

**MyCare Family Community Supports
Family Home Provider (FHP) - Job Description**

Employee Name: _____

Immediate Supervisor: _____

Effective Date: _____

Purpose

To assist individuals in performing the functions of daily living with as much independence as possible in a family home setting and ensuring the individual's health, safety, and welfare. Under general supervision, to guide individuals to be self-directed by teaching decision making skills and encouraging independence as defined in each person's Plan of Care.

Responsibilities to Participant

- 1) The Family Home Provider agrees to abide by all Federal and State laws and regulations with regard to individuals with developmental and intellectual disabilities.
- 2) The Family Home Provider shall provide residential training designed to facilitate the acquisition of communication skills, sensory, motor, and self-help, and other daily living skills.
- 3) The Family Home Provide shall assist with the participant's activities of daily living based on the participant's need as outlined in their person-centered plan of care including but not limited to: support with ambulating, dressing, grooming, feeding, toileting, bathing, meal planning and preparation, laundry, home care, budgeting, financial matters, etc...
- 4) The Family Home Provider shall provide the participant right to privacy with telephone calls; providing freedom of movement and access to the community; ensuring the participant's right to have personal property and possessions and to have these respected; and ensuring the participants right to be from physical abuse, mental/psychological abuse, sexual abuse, harassment, neglect, and exploitation.
- 5) The Family Home Provider shall attend and participate in the participant's person-centered plan of care meetings as a primary member of the team or any other team meeting deemed necessary to the care of said participant(s).
- 6) The Family Home Provider agrees to fully implement the goals and support/training objectives outlined in the Plan of Care.
- 7) The Family Home Provider agrees to follow the person-centered plan of care and recognizes and understands any crisis issues outline in the participant summary.
- 8) The Family Home Provider agrees to follow Behavior Support Plans (if applicable to the participant) and right restrictions (if applicable) and implementation of such.
- 9) The Family Home Provider shall promote dignity and self-worth by not using stigmatizing language or representations and to interpret the individual in a positive and value manner to neighbors and community.

- 10) The Family Home Provider shall advocate on behalf of the participant and to assume this role in interaction, communication, and cooperation with agencies that provides advocacy, legal representation, and protection services.
- 11) The Family Home Provider shall communicate and interact with the participant's family or legal guardian as needed.
- 12) The Family Home Provider shall enable the participant to become involved in social activities in the neighborhood and community.
- 13) The Family Home Provider shall ensure the nutritional needs of the participant are met in accordance with recommended dietary allowances or as specified by a physician.
- 14) The Family Home Provider shall actively participate in medical/dental appointments and follow up care as directed by healthcare professionals; and immediately inform and provide documentation to MyCare Family Community Supports.
- 15) The Family Home Provider shall provide all medical documentation to MyCare Family Community Supports within 24 hours of the date of service/issuance; and ensure appropriate documentation has been completed.
- 16) The Family Home Provider shall provide a separate bed for each participant that is equipped with substantial springs, a clean comfortable mattress, and clean bed linens. Age and gender appropriate decorations should be present in participant's bedroom in accordance with his/her preference. If participants choose to share their bedroom, this can be supported as long as the room is of adequate size so that the beds can be placed five (5) feet apart; and participants/guardians agree to the sharing of space.
- 17) The Family Home Provider shall return all belongings to the participant should they move from your home.

Responsibilities to MyCare Family Community Supports

- 1) The Family Home Provider shall communicate and cooperate with representatives of MyCare Family Community Supports and any other agencies affiliated with supporting the participant according to memorandums of understandings put in place with said agencies.
- 2) The Family Home Provider agrees to maintain an approved safety evacuation plan. Monthly emergency drills must be conducted according to schedule provided by MyCare Family Community Supports.
- 3) The Family Home Provider agrees to keep the home, neat, clean, and in good repair.
- 4) The Family Home Provider agrees to keep all household cleaning supplies in proper storage space.
- 5) The Family Home Provider agrees to maintain fully functional smoke detectors in each bedroom and in strategic locations, throughout the home; and at least two (2) fire extinguishers that are ABC regulation, fully charged, and placed in strategic locations in the home.

