

Shared Living Provider Contract Checklist (revised 09/12/2023)

Shared Living Provider Name: _____ Participant Name: _____

High School Graduate or GED? Y or N Service Coordinator _____

Do you have and use an @gmssi email address? Y or N
If not, would you like one to be set up for you? Y or N

We will communicate some important information by email. This may include agency updates or notifications about emergency situations, for example. What email address should we use to communicate with you? _____

Required Documents: (If any following information is missing your next DOC check will be sent to GMSS office for pickup)

- _____ Copy of driver's license or other government-issued photo ID
- _____ Proof of current homeowners/renters insurance coverage (at least \$300,000 liability)
- _____ Proof of current auto insurance coverage (at least \$300,000 liability)
- _____ Background Checks (everyone in the home over 18, including participant, w/page 4 attached)
- _____ List of respite providers (including addresses and phone numbers)
- _____ Copies of signed Peggy's Law disclosures (or verification by agency that they are already on file)
- _____ Contingency Plan for Disaster (or verification by agency that it is already on file).
- _____ Protected Health Information Declaration

Respite/Other Supports (Including Natural Supports)

Do you understand that, before using them, you must notify the agency of any new respite providers so that we can collect a signed copy of the mandatory disclosure form, update the EFS, and ensure required training has been provided? Y N

Do you understand that you must promptly submit signed copies's of the participant's mandatory disclosure to the agency when you hire any new respite provider? Y N

Do you take the time to talk to your respite/support staff about how to attend to all medical needs, handle behavioral issues and review necessary supervision levels of the client before leaving them alone? Y N

Have all your respite providers been trained in participant special care procedures? N/A Y N
A respite provider cannot provide care until SCP training has been completed by an agency nurse.

Do you agree to always notify in advance both your Service Coordinator, and guardian, if applicable, when the participant is expected to be at respite for more than 2 overnights, or out of state for any reason? Y N

When the participant is with respite/support staff, do you always leave a phone number where you can be reached and remember that you are responsible 24/7? Y N

Do you know how to use the GMSS emergency on call procedures and numbers and do you review that with all respite/support staff?
Y N

Do you have a copy of the participant's mandatory disclosure (Peggy's Law) ready to present to your respite/support staff? Y N

Do you inform respite/support staff that they may never care for more than two participants at the same time and do you ask enough questions to ensure the participants will be safe while together if they will be caring for a second person? **Y N**

Do you instruct respite staff/support people to remain alcohol and drug free when caring for the participant? **Y N**

Do you insist that your respite/support staff provide a tobacco free environment in all rooms of the house while the participant is present and in any vehicle occupied by the participant? **Y N**

General Reminders

As the recipient of room and board, do you understand that you are responsible for providing meals including packed lunches if the participant is going out for the day? **Y N**

Do you understand that as with any foster care arrangement, if the participant doesn't have enough money for personal needs or weather appropriate and necessary clothing, it is the responsibility of the Shared Living Provider to ensure that they are acquired? **Y N**

Do you understand that all consequences should be natural and not punitive and what that means? **Y N**

Do you understand that all required paperwork not completed and submitted in a timely fashion jeopardizes the participant's funding and will cause a delay in your DOC payment? (ISA, ISP and PCP data collection documents). **Y N**

Do you agree to never leave the participant alone and unsupervised in the car or in the house unless indicated otherwise in the approved, person-centered plan? **Y N**

Do you agree to immediately disclose any unlawful conduct, traffic violations, pending investigations, or charges brought against you or any household member to your Service Coordinator? **Y N**

Do you understand that all weapons and firearms are to be locked up and not accessible to the participant? **Y N**

Do you understand that electronic references to the participant (i.e. email, social media, etc.) and/or posting images of the participant online are strictly prohibited unless approved in writing by the guardian? **Y N**

Do you understand that you must always immediately report (by calling the office or, after hours, by calling the emergency on-call team) any incidents as indicated in the *Emergency On-Call Guidance for Direct Support Professionals*, and do you have that document stored in an easy to access location within your home? **Y N**

Do you always ensure that a responsible adult is substance free (including but not limited to; prescription pain relievers or drugs that may impact response times, etc.)? **Y N**

