Department of HUMAN SERVICES

Employees' Manual
Title 16, Chapter I
Appendix

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Family-Life Home Services

Appendix

Page

Application for Certification, Form 470-0606

Purpose	Families that wish to be certified as a family-life home use the *Application for Certification*, form 470-0606. The information on the form is used to determine the family's eligibility for certification.
Source	Print supplies of this form from the manual or from SharePoint under Employee Manual/Forms.
Completion	Issue the form to the family that wishes to be certified as a family-life home. Complete the cover page with your name, address, and phone number. The family completes the rest of the form.
Distribution	The family submits one copy of the form to the local office. Make a photocopy if the family wants a copy of form.
Data	The form requests: ♦ Demographic data about the family, ♦ Information about the family's living situation and activities, and ♦ The family's preferences for the person to be placed.

Application for Health Coverage and Help Paying Costs, 470-5170 or 470-5170(S)

Purpose

Forms 470-5170 and 470-5170(S) are used to apply for State Supplementary Assistance programs and Medicaid. The information contained on the application is used to determine eligibility for assistance.

Source

Central Office has a contract to provide automatic shipments of form 470-5170 to local offices. The shipments are intended to cover a six-month supply. Additional supplies of form 470-5170 are also available through Central Office.

DHS staff may complete this form using the templates available in SharePoint under Employee Manual/Forms.

Supplies of this form may also be printed from the manual or SharePoint.

Completion

Provide or mail the form to the applicant when assistance is requested.

The client completes the form or may enlist help in preparing the form.

If the client is mentally incompetent, the form may be completed by a relative, a person in whose home the client resides, or by the DHS service worker.

The client must sign the form unless mentally or physically unable to do so. If the client is mentally competent but unable to sign the application form, an "X" or a thumbprint may be used if witnessed by two persons who know the client.

If the application is not complete when it is filed, it must be fully completed upon the interview with the client or representative.

Distribution	The client submits one copy of the form to the local office. Date-stamp the completed application before sending it to the income maintenance worker. Provide a copy for the client upon request. NOTE: The form is kept in the income maintenance case record. A copy of the form is not required to be kept in the DHS service case file.
Data	The form requests information necessary to determine State Supplementary Assistance and Medicaid eligibility.

Authorization to Obtain or Release Health Care Information, Form 470-3951 or 470-3951(S)

Purpose

Forms 470-3951 and 470-3951(S) are two-way release forms used to get the permission of a client or a family that wishes to be certified as a family-life home to:

- Obtain health information needed to:
  - Determine a family's eligibility to be certified, or
  - Provide service to a client; and
- Release health information about the client to the registered nurse and the provider family.

Source

The English version of this form is printed in pads of 25 three-part precarboned sets. Order supplies from Iowa Prison Industries at Anamosa.

DHS staff may complete the English version of this form using the template available in SharePoint under Employee Manual/Forms.

Supplies of this from may also be printed from the manual or SharePoint.

Completion

Complete this form when first meetlng with a new client or prospective provider. Complete the identifying information and description of the information being requested or released. Complete one form for each member of the provider family.

The person or the person's personal or legal representative signs the section to give the authorization. Discuss the authorization and explanation paragraph regarding the use of the form and answer any questions raised.

Make sure that the person understands the right to revoke the authorization at any time by completing form 470-3949, *Request to End an Authorization*. Explain the consequences of failure to sign the form.

Distribution

For the client, send one copy to the registered nurse with a self-addressed, stamped envelope enclosed when you request the physician's plan of care and nurse's provider instructions.

For the provider, send one copy for each family member to take to the family member's health care provider with form 470-0672, *Provider Health Assessment*.

Keep one copy of the form in the client's case file. The client and provider keep the third copy.

Data

When initiating the form, enter:

- The person's name, state identification number (if any), social security number, date of birth, and parent's or guardian's name, if applicable.
- Your name, address, telephone number, and fax number in the first set of agency information.
- The name or the agency to which the information is being released, or from which the information is being requested, and the agency's address, telephone number, and fax number.
- In the "information released may include" section, check the applicable boxes. If the "other" box is checked, describe the specific information being requested.
- Describe any exceptions or limitations under "other." Sample entry: "The Department may obtain information from, but not release information to, the client's daughter."
- State the purpose for which the information will be used.
- In the "Specific Authorization For Release" section, secure the initials of the person or the person's legal representative if mental health, AIDS/HIV-related, or substance abuse information is to be obtained or released.

  NOTE: Only the person or the person's legally authorized representative can give consent to release or obtain mental health and AIDS/HIV-related information. Only the person can give consent to release or obtain substance abuse information.

