

HOMESHARE TOWARD LOCAL CARE PROVIDER HANDBOOK



March 2016



South Carolina
Department of
Mental Health

HOMESHARE TLC PROVIDER HANDBOOK

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HOMESHARE PROGRAM DESCRIPTION

Homeshare is a program of the South Carolina Department of Mental Health which provides intensive and individualized community-based mental health services for psychiatrically disabled adults. Clients participating in the program have been long term residents of an SCDMH inpatient facility, have had multiple inpatient admissions, or as is the case for youth, have been living in a residential treatment facility and unable to return home.

Each client is matched with a “provider” who offers in home daily living supports and assistance in a home environment. Clients receive mental health services and participate in center-operated therapeutic activities such as psychosocial rehabilitation programs. They also utilize other community-based resources.

Homeshare Program offers on-going, transitional, respite, and enhanced respite residential and treatment services through the homeshare provider, the mental health center and other community organizations. These services are tailored to the client’s needs and choices.

The term "placement" is used very generally in the Homeshare program to describe how SCDMH helps clients move to a Homeshare provider's home. SCDMH and the local Community Mental Health Center do not have licensing or regulatory authority over a provider. SCDMH and the local Community Mental Health Center also do not have custodial authority over any client. The Homeshare provider and the client decide if the client will move to the provider's home, for how long, and when the client will leave.

The overall goal of Homeshare is to provide a satisfactory and productive community living experience for clients who otherwise would not be able to reside successfully in the community.

The following standards, guidelines and other information generally describe the Homeshare Program. The specific obligations of the Homeshare Provider are contained in the SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400011130 signed contract, which includes an obligation of the Provider to comply with the requirements of the Provider Handbook. If any description, term, or obligation in this Provider Handbook or Homeshare Program document, guide, or information material is in conflict with the signed contract, the signed contract will control and will not otherwise change those contract obligations, terms, and understandings.

HOMESHARE STANDARDS

MISSION - To provide community support and rehabilitation to adults with severe psychiatric disabilities by integrating them into community households with providers that have been specifically recruited, trained, and supported by Homeshare.

COMPONENT DESCRIPTION - This component is a contractual agreement entered into by the CENTER. The CENTERS do not provide direct in-home daily living supports.

PROGRAM REQUIREMENTS

- | | |
|------------|--|
| Standard 1 | No one shall serve as a Homeshare provider until provider has satisfactorily completed the SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400011130 process, SCEIS Vender Registration, Homeshare training and home study process along with the background check requirements. The detailed solicitation indicates the roles, responsibilities, and services of Homeshare providers as well as establishes the contract relationship. |
| Standard 2 | A maximum of one adult client may be living in the home of a Homeshare provider. With Homeshare Standard Respite, there may be one client living in the home and one client there on temporary basis (not longer than 2 weeks). |
| Standard 3 | The Homeshare provider shall be available to the client seven days a week, 24 hours a day. Exceptions to this must be clinically justified and approved by the CENTER. |
| Standard 4 | Professional consultation and support shall be available to the Homeshare provider. Providers must attend monthly Network Meetings. |
| Standard 5 | Clinical staff will be maintained to provide appropriate services to each client and Homeshare provider. |
| Standard 6 | Homeshare providers and clients will be included in the individual plan of care and assist in developing and implementing the plan. |
| Standard 7 | CENTER Homeshare staff will make a minimum of two contacts per month to every client. At least quarterly, one of these visits will be unannounced home visit in the Homeshare provider home. |
| Standard 8 | Agreements with providers shall ensure that all residences continuously meet appropriate fire, safety, and other pertinent home standards. |

The process formally begins upon submitting the completed application for the SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400011130 (fixed bid cover sheet, page 2 and the 4 page application with a copy and SCEIS Vendor Registration) to SC Procurement, Materials Management Office (MMO) and application can be located on following website: <http://procurement.sc.gov/PS/PS-index.phtm> under Vendors/Contractors box choose link submitting offers. SCEIS Registration at following website: <https://webprod.cio.sc.gov/SCVendorWeb/mainNewFrame.do>.

MMO and SCDMH will review the bid application for responsiveness and responsibility. Once the applicant has been deemed eligible to become a homeshare provider, he/she will receive an e-mail from MMO indicating that he/she has been awarded and placed on the Qualified Provider List (QPL). Even though a provider is on the QPL, a client cannot be placed in provider home until all background checks, home study evaluation, training, and other required documentation is completed and in the Homeshare Provider file.

SCEIS Registration Tips

You may request assistance with SCEIS vendor registration if needed from the Homeshare Coordinator. Follow the steps outlined for the online SCEIS Vendor registration. Applicant will need to have an individualized e-mail address. In the Tax Identification Section, applicant needs to be identified as "Sole Proprietorship" unless they fall under another category, i.e., LLC partnership. The box that asks applicant to best describe type of business, use the drop down box to pick "Health Care and Social Assistance".

As you picked "Health Care and Social Assistance" on step 1, it should pop into middle white box on step 7. If it is not there, use the pick down and select it. Then click on blue box "submit search". The bottom white box will fill with choices and page selection on top of the choices. Click on page 5 and check "Mental Health Services: vocational, residential, etc."

HOMESHARE OPERATIONAL GUIDELINES

PROGRAM CHARACTERISTICS

Homeshare will:

- ▶ place one client in an approved provider household;
- ▶ employ intensive case management team principles;
- ▶ have monthly Network Meetings for providers.

