional Manager is required to ensure that either the District Manager or Supervisor maintain a review system on these cases. Families will be given notice (in writing) when a review is require, to ensure the appropriate documentation is obtained in a timely fashion.

When conducting the review the trustee is required to provide proof of the financial circumstances of the trust amount, less expenses, if any, spent on the beneficiary.

If necessary, a review of the status of the client may be required, if there is any consideration that the person may no longer be a person requiring supportive services.

### **3330 Death of the Beneficiary**

Since it is generally understood that a Support Trust was created for the benefit of the client, it is expected that the residual value of the trust is to be used to offset the funeral expenses of the beneficiary (client).

## **Appendix K**

### **Guidelines to follow in establishing policy on the investigation of Abuse/Neglect**

The RHA is responsible for ensuring quality care and well-being of individuals residing in Alternate Family Care Programs. It is critical that each and every allegation of abuse or neglect be investigated and corrective action taken, where necessary. The following procedure shall be implemented:

- (A) When a complaint is received, the social worker taking the call shall determine the nature of the complaint. This information will then be discussed with the appropriate RHA designate.
- (B) The Chief Executive Officer or designate must be advised immediately and a social worker will be chosen to conduct the investigation. The social worker chosen is to be from an office other than that of the social worker supervising the home, whenever possible. The investigation must commence immediately.
- (C) The DHCS is to be advised immediately by the Chief Executive Officer in advance when an investigation is being initiated. This is to be followed by a written report.
- (D) If there appears to be a basis to a complaint of physical or sexual abuse, the matter will be immediately referred to the police for joint investigation between the police and the RHA.
- (E) The natural parents of the individual shall be notified.
- (F) The social worker responsible for the home will immediately advise the caregivers of the complaint and that an investigation will be initiated. However, where the safety of the individual or the integrity of the investigation would be jeopardized, there may be no notice to the caregivers prior to the beginning of the investigation.
- (G) The investigator (social worker) must immediately assess risk to the individual by:
  - (a) seeing the individual, and
  - (b) interviewing the caregivers and will then determine what action to take in relation to the individual.



- (H) The decision to remove the individual from the home pending completion of the investigation will be based on consideration of whether he/she might be physically or psychologically harmed if left in the home. Caution should be taken in making a decision to remove an individual from the home as the complaint may not be substantiated upon completion of the investigation.
- (I) During the process of the investigation, the investigator (social worker) shall determine:
- what happened
  - who was involved
  - when it happened
  - circumstances surrounding the incident
  - seriousness of the situation

The investigator shall contact all persons who may have information which will assist in the completion of a thorough, conclusive and impartial investigation.

- (J) The investigator shall prepare a written report for the Chief Executive Officer or designate who will determine if the investigation is complete or if further action is warranted. A copy of this report should also be filed with the manager of the RHA.
- (K) The investigation shall be completed within thirty (30) days. If circumstances prevent the completion of such within this time frame, the Chief Executive Officer or designate will advise the DHCS of the reasons for the delay and the expected date of completion.

The caregivers will also be advised by the Chief Executive Officer or designate that there is a delay in completing the investigation and the reasons.

- (L) The completed report will be copied to the DHCS.
- (M) When the investigation is completed, the caregivers will be advised immediately as to whether the RHA considers the complaint to be substantiated. The decision will be confirmed in writing from the Chief Executive Officer or designate. The letter will include an offer to discuss the issues with caregivers.
- (N) The investigation of a complaint and the assessment of the home for continued use must be dealt with as two separate issues. Following the completion of the investigation the social worker

responsible for the home will assess the suitability of the home for continued use in the program.

**ALTERNATE FAMILY CARE  
FUNDING AGREEMENT**

**between**

---

(Regional Health Authority)

**and**

---

(Alternate Family)

---

This agreement outlines the expectations of the parties in relation to the funds approved to support \_\_\_\_\_ in the alternate family care home of \_\_\_\_\_.  
(Individual) (Alternate Family)

The regional health authority agrees to:

- complete the initial Home Support Assessment to determine the monthly board and lodging rate and the number of hours of home support needed;
- advise the alternate family, in writing, of the approved financial package;
- perform regular reviews of the expenditures/records as well as annual reviews of the financial package;
- provide consultation as required to clarify the AFC policies and procedures.