Do you understand that you may be asked to cover the participant without additional compensation when staff attends mandatory training, is on vacation, or is out sick? **N/A Y N**

Do you understand that funding for clients in our Adult Family Care Program is based on the participant's needs and that decline or improvement in the participant's needs may cause the Difficulty of Care Stipend to increase or decrease accordingly? **N/A** **Y N**

Do you understand that it is your responsibility to ensure that the home continues to meet the State's safety and, if applicable, accessibility requirements, including, but not limited to, working smoke and CO detectors and functioning fire extinguishers? **Y N**

Do you understand that previously inspected homes must be re-inspected every five years and that regulations may evolve between five-year inspections? **Y N**

Do you understand that timely completion of all required paperwork (medication administration records, outcomes reporting, etc.; as specific to the individual's supports) must be completed in a timely manner and submitted to the agency promptly? All paperwork must be received at the office no later than the last day of the following month. [For example, July MARs may be collected during your August home visit but must be received at the office no later than the last day of August.]

Medical/Safety/Training

Have all Relias pre-service trainings been completed? **Y N**

Have HIPAA refresher courses been completed in 2023? **Y N**

Have you taken Therapeutic Options in 2023? Date:_____ **Y N**

Have you taken the Medical Refresher in the last year? Date:_____ **Y N**

Do you understand that it is your responsibility to accompany (and, as appropriate to their needs, support) the participant at any hospital visit or medical appointments? **Y N**

When speaking with doctors and other clinical providers, do you understand that it is important to give only facts (describe what's been going on) and not make assumptions about the causes of what you are observing? **Y N**

Are all medications stored only in their original containers and are they always maintained in a locked container whether in your home or when transported / sent with a DSP (Direct Support Professional)? **Y N**

Do you agree to hand medications to the covering staff/support person rather than have the participant carry it or packing it in the overnight bag? **N/A** **Y N**

Do you have a current, written order from the doctor for all medications including over the counter drugs and supplements (including those applied topically), in the program book? **Y N**

Do you agree to maintain the program book with most current EFS and other important information? Does it include the participant's shared support plan/behavior plan, person-centered plan (PCP, ISA, ISP), housing inspection approval, special care procedure training log (if applicable), etc, and do you review this regularly with your employees? **Y N**

When an agency manager or on-call responder says the participant needs to be seen by a doctor, do you understand that the expectation is that you will immediately set up an appointment or get the client to the emergency room or an urgent care center?

Y N

Do you understand that only the guardian or medical power of attorney can sign to give permission for medical procedures, treatments, hospital admissions and/or discharges?

Y N

If the participant is admitted to the hospital or a crisis support setting overnight, are you prepared to spend the night at either place with him/her if the agency deems it necessary to ensure health and safety?

Y N

Do you understand that in the case of a serious illness or accident, the participant is to be transported to the hospital via ambulance and not in your personal vehicle?

Y N

Have you reviewed the Settings Rule information that was sent to you and do you understand that all homes must come into compliance with these new rules as quickly as possible?

Y N

Your signature below verifies that you and a member of Green Mountain Support Services have discussed all items above and that you understand and commit to upholding all contractual obligations. You acknowledge understanding that any failure to comply with contractual obligations will result in your check being sent to the office where you will be able to pick it up once the situation has been corrected or, if needed, a correction action plan has been put into place to ensure compliance.

Shared Living Provider (signature): _____ Date: _____

Service Coordinator (signature): _____ Date: _____

Program Manager or Director (signature): _____ Date: _____

List of All Current Respite Providers

Name: _____ Phone: _____

Address: _____ Signed Peggy's Law on file?

Name: _____ Phone: _____

Address: _____ Signed Peggy's Law on file?

Name: _____ Phone: _____

Address: _____ Signed Peggy's Law on file?

Name: _____ Phone: _____

Address: _____ Signed Peggy's Law on file?

NECESSARY FOLLOW-UP BY (Who must do what by when?)

Item 1: _____

Item 2: _____

Item 3: _____

Item 4: _____

Item 5: _____

Item 6: _____

Item 7: _____