GOALS

Homeshare will:

- ▶ provide individualized supportive and rehabilitative services to improve and maintain the client's capacity for independent living and community integration;
- ▶ promote optimal mental and physical wellness;
- ▶ improve adherence to the prescribed treatment program;
- ▶ appropriately utilize psychiatric inpatient care;
- ▶ provide opportunities to increase social and vocational activities.

TEAM COMPOSITION

The team will be composed of professional and non-professional members including the client and provider. At a minimum, the professional component of the team will include the client, case manager, physician, and provider.

STAFF RESPONSIBILITIES

Staff will be responsible for:

- ▶ recruiting, screening, and training prospective Homeshare providers;
- ▶ working closely with inpatient staff to screen clients to ensure appropriate placement assistance for both client and provider; coordinating pre-placement and trial visits;
- ▶ monitoring the client's experience of integrating into the household and community, and offering one-to-one counseling as needed to help with personal adjustments;
- ▶ being available for daily or frequent home visits with providers and clients, adhering to the minimum standard of two contacts per month; at least one visit every three months will be unannounced;
- ▶ providing ongoing guidance and assistance to providers to follow through with individualized treatment plan goals;
- ▶ arranging for services and activities to expose the client to new people who can broaden and expand their interests and experience in the community;
- ▶ working with provider and other team members, ensuring that the client is seen at appropriate intervals for psychiatric/medical assessment and medication monitoring;
- ▶ working closely with the client and team to determine the client's readiness for referral to other center services;
- ▶ being available during the client's transition from the hospital and for emergencies;
- ▶ screening and arranging for respite care;
- ▶ coordinating monthly provider network meetings for mutual support through sharing, problem solving, training, and education;
- ▶ serving as a liaison between the client's natural or blended family and Homeshare provider;
- ▶ promoting family support by encouraging the family to make contact with the client through positive interactions;
- ▶ maintaining provider file documentation in accordance with program guidelines.

PROVIDER RESPONSIBILITY WITH HOMESHARE PROGRAM

Providers will be responsible for:

- ▶ completing initial training and participating in ongoing training;
- ▶ completing home study process;
- ▶ providing necessary documentation to become and be maintained as provider;
- ▶ protecting the client's confidentiality;
- ▶ participating as part of the team to plan and implement formalized goals for individualized treatment;
- ▶ receiving home visits by the case manager, pre-scheduled, and occasionally unannounced;
- ▶ attending monthly network meetings and ongoing provider training;
- ▶ maintaining home standards required for their residence;
- ▶ ensuring the client's safety from any exploitive behavior or emotional, physical, sexual, or verbal abuse and by having weapons in the house in a secured locked container;
- ▶ informing the Homeshare Staff of any changes in the household or people living in the household;
- ▶ providing documentation of pet vaccinations, if applicable;
- ▶ protecting self/other family members/friends by not engaging in benefit of financial gain specifically from or involving client, i.e., not setting up joint banking accounts, life insurance policies, accepting items from client, or any money related issue
- ▶ other responsibilities as outlined in the fixed price bid award.

PROVIDER RESPONSIBILITY WITH CLIENT

Providers will be responsible for:

- ▶ integrating the client into their household and assuming an active role in teaching/promoting independent living skills;
- ▶ having household supplies and daily living needs for personal care available for client's use at no extra charge to client;
- ▶ involving and including client in social recreational activities;
- ▶ protecting the client's confidentiality;
- ▶ participating as part of the team to plan and implement formalized goals for individualized treatment;
- ▶ being responsible for daily medication management and safe storage of medications;
- ▶ with case manager and other team members, ensuring that the client is seen at appropriate intervals for psychiatric/medical assessment and medication monitoring; and attending PMA's as requested;
- ▶ **providing transportation** to appointments and for social/recreational activities;
- ▶ ensuring the client's safety from any exploitive behavior or emotional, physical, sexual, or verbal abuse and by having weapons in house in a secured locked container;
- ▶ establishing appropriate relationship with client that is not sexual or financial in nature
- ▶ informing the client of the fire evacuation plan and ensuring that client knows how to exit the house safely;
- ▶ ensuring client has a working flashlight in bedroom;
- ▶ the provider as a homeowner or lessor of property is responsible for home maintenance to include but not limited to vermin infestation: preventative and restorative;
- ▶ other responsibilities as outlined in the fixed price bid award.

Every effort is made to expand and strengthen the personal network of a Homeshare client, enhance the relationship with his or her natural family, and to increase their use and enjoyment of general community services and recreational opportunities.

CLIENT RESPONSIBILITIES**Clients will be responsible for:**

- ▶ agreeing to participate in Homeshare;
- ▶ blending into the family routine with other household members (to extent they are able);
- ▶ participating in treatment planning;
- ▶ working towards the accomplishment of individualized treatment goals;
- ▶ contributing to provider stipend according to the fee scale and as outlined in the Client Agreement.

CLIENT AND PROVIDER MATCHING**The matching process will consist of:**

- ▶ considering preferences and personal characteristics including but not limited to some of the following list:

personality	pets
social interests	children
personal habits	location of home
gender	mental health needs
race	psychiatric needs
religion	rehabilitation needs
cultural factors	support service needs
smoking habits	medical needs
- ▶ relevant information about client and provider household being exchanged with both

- parties;
- ▶ introduction of parties and pre-placement activities leading to a suitable match.

MAINTAINING A PROVIDER FILE

A provider file will be maintained for each current, respite, inactive/former, or applicant provider. This file will be accorded the same professional handling as the client's medical record; however, it is not considered confidential information. The program cannot place a client in your home until the provider file documentation is completed. You will need to submit information initially and upon renewal to maintain updated and current information as a condition of the program standards and expectations. If required renewals or other requested documentation is not received, this may result in delaying the stipend.