The Alternate Family Care Provider agrees to:

- accept the monthly board and lodging rate of \_\_\_\_\_. This amount is expected to cover food, housing, laundry, some clothing replacement, and all other items usually provided for family members such as toothpaste, soap, shampoo, cough syrup, etc.;

- accept funds in the amount of \_\_\_\_\_ for the purpose of providing supportive services. These funds maybe used to hire persons hourly, contractually, or kept as self-employed earnings (*This statement is to be customized as necessary to reflect the circumstances of each arrangement*). When utilizing these funds, the alternate family agrees to act as employer of all home support workers and will adhere to all requirements of the Human Rights Code, Labour Standards Act and Canada Revenue Agency;
- keep records of all required documentation for review by the social worker(for example):
  - time sheets signed by the employer and employee
  - verification of paid remittances to support workers;
  - copies of signed job descriptions outlining duties expected, particularly for overnight awake shifts
- advise the social worker of any changes in staffing needs.

This agreement may be changed upon the request of either party, if required according to, review of the service plan, change in policy or program direction, or change in personal circumstances.

Changes must be fully discussed by all parties involved and approved by the regional health authority.

Any changes shall be reflected in a revised funding agreement.

Funding will be suspended, and any funds provided in advance for anticipated supportive service needs will be refunded, if the individual moves permanently or is temporarily out of the home for more than 30 days unless special approval is received from the regional health authority to maintain the funding.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Alternate Family

\_\_\_\_\_  
Witness

\_\_\_\_\_  
RHA Representative

**ALTERNATE FAMILY CARE  
SERVICE AGREEMENT**

This agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**between**

---

(Regional Health Authority)

**and**

---

(Alternate Family)

**and**

---

(Individual/Advocate)

**and**

---

(Family Member)

---

For the purpose of this agreement the following definitions will apply:

- authority...refers to the regional health authority;
- individual...refers to the person with a disability to whom the service is provided;
- natural family...refers to those who are related to the individual (eg.) mother, father, brother, sister, aunt, uncle, grandparents, etc.;
- advocate...refers to an unrelated person who has established an ongoing friendship with the individual;

- alternate family...refers to an unrelated family who is approved by the regional health authority to care for the individual in their home.

Alternate Family Care means involving the individual in the daily activities of the family, assisting the individual in the completion of household tasks, and providing an opportunity for the individual to participate in social and recreational events.

The goals of alternate family care are to:

- provide the individual with a quality life in a safe family environment;
- encourage the individual to make his/her own decisions (the right to choose);
- assist the individual in achieving the highest level of independence possible, and
- promote the individual's involvement in the community.

This agreement outlines the responsibilities of the alternate family, the individual/advocate, the natural family and the regional health authority as they relate to the goals of alternate family care.

**The alternate family agrees (but is not limited to) the following:**

- provide and assist the individual with personal care and supervision required for regular daily living including, but not limited to, bathing, dressing, preparing food, doing laundry, house cleaning, shopping for clothes, financial management, and personal care and support as required through the overnight period. This will be done in a manner which respects individual rights, privacy, and dignity;
- provide the individual with a safe clean home including a separate bedroom, closet and furnishings; space for personal belongings and toiletries; and easy access throughout the house for personal equipment, i.e. wheelchairs, walkers, etc. (when required);
- ensure that the individual has input into all decisions that affect him/her;
- include the individual in the alternate family's social/recreational/seasonal activities and/or assist him/her to attend community activities such as concerts, shopping, church, seasonal events, visits to friends/natural family;
- treat the individual's natural family, advocates and friends with dignity and respect and welcome them in their home;

- ensure that the individual's medical and dental needs are met on an ongoing basis, including annual medical and dental check-ups and accompany the individual on all medical appointments;
- ensure that the individual receives \$125.00 monthly for personal needs/spending;
- participate in the development of a service plan for the individual;
- keep personal information regarding the individual confidential, sharing specific information only on a "need to know" basis;
- notify the social worker as soon as possible within 24 hours when a serious illness, accident, or incident occurs with the individual or alternate family;
- comply with standards of fire and life safety as required by the Government Service Centre and notify the social worker before renovating or relocating the individual to another room within the house;
- work with the professionals/support workers who support the individual in the home, i.e., behaviour management specialists, speech therapists, occupational therapists, physiotherapists, etc.;
- permit the social worker scheduled and unscheduled access to the home to review the living arrangement;
- be at home when the individual returns from an outside activity or ensure that a responsible adult is there in their absence (if required);
- assist the social worker in identifying potential persons to provide residential respite for the individual when he/she requires overnight accommodations and receive approval from the social worker prior to placement;
- be the employer of the individual's support workers, adhering to the requirements of the Human Right's Code, Canada Revenue Agency and Labour Standards Act;
- employ support workers who are knowledgeable and willing to involve the individual in community/recreational/seasonal activities as per the preferences of the individual;
- provide employees with written job descriptions outlining expected duties particularly during overnight "awake" shifts and have them sign a copy of the description. A copy of the signed correspondence should be verified by the social worker and kept in the employee's and individual's file.
- make payroll records available to the social worker for financial monitoring;

