

CONTRACTUAL AGREEMENTS

PROCEDURE

| PURPOSE | TYPE OF AGREEMENT | | | |
|---|--|-----------|--------|--------------------|
| | No other contract in effect for the individual | Temporary | 90-Day | Host Home Provider |
| 1. Use if the individual moving in has no home to return to, or if the Host Home Provider does not want a long-term contract; in effect until a long-term provider is located | X | X | | |
| 2. Use when there is a potential long-term match. During this time the Host Home Provider completes TB test and Waiver for Hepatitis B or Hepatitis B inoculations, and orientation training. Individual and IDT make decision about the match. | X | | X | |

| ACTIONS | Direct Support | Director | Residential Program Director | Program Manager | Comments |
|--|----------------|----------|------------------------------|-----------------|----------|
| 1. Check with Administrative Director to determine if all eligibility criteria have been met: Application, CBI/MVR, references, environmental checks, current homeowner/renters and auto insurance, drivers license, social security card, current First Aid/CPR, Medication Administration, Legal Rights | | X | | X | |
| 2. Give Program Manager (PM) appropriate contract along with a Workers Compensation Waiver, Individual In-Service Plan (IIP), Residential Information Change Form, Contractual Documents Verification Form (for updates) | | X | | X | |

| ACTIONS | Direct Support | Director | Residential Program Director | Program Manager | Comments |
|--|----------------|----------|------------------------------|-----------------|----------|
| 3. Seven days prior to an individual moving to a new host home or companion living situation: Forward contract and any other contractual documentation to the Administrative Director for incorporation into the contractual file, which includes the checklist of training and documents needed prior to the completion of the contract | | X | | X | |
| 4. Forward contractual file, including the contract to the Executive Director (ED) for approval and signing | | X | | | |
| 5. Forward contractual file, including the completed contract to the Administrative Director | | | X | | |
| 6. Copy and disperse contract to all appropriate parties | | X | | | |
| 7. Create provider file | | X | | | |
| 8. By 30 days of the start of the contract: Schedule IDT to discuss living arrangement and continuation of services | X | | | X | |
| 9. Tract orientation, TB test results, Hepatitis B waiver, and other in-service training scheduled to be completed during the 90-day contract period. | | X | | | |
| 10. Notify Host Home Provider of any outstanding training | | X | | | |
| 11. Weekly: Complete a follow up call or visit with HHP | | X | | | |
| 12. If at the end of the 90-day period, the individual along with Interdisciplinary Team (IDT) are satisfied with the match: Sign, date and witness the Host Home Provider Reimbursement Contract (Long Term) or Companion Reimbursement Contract; and complete IIP | X | | | X | |
| 13. Forward signed contract and IIP to Administrative Director | | | | X | |

| ACTIONS | Direct Support | Director | Residential Program Director | Program Manager | Comments |
|--|----------------|----------|------------------------------|-----------------|----------|
| 14. Check to ensure orientation, in-service training and all stated requirements are completed | | X | | | |
| 15. Forward signed contract and IIP to ED for approval and signing | | X | | | |
| 16. Annually thereafter: Ensure in-service training is complete prior to the end of the contract year | X | X | | | |
| 17. Ensure Contractual Document Verification is complete; and Workers' Compensation Waiver is signed and notarized; and IIP is completed when the contract is signed | X | X | | | |
| 18. Ensure the Workers' Compensation Waiver is signed and notarized by | X | X | | | |
| 19. Sign, date and notarize Host Home Provider Reimbursement Contract or Companion Reimbursement Contract and witness IIP | X | X | | | |