It is suggested that the Homeshare Provider put his/her signed copy of the Fixed Price Bid Solicitation # 5400011130 IN YOUR PROVIDER HANDBOOK. The following standards, guidelines and other information generally describe the Homeshare Program. The specific obligations of the Homeshare Provider are contained in the bid which includes an obligation of the Provider to comply with the requirements of the Provider Handbook. If any description, term, or obligation in this Provider Handbook or Homeshare Program document, guide, or information material is in conflict with the signed contract, the signed contract will control and will not otherwise change those contract obligations, terms, and understandings.

PLACEMENT ASSISTANCE/MONITORING OF COMMUNITY HOUSEHOLDS

The term "placement" is used very generally in the Homeshare program to describe how SCDMH helps clients move to a Homeshare provider's home. SCDMH and the local Community Mental Health Center do not have licensing or regulatory authority over a provider. SCDMH and the local Community Mental Health Center also do not have custodial authority over any client. The Center treatment team, the client along with the homeshare provider will determine if the client will move to the provider's home, for how long and when the client will leave.

Elements of the placement assistance and monitoring process are essential to assure successful placement:

- ▶ prior to placement assistance, relevant program procedures and operational guidelines will be reviewed with client and provider;
- ▶ daily or frequent home visits by staff will include evaluation of client/provider match;
- ▶ placements may be continued as long as provider meets approval criteria and the placement is satisfactory to both the client and the provider.

CONFLICT RESOLUTION GUIDELINES

Providers are not state employees and, therefore, grievance rights do not apply. Still, occasional conflicts may arise and will require prompt resolution.

The intent of these guidelines is to identify solutions to provider concerns or issues arising from the agreement between the provider and the mental health center. The welfare of the client will guide the decision.

Level I

- ▶ provider may request a meeting with the team supervisor;

- ▶ concerns will be discussed and documented in provider file;
- ▶ resolution will be proposed at the time of the meeting, or within five working days and will be documented in provider file.

Level II

- ▶ provider may request in writing a meeting with the team supervisor and program director;
- ▶ follow the same procedures as for Level I;
- ▶ if dissatisfied with the solution, the provider may take concerns to next level.

Level III

- ▶ provider may submit their concerns in writing with a request to meet with the assistant director or designee and the program director;
- ▶ following the requested meeting, that director will render a final written decision within five working days of the meeting;
- ▶ this decision will be binding as long as the agreement is in effect.

ABUSE, NEGLECT, AND EXPLOITATION AND PRIVACY

(adapted from SCDMH Directive No.885-07 and SCDMH Directive No., 837-03)

As part of the Provider Training Program, Session V (Clients Rights) each provider will be given a copy of the above mentioned directive. Any time an allegation of abuse or neglect is made against a provider an investigation shall be conducted as outlined in SCDMH Directive No. 885-07. Providers will have the SLED contact poster placed in a prominent location such as the kitchen area or with the evaluation plan. Provider shall cooperate with investigating personnel including SLED, SCDMH Office of Public Safety and any other investigatory authority such as Ombudsman. Abuse, neglect, or exploitation may also result in criminal or civil liability. Providers must comply with SCDMH Privacy Practices.

NATURAL AND BLENDED FAMILIES

The intent of Homeshare is to complement, not replace, natural or blended families. Therefore, the program will offer families:

- ▶ encouragement to develop healthy relationships;
- ▶ education and support;
- ▶ structured contacts and communication to minimize potential negative interactions with the client and/or provider;
- ▶ supportive visits as determined to be in the client's best interest.

RESIDENTIAL ALTERNATIVES

It is the intent of the program and goal for providers is to assist the client with transitioning to the most appropriate living environment. Some clients may move on to apartment living; some to community residential care facilities, and some to nursing homes. Changes in the client's living situation do not need to result in an interruption of Homeshare staff and provider relationships; therefore:

- ▶ client participation in treatment with Homeshare may continue;
- ▶ case manager may stay the same;
- ▶ homeshare provider may remain in contact, if desired by client and provider;
- ▶ the above is dependent upon client need, treatment issues, and center resources.

PROVIDER NETWORK SUPPORT

Provider Network meetings, in which staff participate, are an integral part of the program and include the following: mutual support through sharing; specific problem solving; formal training and educational opportunities. Providers are required to attend this monthly meeting.

POLICIES ON SUPPORT TO HOMESHARE PROVIDERS

Ongoing support is given to facilitate the adjustment and assimilation for clients into the home. The case manager works with the Homeshare Provider as a team member and makes regular visits varying from every day to twice a month with the frequency depending upon need. Contact is also made by telephone to keep communication open between visits. The visits provide the opportunity for the case manager to support the provider by helping to problem solve and offering consultation to promote the client's acceptance within the household. Suggestions for growth can be made by assisting the provider in planning logical steps to reach goals that will maximize the client's skills and abilities to achieve the most desirable living experience in the community. Encouragement is given as needed to both the provider and the client to maintain harmony during difficult periods which affect the dynamics of their interpersonal relationships.

Support of the individual client is maintained through the continuing relationship with the case manager. The case manager monitors the client's experience of integration into the household/community and offers one-to-one counseling as needed to help with personal adjustments. Home visits enable the case manager to observe communication/interaction as well as the development of relationships within the total household.

Training and support are also provided through a group process with other area providers who meet once a month. The network meeting is facilitated by the program coordinator and the case managers who encourage the sharing of household issues, advice, and ideas, which help to strengthen program commitments and develop a sense of belonging. General areas of need are addressed, training is offered, and program consultants may be brought in to discuss specific topics of interest.