- 6) The Family Home Provider agrees to keep all non-psychotropic medications locked in an approved container and all psychotropic medications double-locked within a separate container from any other medications.
- 7) The Family Home Provider agrees to follow state and federal regulations and MyCare Family community Supports policy and procedures as it pertains to medication administration, medication documentation, medication orders, medication discontinuation, medication disposal, medication travel, and medication storage. The Family Home Provider is directly responsible for assuring that the participant's medication regimen is not disrupted. Thus, the Family Home Provider must work with the pharmacy, MyCare Family Community Supports and other service Provider (if applicable) when a participant's medication needs to be refilled. Failure to respond in a timely manner can be construed as neglect and action taken accordingly.
- 8) The Family Home Provider agrees to double lock firearms or other weapons in the home or on the property. Ammunition must be stored separate from firearm and in a double locked container.
- 9) The Family Home Provider agrees to ensure the gas/electric supply is functioning at all times. Should a disaster or emergency occur, please refer to the MyCare Community Supports Disaster & Emergency Plan.
- 10) The Family Home Provider agrees to ensure the availability of an ample supply of hot and cold running water. Water temperature cannot exceed 120 degrees.
- 11) The Family Home Provider agrees to maintain records as instructed and submit to MyCare Family Community supports in a timely manner:
 - Immediately report and follow state mandated guidelines for incident reports.
 - MAR's documented correctly and submitted monthly.
 - Health Risk Screening forms documenting any concerns regarding overall health and appointments participant attended during that month.
 - Daily documentation on the Residential In/Out log that includes; beginning and ending times of service; date of service; location of service (not specific address); and name, title signature and signature date of the individual attesting to the attendance.
 - A detailed monthly summary note which shall include; the month and year for the time period the note covers; evidence of progress toward the participant's outcome or outcomes; identification of barriers to achievement of outcome or outcomes; projected plan to achieve the next step in achievement of outcome or outcomes; provide information including; but not limited, to daily events/involvement in the community, concerns, patterns, trends and unusual occurrences during the month that had an impact on the participant's quality of life; your signature and title and the date the note was written.
 - Expenditure envelopes with receipts submitted monthly and only containing receipts applicable to the participant.
 - Emergency drills addressing the scheduled drill each month.

- Extra needs Request forms filled out and submitted to MyCare Family Community Supports within a timely manner when participant requires extra spending money (Only applicable to participants whom have a state guardian).
 - Other data as applicable, i.e. behavior tracking data, weight, nutritional data, seizure activity log, sleep log, blood pressure readings, etc... documented and submitted as instructed.
- 12) The Family Home Provider shall notify MyCare Family Community Supports prior to change of address as a home inspection will need to be conducted prior to moving a new participant to a new home. The Family Home Provider will also be required to immediately inform MyCare Family Community Supports in the event their primary phone number has changed.
 - 13) The Family Home Provider shall maintain a valid Kentucky driver's license and provide a viable and safe means of transportation which is adequately insured against liability for property damage and personal injury, for the purpose of transporting the individual to appointments, work site, ADT, therapy appointments, or any other necessary activities. Documentation of adequate insurance is required.
 - 14) The Family Home Provider shall notify MyCare Family Community Supports immediately of any allegation or investigation the FHP or any other person in the home are under with any other service agency. MyCare Family Community Supports may remove the participant(s) in the FHP's care from the home pending the outcome of the investigation.
 - 15) The Family Home Provider shall allow no more than three (3) persons with disabilities for which payment is received from MyCare Family Community Supports or any other service provider to be present in the home temporarily or permanently.
 - 16) The Family Home Provider shall cooperate with MyCare Family Community Supports in the handling of any grievances from the participant and/or the participant's family or guardian related to residential supports.
 - 17) The Family Home Provider shall comply with all Federal HIPAA regulations and not divulge the participant's information to anyone other than people who have the right to know or are properly authorized to receive such information. No disclosure shall be provided without first clearly establishing with MyCare Family Community Supports that it is an appropriate disclosure. All information regarding the participant is CONFIDENTIAL!
 - 18) The Family Home Provider shall cooperate with scheduled and/or unscheduled monitoring visits by MyCare Family Community Supports and other regulatory bodies and comply with any deficiencies as identified.
 - 19) The Family Home Provider shall secure prior approval from MyCare Family Community Supports from communication with the public, i.e. civic clubs, speeches, radio, television, newspaper, etc..., regarding any aspect of any program or service; MyCare Family Community supports its programs, services, or affiliates.
 - 20) The Family Home Provider shall be capable of providing necessary support at all times. A written doctor's statement is necessary whenever there is a change in a provider's medical status, a surgical