"Mental health information" means oral, written, or recorded information that indicates the identity of a person receiving professional services and which relates to the diagnosis, course, or treatment or the person's mental or emotional condition.

"Substance abuse" means the use of chemical substances by persons suffering from chemical dependency, persons who are incapacitated by a chemical substance, substance abusers, or chronic substance abusers.

"AIDS" means a medical diagnosis of acquired immunodeficiency syndrome, based on the Center for Disease Control's "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome."

"HIV" means a medical diagnosis of human immunodeficiency virus infection based on a positive HIV-related test.

- Ask the person to sign and date the form and enter a date when the authorization is to expire.
- Check the applicable box indicating the relationship of the person who signs the form to the person the information is concerning.
- Obtain the signature of two witnesses for people who are incapable of signing their name due to a physical or mental disability.

To use the form as the required documentation for the disclosure of mental health information, document on the back of the form which is kept in the case file:

- The date.
- The name of recipient of information.
- The information disclosed.
- The name of the person who disclosed the information.

Certificate of Approval, Form 470-0616

Purpose	The *Certificate of Approval* documents the Department's certification of the home as a residence for clients in the family-life home program.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	The worker completes this form when the family meets the requirements for certification. The service area manager signs the form to indicate approval.
Distribution	Send the form to the service area manager for approval along with: ♦ 470-0634, *Family-Life Home Placement Agreement* ♦ 470-0583, *Individual Service Plan* ♦ 470-0640, *State Supplementary Assistance Certification or Termination* When the service area manager returns the form, send it to the family approved to provide family-life home services. Make a copy to keep in the client's case file.
Data	Enter: ♦ The names of the adult family members ♦ The number of people the home is allowed to care for (one or two) ♦ The family's address ♦ The effective date of the certificate ♦ 249, for the Code Chapter

Family-Life Home Placement Agreement, Form 470-0634

Purpose	The *Family-Life Home Placement Agreement* is a contract between the client, the family, and the Department. The purpose of the contract is to ensure there is understanding and agreement between everyone concerning the rights and responsibilities of each party.
Source	Print this form from the manual or from SharePoint under Employee Manual/Forms.
Completion	The worker prepares this form, except for the effective date, when the client and the family agree to the living arrangement. The client and the family sign the form. The worker signs and dates the form after the service area manager approves the family-life home.
Distribution	Send the form to the service area manager for approval along with: ♦ 470-0616, *Certificate of Approval* ♦ 470-0583, *Individual Service Plan* ♦ 470-0640, *State Supplementary Assistance Certification or Termination* Give a copy of the form to the client and to the family. Keep one in the client's case file.
Data	The form lists the conditions governing the placement and has room for negotiated conditions unique to the client.

Individual Service Plan, Form 470-0583

Purpose	The *Individual Client Case Plan* records the Department's case plan for adult services.
Source	Complete this form using the template available in SharePoint under Employee Manual/Forms. Supplies of this form may also be printed from the manual or SharePoint.
Completion	The DHS worker completes this form when an eligible client's services commence, at the time of the yearly review, and when the service is terminated. The service area manager signs the form to indicate approval.
Distribution	Send the form to the service area manager. When the service area manager returns the form, give one copy to the client or the client's representative and send a copy to the family approved to provide family-life home services. Make a copy to keep in the client's case file.
Data	**Member's Name**: Enter the client's name. **Waiver Type**: Click on the dropdown box to select the waiver type or service. **SID #**: Enter the client's state identification number. **Original Service Plan Date**: Enter the date the original service began. **Updated**: Enter the date the case plan is updated. **Assessment – Date of Home Visit**: Enter the date of the home visit. **Introduction**: Enter the demographic information about the client, including power of attorney, and emergency contact. **Medical Information**: Enter diagnosis, and physicians or other providers, and how often they are seen.

Medications: Enter current medications, hospitalizations, etc.

Level of Care: Enter the date that the physician's information was received.

Health Status/ADLS: Enter information regarding which areas require assistance and what assistance is needed.

Additional Comments: Enter other pertinent information about the client in a narrative format.

Team Communication: Enter a goal for each service provided by the program.

Safety and Crisis Plan: Address all safety concerns that are present in the home environment.

NOTE: If there is a safety issue that was addressed with the client, but the client chooses to do nothing about that safety issue, document that in the case plan (under additional comments).

Service: List all services both formal and informal that the client receives.

Responsibilities: List the responsibilities of all members of the team.

EXAMPLE: A client's goal may be to communicate with DHS if there is a change in circumstances, i.e., the client moves, income changes, etc.