Additional support is offered through planned or emergency respite as needed. Providers receive fourteen (14) calendar days of planned respite annually. The concept of respite is a planned, supported, subsidized vacation for program clients and as a break for providers.

Information is given to each household that clearly defines emergencies and the procedures to follow for contacting staff. Depending on the situation, the procedures may include the emergency psychiatry services and utilization of other area respite options.

There are also ongoing opportunities for the provider to meet with the program coordinator and case managers. Evaluation of supports rendered by both the Homeshare staff and the provider are discussed at this time. Ongoing guidance and assistance are given to enable the provider to follow through on the goals established with the client, as well as teaching techniques for the full utilization of community resources for the client's optimum adjustment.

The case managers also serve as a liaison between the client's natural family and the provider. Contact is made with involved natural family member(s) to inform them of changes, and elicit support for the provider's role of offering a renewed life in the community for the individual client. The case managers promote this support by encouraging the natural family member(s) to make contact with the client through positive interactions and/or visits, which may also provide respite for the providers.

GENERAL LIABILITY INSURANCE

The PROVIDER shall maintain, as applicable, casualty; homeowners or renters general liability, and automobile liability insurance coverage in sufficient amounts to cover claims of injury and damage to any person or property arising from PROVIDER's supports under the Fixed Price Bid Solicitation # 5400011130. PROVIDER agrees to hold CENTER blameless. Provider is responsible for such claims and associated costs. A copy of PROVIDER insurance and automobile policy face sheets will be provided to CENTER every time it is renewed.

PROVIDER STIPEND

Invoice processing:

1) SCDMH stipend:

- ▶ stipend invoices are submitted after the service is provided, not before;
- ▶ completed invoices submitted monthly to Homeshare administrative assistant;
- ▶ Homeshare will verify and submit to CENTER business department for processing;
- ▶ CENTER business department will prepare the payment voucher and forward to SCDMH for payment which is sent to Comptroller Generals Office for completion.

2) Client stipend:

- ▶ completed invoices submitted monthly to Homeshare administrative assistant;
- ▶ Homeshare will verify and forward to client or appointed financial manager (representative payee, conservator, and/or guardian, etc) for payment.

The provider will receive a stipend of up to \$1,339 monthly depending upon type of service provided and number of days the client is in the home. Providers are not to make clients pay, or to accept, any extra money for general or household items.

Circumstances that impact the timely processing and payment of stipend invoices:

- *** lack of current required documentation in provider file
- *** stipend invoice completion errors
- *** provider's failure to sign their invoice in a timely manner
- *** holidays that fall on a Monday or Friday
- *** illness, leave, or resignation of a staff involved in the processing
- *** end of fiscal year/closeout

EXTENDED LEAVE FROM PROVIDER HOME

When a client is absent for an extended period of time:

- ▶ provider will notify case manager that client is out of the home;
- ▶ a determination will be made on whether the client will be returning to home or relocating;
- ▶ provider will maintain involvement with client as the situation dictates to be supportive;
- ▶ in the event that a client is gone longer than fourteen days, the stipend will be reduced to 33 percent of the total per diem stipend;
- ▶ should the extended leave continue beyond 30 days, the stipend will be discontinued.

FINANCIAL MANAGEMENT

1) Client resources:

- ▶ client is assumed to be a member of the household and shall not be charged extra for any household items or activities routinely provided for any other member of the home;
- ▶ no joint accounts will be opened by CENTER staff or providers with clients;
- ▶ no individual CENTER staff or provider will be representative payee for a client;
- ▶ written records will be kept when a provider is assisting a client with management

- ▶ of his/her funds;
- ▶ in the event that external financial management services are not available, the CENTER may assist the client, following established SCDMH procedures.

2) Case services:

- ▶ Let the Homeshare Coordinator or case manager know if the client has necessary expenses not covered by the client's financial resources e.g. dental, vision, clothing, medications, other special services or personal health/hygiene needs so that the client may be referred to the Clinical Care Coordinator for assistance.

RESPITE

Respite services are available to cover a provider's annual 14 day respite break which can be distributed hourly, overnight, or weekly to meet provider respite needs. These services also provide a backup home for the client.

Providers need to request respite through the case manager who may assist provider in completing respite request and client profile form, when needed. These forms will assist the Homeshare staff in arranging respite.

STANDARD

- ▶ providers are entitled to two weeks (14 calendar days) paid respite per year. When they have a permanent client in the home, respite may be requested after the client has been in the home **six months**. Additional non-paid respite needs must be approved by the program director. Stipend will not be suspended in the event of respite directed by the program director, to preserve the provider/client relationship;
- ▶ unused days of the two week respite allowance are **not** subject to financial reimbursement, nor can they be accrued beyond each agreement year;
- ▶ a respite stay **may not exceed fourteen (14) days** in a provider home that currently has an ongoing client;
- ▶ all standard respite arrangements will be coordinated with the case manager and approved by the program director.

HOMESHARE ENHANCED RESPITE (HER)

- ▶ is a crisis diversion program that provides close supervision to individuals 18 and older who are in crisis and need temporary support;
- ▶ **enhanced respite placements will be arranged by Homeshare Program staff and will not exceed two weeks.** Approval to continue placement must be obtained after one week from HER Coordinator; after two weeks approval must be obtained from TLC State Office;
- ▶ HER program is available in Berkeley, Coastal, Lexington, Orangeburg, and Waccamaw;
- ▶ enhanced respite providers must complete SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400011130 signed contract, which includes an obligation of the Provider to comply with the requirements of the Provider Handbook.

TAX INFORMATION

Income tax considerations and consequences are the responsibility of the Homeshare Provider.