procedure has been performed, involvement in an accident or hospitalization has occurred, before resuming/continuing residential supports.

- 21) The Family Home Provider shall use proper precautions when performing duties in order to prevent injuries to self or participant.
- 22) The Family Home Provider shall perform any other duties pertaining to the participant's well being as requested by Supervisor or Program Manager.
- 23) The Family Home Provider shall provide transportation which is not otherwise available under the Medicaid program to access community services, activities, and appointments.
- 24) The Family Home Provider shall not conduct any of their own personal business on the premises of MyCare Family Community Supports. Should you have another job outside MyCare Family Community Supports, that business shall not be conducted on MyCare Family Community Supports premises.
- 25) The Family Home Provider shall be available for any activities or outside activities scheduled for the participant or ensure arrangements are made to meet those needs.
- 26) The Family Home Provider shall be aware of the schedule of the participants of the house and any changes in those schedules.
- 27) The Family Home Provider will maintain good lines of communication with all personnel the participant has contact with for transportation, therapies, work, or recreational reasons.
- 28) The Family Home Provider shall contact their supervisor for grievances and concerns. If you do not feel you have received the proper response, contact the Program Manager or the Executive Director. Do not discuss your concerns and grievances with the participants of the home.

Qualifications and Requirements

- Possess the minimum of a high school degree or GED.
- Be at least eighteen (18) years or older.
- Have good and verbal written communication skills.
- Have a clear criminal background check and subject to random criminal background checks annually.
- Have a clear CAN Registry and subject to random CAN Registry checks annually.
- Have a clear Caregiver Misconduct check.
- Have a negative drug screen and subject to random drug screenings annually.
- Possess a negative TB skin test or chest x-ray upon hire and maintain a negative TB skin test/chest x-ray/TB Assessment thereafter.
- Possess and maintain current CPR and First Aid Training.
- Complete and pass all required trainings as assigned on College of Direct Support, state mandated Medication Administration training and Crisis Prevention and Intervention training.

- Complete all required training by MyCare Family Community Supports to obtain and maintain employment.
- Have a telephone at place of residence for contact purposes.
- Be willing to meet any additional requirements to meet the needs of the participant.

Both Parties agree:

- 1) The Family Home Provider is responsible for managing and supervising the services, providing necessary equipment and facilities, and is responsible for all costs, and expenses associates with providing services, i.e. ramps, hand rails, new fire extinguishers, etc...
- 2) MyCare Family Community Supports will not withhold any federal, local, or state taxes from the fees paid to the Family Home Provider.
- 3) This contract in no way obligates MyCare Family Community Supports to place a participant or any number of participants with the Family Home Provider.
- 4) The duties and obligations of the Family Home Provider under this contract are not assignable or transferable to anyone under any circumstances, except with prior written consent of MyCare Family Community Supports.
- 5) This is expressly understood by the Family Home Provider that MyCare Family Community Supports retains the right to withhold payments of weekly stipend if the Family Home Provider fails to comply with any of the terms of this contract.
- 6) MyCare Family Community Supports must report all suspected abuse, neglect, or exploitation to appropriate parties as you have been trained. Should the FHP be the suspect of abuse, neglect, or exploitation on the participant an internal investigation will occur. Participants will be removed from the home pending the results of the investigation.

I have read and understand my responsibilities as a Family Home Provider to the individual and to MyCare Family Community Supports; as well as the agreement of both parties.

FHP Printed Name

FHP Signature/Title

Date

MyCare FHP Supervisor Printed Name

MyCare FHP Supervisor Signature/Title

Date