Signatures: Enter the DHS service worker's and the DHS supervisor's names. The DHS service worker and DHS supervisor must sign and date the form.

Member's Signature: The client must sign and check the appropriate box to indicate that the client agrees.

NOTE: Document in the client narrative if the client refuses to sign the case plan.

Notice of Decision: Services, Form 470-0602 or 470-0602(S)

Purpose

The *Notice of Decision: Services* notifies a service applicant or recipient of all actions taken which affect the client's case and which are not court-ordered. Due process requirements are met when a *Notice of Decision: Services* is issued.

Source

Complete this form using the templates available in SharePoint under Employee Manual/Forms.

Supplies of this form may also be printed from the manual or SharePoint.

Completion

The DHS worker prepares an original and one copy of this form to notify clients of eligibility determinations and service needs for the following case actions:

- An application is approved, denied, or withdrawn.
- A client is required to pay client participation.
- The client participation amount changes.
- The service is changed.
- Services are terminated.
- Services are renewed as a result of a regular or special review.

Distribution

Give the original to the client. File a copy in the case record.

Data

Identifying Information: The case number may be omitted on applications.

Explanation of Action: Include in this section:

- The action taken;
- The services, if new or changed, and
- The specific basis for the action in words the client can understand.

If services are being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the ***Employees' Manual*** that supports the action taken. (Administrative rule reference may be added.)

Fees: For clients with client participation, specify:

- The service the client participation covers.
- The amount of the client participation.
- The period covered by the client participation (e.g., $20 per month).
- The person to whom the fee is payable.

Physician's Report, Form 470-0673

Purpose	The *Physician's Report* is used to obtain medical information from a physician about a family-life home client. (This form is also is used in the in-home health-related care program.) The physician's recommendations and orders regarding the client's level of care and health needs are used for determining eligibility and for developing a plan of care and services.
Source	Supplies of this form may be printed from the manual or from SharePoint under Employee Manual/Forms.
Completion	Prepare this form as early as feasible after an application is completed. Complete the items on the form that precede the consent box. The client and the client's legal guardian complete items in the "Consent for Physician's Release of Information" section, with assistance from the worker, if required. The physician completes the remaining portions of the form.
Distribution	The physician completes the form and returns it to the service worker for the client's case record.

Provider Health Assessment, Form 470-0672

Purpose	Form 470-0672 is used to certify all family-life home providers. (It also is used in the in-home health-related care program.)
Source	Supplies of this form may be printed from the manual or from SharePoint under Employee Manual/Forms.
Completion	The provider's physician, advanced registered nurse practitioner, or by a physician assistant working under the direction of a physician, completes one *Assessment* on each member of the family before certification and annually thereafter. The provider is responsible for delivering the completed form to the worker. The provider assumes full responsibility for any costs that may be incurred in the completion of this form.
Distribution	Keep the completed form in the client's DHS service case record. Make a copy for the provider upon request.

Social History and Evaluation for Family-Life Home Placement, Form 470-0647

Purpose	The *Social History and Evaluation for Family-Life Home Placement* is used to obtain information concerning applicants for family-life home placement.
Source	Supplies of this form may be printed from the manual or from SharePoint under Employee Manual/Forms.
Completion	Complete this form with the client. If the client is not capable of providing the information, ask the client's guardian or a family member to assist with completing the form. Use the information in the form to assist with determining the appropriateness of the client living in a family-life home.
Distribution	Maintain the form in the client's family-life home case file.
Data	The form collects information identifying the client and the client's financial and social resources, health situation, and living arrangements.

State Supplementary Assistance Certification or Termination, Form 470-0640

Purpose

The *State Supplementary Assistance Certification or Termination*, form 470-0640, is used by income maintenance to tell the worker an application for State Supplementary Assistance has been approved or that eligibility has terminated.

Source

Income maintenance (IM) workers complete 470-0640 using the form in the Worker Information System Exchange (WISE).

Completion

The IM worker completes the form and sends it to the service worker. The service worker sends it to the service area manager for approval along with:

- 470-0634, *Family-Life Home Placement Agreement*
- 470-0583, *Individual Service Plan*
- 470-0616, *Certificate of Approval*

Distribution

After getting the form back from the service area manager, send it back to the IM worker for submission to the Social Security Administration.

When Social Security returns the form, the IM worker will send a copy to the service worker for the case file.

Data

IM completes Part 1, Identification. Service completes Part 2, Certification, and comments and signature in Part 4 (Page 1).

The Social Security Administration completes Page 2, indicating the client's income, the SSI eligibility decision, and the State Supplementary payment decision.