HOMESHARE ENHANCED RESPITE

TOWARD LOCAL CARE

PROVIDER HANDBOOK

March 2016

HOMESHARE ENHANCED RESPITE

The Homeshare Enhanced Respite program (HER) is an alternative community-based home care option for adults who are in need of temporary supports to further continuity of care through enhanced services close to home and community mental health programs. HER will provide time-limited placement, supervision, and monitoring to individuals who, in the absence of such support, may require progressively greater intervention including possible hospitalization.

Providers are recruited and trained to offer support and assistance with activities of daily living, medication supervision, and transportation to mental health appointments. Providers also receive ongoing training on a monthly basis.

HER placements are short-term, from 24 hours to a maximum of two weeks, and will require the HER coordinator's approval for continued service after the first week. The provider may refuse any client for whom they do not feel able to provide support.

When a center client is using HER services, the assigned center team will work closely with the HER coordinator, providing phone support, in-home interventions, and assistance to provide the client clinically needed services and provider support as indicated. Whenever appropriate, center clients will continue to participate in center programs. Non-center clients will be monitored by the HER coordinator and referred to appropriate center services as indicated.

The primary goals of HER are to maintain clients in the least restrictive level of care which will meet their needs and to provide respite to center clients for families/care givers. HER may also be used as a transition back to community living for clients who are being discharged from inpatient facilities.

Currently, five centers have HER: Berkeley, Coastal, Lexington, Orangeburg, and Waccamaw.

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HER CONTACT PROCEDURES

In the event you need to contact HER staff, please follow the steps below.

HER COORDINATOR BACKUP PLAN

If the situation is a medical or physical safety emergency, call 911.

During business hours, call the office number. When HER staff is not available, the pager number is the method to reach a mental health professional. If there is no response to the page within 20 minutes, call the office number for further instructions.

After business hours, call the pager. If there is no response to the page within 20 minutes, call the primary back-up number. If there is no answer, leave a message & call the After-hours number.

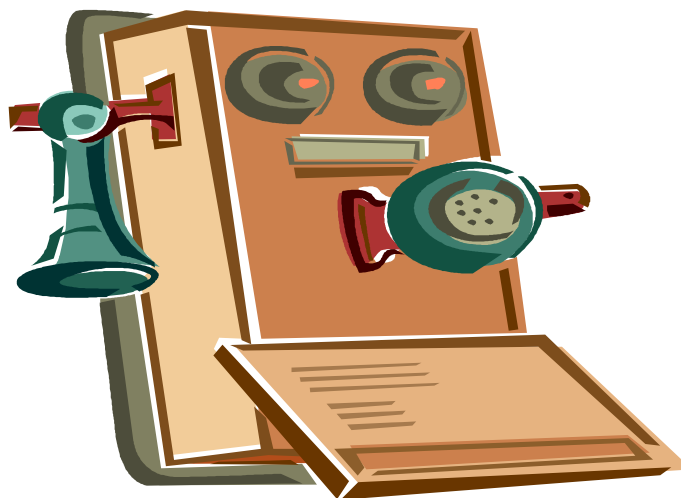
HER COORDINATOR:

OFFICE:

PAGER:

BACK-UP:

AFTER-HOURS EMERGENCY NUMBER:



ACCEPTING A PLACEMENT



1. Take notes while talking with HER staff using the Provider Placement Notes form.
2. Determine if you are willing and able to support the client.
3. When you accept the placement, ensure you understand when and where to pick up the client. Get first and last names of all individuals involved (client, case manager, contact person, etc.)
4. When you pick up the client, ensure you get copies of the discharge paperwork and medications, if applicable.
5. The referral source will assist you in completing the client agreement, client inventory, and Health Information Privacy Practice form: HIPPA. Ensure the client and witness sign the forms.
6. Call/page HER staff if there are any questions, concerns, or emergencies.

HER Provider Placement Notes

Client Name _____ Sex _____ Age _____ Race _____

Concerns/Issues to Watch _____

Day Program/School/Work _____

Currently attending? Yes _____ What days? _____

Precipitating Event _____

Medical issues/special needs _____

Miscellaneous _____

Time & Location of Pick-up _____

Case Manager _____ Location _____

Next MH appointment

FAMILY/CAREGIVER INVOLVEMENT

Family _____

Telephone#

In case of emergency notify:

Name: _____ Relationship: _____ Telephone #: _____

Address: _____

Describe family/caregiver(s) involvement in client's care: _____

Placement Information:

Respite Start: Date _____ Time _____ am / pm

Respite End: Date _____ Time _____ am / pm

**HOMESHARE ENHANCED RESPITE
CLIENT PROPERTY INVENTORY**

Please list and describe any and all personal effects the client has prior to entering and leaving the Emergency Room or the Center. List each item separately.

ITEM	# PIECES	DESCRIPTION
Cash		
Jewelry		
Clothing		
other items		
Medication		

THE COMMUNITY MENTAL HEALTH CENTER IS NOT RESPONSIBLE FOR LOST, STOLEN, OR DAMAGED ITEMS.

Client Signature

Time Date

Provider Signature

Time Date

Witness Signature (MHC Staff or Referral Source)

Time Date

CLIENT, PROVIDER, AND MHC STAFF REVIEWED AND AGREE THAT CLIENT IS LEAVING HER PLACEMENT WITH THE ABOVE ITEMS UNLESS OTHERWISE NOTED.