- provide a positive role model for the individual, both at home and in the community;
- participate in required training events, and;
- ensure that the home owners insurance policy covers the individual and his/her belongings.

**The individual agrees (but is not limited to) the following:**

- treat the alternate family with dignity and respect;
- take an active part in planning/decision making;
- share in the household responsibilities;
- participate in family activities, as desired;
- follow the rules that are in place for all household members, eg. smoking;
- agree to pay for "room and board" and other expenses from his/her income, and;
- cover the cost of personal expenses (eg. long distance telephone calls.

**The natural family agrees (but is not limited to) the following:**

- treat the alternate family with dignity and respect;
- participate co-operatively with other persons involved in assisting the individual with all planning and decision making activities;
- have the individual family member visit them on a regular basis where possible to enable the individual to continue to be involved with his/her family as well as provide respite for the alternate family;
- maintain the individual's schedules, routines and medical procedures when visiting, and;
- assume responsibility for providing consent for necessary medical treatment where the individual is unable to give that consent.

**The RHA agrees (but is not limited to) the following:**

- share all appropriate information that relates to the individual's strengths, needs and other requirements with the alternate family;



- ensure the occurrence of appropriate pre-placement visits between the individual/natural family and alternate family;
- support the individual to understand the in house rules prior to placement;
- ensure that a financial agreement is in place and that the funds are provided in accordance with that agreement;
- include the individual, advocate, natural family and alternate family in service planning;
- provide advice and consultation to the individual/natural family/alternate family during the initial placement period, when any ongoing issue arises and for transitional issues that may occur after the arrangement ends;
- provide orientation training and facilitate other required training;
- facilitate a service plan for the individual within the first month of the living arrangement and provide case management of the service plan and the service agreement;
- monitor the living arrangement on a monthly basis and more frequently if an issue of safety arises;
- conduct personal interviews with the individual to ensure that he/she has an opportunity to express desires, wishes and concerns related to his/her living arrangement;
- re-assess the support services should there be a change in the needs of the individual and/or alternate family;
- complete a review of the individual's accomplishments and activities six months following the completion of the initial service plan and annually thereafter;
- review service plan, at least annually, and;
- complete an annual assessment on the alternate family care home and provide written notification to the alternate family outlining the results of that assessment.

**General Terms:**

- This agreement may be amended upon the request of either party, if required according to, review of the service plan, change in policy or program direction and change in personal circumstances.

- Changes may be made to this agreement providing such changes are fully discussed by all parties involved and approved by the regional health authority.
- Any changes shall be reflected in a revised service agreement.
- All parties agree that 30 days written notification is required to routinely terminate this agreement. If an emergency situation arises, the individual may be moved immediately.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Individual/Advocate

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Natural Family Member

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Alternate Family Member(s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Representative of the RHA

**PERMISSION TO RELEASE INFORMATION**

I, \_\_\_\_\_, give permission to my caregiver, \_\_\_\_\_  
(Individual or designate) (Alternate Family Caregiver)

to release confidential information to professionals in the community who require this  
information for my care.

\_\_\_\_\_  
Social Worker

\_\_\_\_\_  
Individual/Designate

\_\_\_\_\_  
Date

**APPENDIX O**

***SAMPLE LETTER ONLY***

To: \_\_\_\_\_  
(Insurance Company)

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

I/We \_\_\_\_\_ of the address \_\_\_\_\_ is  
(name of caregiver) (address of caregiver)  
an approved Alternate Family Care Home under the \_\_\_\_\_  
(regional health authority)

This means that I/we as caregivers provide a nurturing home environment to 1 or 2 adult individuals with intellectual disability(s). Our home is viewed as an extension of the Caregiver Homes (i.e. Foster Care for Children), for adults who cannot live independently and who can benefit from a family environment.

Thank-you. We hope this information provides sufficient detail.

\_\_\_\_\_  
(Signature of caregiver)