Client Signature

Time

Date

Provider Signature

Time

Date

Witness Signature (MHC staff or referral source)

Time

Date

original to Program Coordinator

copy to Client

slt/11-18 Establishing HER 08/18/2016 9:03 AM

Homeshare and Homeshare Enhanced Respite FREQUENTLY ASKED QUESTIONS AND OTHER INFORMATION

The following questions and answers are as a general guide. The following standards, guidelines and other information generally describe the Homeshare Program. The specific obligations of the Homeshare Provider are contained in the SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400011130 signed contract, which includes an obligation of the Provider to comply with the requirements of the Provider Handbook. If any description, term, or obligation in this Provider Handbook or Homeshare Program document, guide, or information material is in conflict with the signed contract, the signed contract will control and will not otherwise change those contract obligations, terms, and understandings.

COVERAGE PROCEDURES

When will I get a client?

Placement assistance depends upon many factors such as having all your documentation in provider folder, matching a client to your household, and program size.

How will Homeshare help when a provider needs assistance?

Each program has a plan for coverage during business hours and after hours. While the procedures may vary by program, they will include 24 hour, 7 day/week coverage, and assure a timely response to the provider's call.

Who should the provider call when they need help?

During business hours call the office number.

After business hours, call the ON-CALL pager number. If there is no response to the page within 20 minutes call the primary back-up pager number. If the situation becomes a medical or physical safety emergency, call 911.

The HER contact procedure is applicable to all providers.

Note: After hours coverage is available to respond to potential and real emergency situations. Before a call identify all the facts, determine whether or not the situation requires an immediate response or is something that could wait until the next business day. If in doubt or immediate need, call.

CLIENT VISITS WITH NATURAL FAMILY

Is the client allowed to visit with their family?

Yes, though there may be special arrangements for these visits. The case manager will coordinate the visit according to the client's wishes and needs.

- ▶ Most visits should occur outside of the provider home but some may occur in the provider's home. These will be scheduled by the case manager at the provider's convenience.
- ▶ If a family member contacts a provider, the caller should be referred to the case manager. Whether a visit occurs in the provider's home or that of the client's family member such visits are not considered respite and the provider stipend is not effected as long as the majority of care is provided by the Homeshare provider.

When are family visits not allowed?

When the client indicates that they do not want to visit their family. When a visit is determined to be clinically detrimental to the client. The latter must be decided in consultation with the client, case manager, provider and psychiatrist.

CLIENT'S MONEY

Who is responsible for the client's money?

The provider, or staff, may not become a representative payee or become responsible for any checks or funds that belong to the client. If the provider receives any funds in care of the client, they should immediately give the funds to the mental health case manager or representative payee.

In most cases the client has a representative payee who will manage their money and send the provider the client's share of the provider stipend. They also send the client an allowance check at least once monthly.

Any questions concerning financial matters must be discussed with the case manager.

How should the provider assist with financial management?

The provider will need to assist the client to cash their allowance check and make any desired purchases. The allowance is the client's personal spending money and is spent on client's needs such as cigarettes, snacks, or other desired items.

The provider will not have the client sign an allowance check over to them. Nor should they "advance" the client any money.

The provider will need to notify the case manager of any special circumstances or needs not covered by the allowance.

CLIENTS WHO SMOKE

Are clients allowed to smoke?

Yes. While it is true that most clients smoke, there can be general household rules and restrictions that apply to all household members.

1. The client must obey the smoking rules of the provider home. The provider may designate a smoking area and ensure that proper ash trays are available.
2. For safety reasons as determined by the treating physician and case manager, the provider may be requested to hold cigarettes and lighters during non-smoking times.
3. The client will be encouraged to follow any smoking restrictions ordered by their physician.

What should the provider do for clients who smoke?

The provider needs to give careful consideration in establishing smoking rules and discuss these rules with the case manager and client before starting. They must be reasonable and include client capability/involvement/preference. Rules need to be followed by everyone in the household and may also include the following:

1. The client will only smoke in the home if other household members are allowed to. A common place will be designated for smoking

2. If smoking is not allowed in the home the provider will designate a smoking area outside the living quarters which is protected from the weather, wandering animals, playing children, etc..
3. The provider will help the client to follow the physician's orders for smoking restrictions.
4. The provider will assist the client to purchase the quantity and brand of cigarettes that fits their budget.
5. Any aggravated health concerns or other issues related to the client's smoking should be reported to the case manager.

HOME SAFETY

How will the provider know if their home has a safe environment?

During the home study the case manager will conduct a Home Standards check which covers some areas of home safety. To assure your home is protected from other risks such as falling and accidents, ask your case manager to also conduct a Home Environment Safety Inspection. Some obvious areas to look at include:

- a) throw rugs that slip or have upturned edges
- b) loose rugs placed at the top of a staircase
- c) sharp edged furniture lining walking areas
- d) dark hallways and stairways
- e) poorly lighted rooms
- f) excessive clutter
- g) blocked exit doorways
- h) weapons and ammunition secured in locked container

What about bathroom safety?

The provider needs to know the level of independence the client possesses in the area of personal care. While most clients are able to tend to their personal hygiene, bathing and dressing tasks, some are not.

Discuss with the case manager the client's need for special equipment such as a shower chair, tub grip, elevated toilet seat, or bedside commode. Ask questions about the client's ability to bath, shave, dress, and manage other personal care tasks on their own.

If a change is noted in the client's ability to perform these tasks the case manager should be notified immediately.

HOME VISITS

What are home visits for?

Home visits offer the opportunity for the case manager to visit each provider and client in their home. The case manager is able to offer support, assist in problem solving, or answer questions.

Are home visits necessary?

Yes. Home visits are required to assure that the household continues to meet the program's Home Standards as described in the Homeshare Provider Agreement.

How often do home visits occur?

The case manager will do scheduled and unscheduled visits regularly. A provider or client may also request, at any time, to have the case manager visit.

MEDICAID CARD

Who receives a Medicaid card?

Eligible clients will receive his/her card at your address or at the Homeshare program at the MHC. If you have any questions about the Medicaid card, ask your case manager.

Who needs a copy of the Medicaid card?

Take the Medicaid card to every doctor, dentist, pharmacy, and all health care agency appointments.

The primary physician and dentist will need a copy, and one copy should be provided for the client's community mental health center chart. The provider will need to be sure the pharmacy receives the individual's original card when obtaining medicines.

If the client does not receive their card in a timely manner, notify the case manager.

MEDICATION MANAGEMENT

How will the provider assist the client with taking their medication?

Some clients will need assistance with medication. The provider will:

- ▶ ensure client obtains any lab work or medical tests as required for medication or treatment needs
- ▶ bring in client's medications for PMA
- ▶ store medication in a lock box in a safe area of the home
- ▶ know the name, dosage, frequency, and reason for each prescription
- ▶ assure that medication is taken as prescribed
- ▶ contact the case manager at least **7 days** before a prescription expires

The case manager should be notified when:

- ▶ the client refuses to take their medication
- ▶ medication side effects seem to be present
- ▶ active symptoms do not subside or begin to increase
- ▶ when a doctor other than the MHC doctor changes, adds, or deletes any medications

Note: Discussion between the case manager, physician, client, provider, and any other treatment team members should occur to determine how medication will be transported before

allowing anyone other than the provider/client to transport client medication. Medication in the wrong hands could result in serious harm.

How do I find specific information about the medications?

During the client's PMA's, you will be able to ask the MHC doctor about the medication prescribed. You may also request the case manager to assist with understanding the medication. There are handouts available from the DMH website, or pharmacy leaflets. Many medications require lab work for prescribing and monitoring. Ask the case manager or physician if lab work is required for the medicines that the client is taking. Part of your role is to assist the client with completing the necessary lab work.

MONTHLY NETWORK PROVIDER MEETINGS

What is the purpose of the Network Meeting?

The intent of the Network Meeting is to offer providers a confidential and supportive forum for talking about their experiences as a provider. They will receive words of encouragement and ideas for assisting the client, and on-going information and education. The network meeting is also the time that invoices are signed to begin the stipend process.

Are providers required to attend the Network Meeting?

Yes. Providers are expected to attend as part of their responsibilities. Routine appointments should be scheduled around the monthly Network meeting. If an emergency prevents attendance please notify your case manager. Unexcused or frequent absences may result in stipend check being delayed and in assessing your desire or ability to be a homeshare provider.

NOTIFYING THE CASE MANAGER

What does the case manager need to know?

Rule of thumb: Keep the case manager informed of any significant event, situation, issue which may impact the client's daily life or any situation that changes the normal household routine.

What are some specific things the case manager needs to know?

While this list is not inclusive it does list several important items case managers need to be kept informed about. Notify the case manager when there are any changes in:

- ▶ client's thoughts, mood, behavior, or health status
- ▶ client's medication or if you need prescriptions renewed (7 days notice please)
- ▶ client's daily activities including eating, sleeping, personal care abilities
- ▶ plans for PSR program attendance, other appointments, van transportation
- ▶ changes in the provider household (addition to family, marital status, new car, new house, moving, phone #, or other family visiting)
- ▶ client's contact with natural family, or significant others

FAMILY TRIPS/VACATIONS

May a client travel with the provider on family trips/vacations?

Yes. When making travel plans notify the case manager who will determine the appropriateness and the need to obtain information on mental health and other services in the destination area in case of emergency. The provider is encouraged to include the client in family trips and vacations.

If the client chooses not to go on the trip, then respite arrangements will need to be arranged in concert with case manager and client.

PRIMARY PHYSICIAN AND DENTIST

Where should the client obtain medical and dental services?

Ideally, the primary physician and dentist of choice would be the same one used by other members of the provider's family. If a specialist is required, a referral will be needed from the primary physician, in most cases.

The provider will keep the case manager informed of all routine visits, and any additional procedures being considered.

How will providers assist clients with their appointments?

The provider will provide transportation to appointments as needed, and if appropriate sit in on the appointment. To avoid medication interactions and other potential problems the provider will inform the physician about ALL medication the client is taking (prescribed and over the counter). In some cases it may be necessary to carry the medications to the appointment.

What if provider has difficulty finding medical, dental or other needs for the client?

The provider will notify the case manager if the client needs dentures, glasses, or has other needs. The case manager will make a referral to the center clinical care coordinator to assist client/you with identified need.

PROVIDER STIPEND

What does the stipend cover?

The stipend covers all daily living expenses and items that would be provided for any member of the household.

Examples: rent and utilities, phone, food, gas & travel for client, personal hygiene products, laundry products, linens, over-the-counter products, and family activities such as eating out. This is not an exclusive list! If in doubt ask your case manager.

What is not covered?

Client is responsible for purchasing items that they solely use for his/herself such as clothing, TV in his/her bedroom, radio, prescription medicines, and adaptive equipment.

How is the stipend paid?

SCDMH stipend checks are issued "after the fact". Providers will receive their check(s) about 3- 4 weeks after invoices have been submitted to the CENTER

Client stipend checks (from client or payee) usually arrive a few weeks after the invoice has been sent out.

Respite stipend checks follow the above time frames and issued in a separate check. Provider should call their case manager if there is a question regarding their stipend.

PSYCHIATRIC MEDICAL ASSESSMENT (PMA)

What is a PMA?

The PMA (Psychiatric Medical Assessment) is the client's psychiatrist appointment. The psychiatrist oversees and approves the client's treatment plan. Providers will assure the client is seen at scheduled and for emergent appointments, and will attend such appointments with the client.

The provider needs to bring all medication the client is taking to the appointment, even if it is prescribed by a different physician. A list of over-the-counter medication the client is taking should also be provided for the PMA.

Over-the-counter medication as well as nutritional supplements (herbs or vitamins) must be discussed with the case manager prior to dispensing to the client. Such medication may have an adverse interaction with prescription medication.

REHABILITATION PROGRAM

What should I do if I believe the client is not receiving treatment services as other clients?

Treatment and services are based on client needs. If you have a question, concern, or request concerning the treatment services, you should ask the psychiatrist or case manager during the PMA meeting. There are a variety of services provided by the center or other agencies that clients may be referred to as meeting his/her needs. The provider is responsible for supervising the client when not in treatment or other referred services.

What is a Rehabilitation Program?

Often referred to as a Day Treatment, Clubhouse, or Psychosocial Rehabilitation (PRS) program this treatment service provides the client with skills training, socialization, and productive and meaningful daily activity. This type of service is required to meet the needs and benefit the client.

According to the client's clinical treatment need, he/she may attend a program from 2 hours to two to five days weekly. Some clients do not need or benefit from this type of service.

What is the provider's responsibility toward the client's rehabilitation plan?

The provider will assure that the client participates in treatment services as identified by the Individual Plan of Care. The provider is expected to be available to care for the client at home when not involved in treatment services or other scheduled activities.

The Provider will assist with ensuring transportation to receive services. If the client will not be attending, the Provider will notify transportation and the case manager that the client will not be attending. The provider is responsible for supervising the client when not attending the program.

STANDARD RESPITE

When may the provider use respite?

After the client has lived in the provider's home 6 months, the provider is eligible to take their paid respite. Each provider is allowed 2 weeks of paid respite per year.

Unused paid respite may not be accumulated, rolled over into the next year, or exchanged for cash. If the provider does not use their respite within the year, they lose it. A respite stay will not exceed thirty (30) days whether in a provider home or CRCF.

Who can provide respite care for the client?

Trained homeshare providers or respite providers may provide respite care.

All respite will be arranged through the case manager who must know where the client is at all times. Please notify the case manager at least 2 weeks in advance of needing respite so they may coordinate respite needs and assure timely payment to the respite provider.

Transportation to and from respite is the responsibility of participating providers.

How should the client be prepared for respite?

Always include the client in the planning for respite. Let them know when, where, for how long they will be in respite. Be sure to ask them if there is a provider they might prefer to stay with and relay this information to the case manager. If there will be any changes to transportation, PSR program schedule, etc. and go over them with the client.

Help the client to pack the appropriate clothing, medications, and personal items they may need. Suitcases may not be transported on the vans. Medications must be sent in their original bottles, even if pill minders are used. The participating providers will arrange for the client's suitcase to be transported to the respite home.

SLEEPING ARRANGEMENTS

What are the bedroom requirements?

Each client will have their own bedroom of adequate size (est. 8 x 10). The bedroom will have a closet, bed of adequate size, night stand with lamp, dresser and mirror, working

flashlight and a window for light and ventilation.

The client will not be required to share their room with others. Nor will their closet be used by others or for storage. The only exceptions will be when the client has a friend over to visit, or a respite placement is made.

Clients will not be requested to give up or share their bed with another individual.

Who is responsible for keeping the bedroom clean?

Each client will keep their bedroom reasonably clean to the best of their ability. The provider will assist in the upkeep of the room as needed.

Reasonable cleanliness is defined as follows:

- ▶ dirty clothes in a hamper
- ▶ clean clothes put away in drawers or hung up
- ▶ shoes in the closet
- ▶ room is dusted and vacuumed once weekly
- ▶ bed is made daily
- ▶ clutter is kept in a neat manner

If client cleanliness is an issue, please inform the case manager.

SPECIAL EVENTS

What special events does Homeshare offer?

Several times a year staff, providers, and clients get together to socialize, offer support, and share a meal. The most common events may be a summer picnic, Holiday celebrations, and spring potluck. The type of event and time of year they take place may vary by program.

The provider and client are strongly encouraged to attend. Should there be a conflict for the provider they should notify the case manager and make arrangements for the client to be able to still attend.

TRANSPORTATION

Who is responsible for getting clients where they need to go? The provider

The provider is the ultimate responsible person for transportation. The provider must assure that the client gets to medical, dental, and mental health appointments and services. The provider will also assist the client to access other community resources such as shopping, banking, work and recreation activities.

How are transportation expenses covered?

The provider's stipend includes the cost of transportation (gas, oil, insurance, maintenance, taxes, etc.) using the provider's vehicle. Unusual transportation expenses should be discussed with the case manager.

Does the mental health center offer transportation?

Some programs may have limited van service or clients ,who are eligible, have access to the Medicaid van for treatment services. The provider will have the client ready at least 30 minutes prior the van's expected arrival. The provider must also be at home to welcome the client back at the end of the day. The provider will assist the van driver to help the client on and off the van.

Any changes in the transportation schedule are to be reported to the transportation system and the case manager, in a timely manner.

NATURAL OR HOUSEHOLD DIASTERS

For Natural or Household Disasters: Provider is responsible for notifying Homeshare staff about the location (Name, Address, and Telephone Number) of safety location during emergency. If a mandated announcement to evacuate is made, they must leave with the client or inform the Homeshare staff of evacuation needs.

TAX INFORMATION

Income tax considerations and consequences are the responsibility of the Homeshare Provider.

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