

Family-Life Home Services

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Chapter Overview

Family-life home service is a State Supplementary Assistance program to provide a protective family living arrangement for an adult. This program provides a family home for adults who are not able or not willing to maintain themselves adequately in an independent living arrangement, but are physically capable of caring for themselves.

In exchange for payment, the family provides the adult with a private room, board, laundry, supervision, and personal assistance. The family also encourages the adult to share in the interest and activities of the household and to participate in the social, cultural, educational, religious, and other activities of the community.

Legal Basis

Iowa Code Chapter 217, "Department of Human Services," governs the establishment, purposes, and general duties of the Department of Human Services.

Iowa Code Chapter 249, "State Supplementary Assistance," provides that State Supplementary Assistance payments may be made to an eligible person in "another type of protective living arrangement as defined by the department."

Iowa Administrative Code 441, Chapter 111, "Family-Life Homes," established the rules for the program. Chapters 50, 51, and 52 establish the rules for the application, eligibility, and payment for State Supplementary Assistance, respectively.

Administration

Legal reference: 20 CFR 416.2015 and 416.2020; 441 IAC 50.2(249)

The Department and the Social Security Administration jointly administer the family-life home supplement. The Department determines eligibility for the supplement. The Social Security Administration determines the amount of the supplement and makes the payment.

Definitions

“Department” means the Iowa Department of Human Services.

“Eligible adult” means a person 18 years of age or older who meets the eligibility requirements for services or is a recipient of protective services, and who is considering or needs a living arrangement in a family-life home.

“Encouragement to share in the interests and activities of the household” means that the family members welcome and encourage the person to participate with them in their general family conversations and in their social, recreational, educational, and religious activities; that they invite and encourage use of the general facilities of their home, and they expect the person to care for assigned living quarters and participate within reason in the chores of the household.

“Essentially capable of self-care” means the person:

- ◆ Is ambulatory or can move from place to place;
- ◆ Can manage the activities of daily living including personal hygiene and grooming, toileting, dressing and undressing, feeding, and medicating; and
- ◆ Can attend to the care of personal property adequately with minimal support or occasional assistance.

“Family” means a person or persons, either related or unrelated to the client, who constitute the members of the household and are related to one another by kinship of blood, marriage, or adoption.

“Family-life home” means a private household offering a protective social living arrangement for one or two eligible adults who are not able or willing to adequately maintain themselves in an independent living arrangements, but who are essentially capable of physical self-care. In this living arrangement, the family provides the client’s room and board, laundry, encouragement to share in the interests and activities of the household, and opportunities for participation in the social, cultural, educational, religious, and other activities of the community.

“Not able or willing to adequately maintain themselves in an independent living arrangement” means that the person requires some assistance, encouragement, or social stimulation for adequate self-care or to maintain physical or mental health or personal safety.

“Private household” means a dwelling unit occupied exclusively by a family and furnished by and belonging to them by reason of ownership, rental, or by a contract for purchase of life estate

Chapter Organization

This chapter provides direction to service workers administering the family-life home services program in relation to:

- ◆ [Determining eligibility](#)
- ◆ [Family-life home certificate](#)
- ◆ [Placement procedure](#)
- ◆ [Ongoing services](#)
- ◆ [Termination of services](#)

List of Requirements

NOTE: Determining if a client is eligible to receive payment for a family-life home and certifying a family-life home are two separate processes that can occur simultaneously.

Opening Case	Have the client complete and sign the following forms: <ul style="list-style-type: none">◆ 470-5170 or 470-5170(S), <i>Application for Health Coverage and Help Paying Costs</i>◆ The release of information on form 470-0673, <i>Physician's Report</i>◆ 470-3951 or 470-3951(S), <i>Authorization to Obtain or Release Health Care Information</i> Complete form 470-0647, <i>Social History and Evaluation for Family-Life Home Placement</i> , on the client and assess the appropriateness of the client living in a family-life home.
Financial Eligibility	The person's income must be below current Supplemental Security Income (SSI) limits and below the current State Supplementary Assistance (SSA) benefits to the person.
Medical Eligibility	A physician must certify on form 470-0673, <i>Physician's Report</i> , that the person is free from any communicable disease and can be cared for in a family-life home.

Placement Eligibility	<p>Have the family that wants to be certified as a family-life home complete form 470-0606, <i>Application for Certification</i>.</p> <p>Contact people the family has given as references.</p> <p>Obtain forms 470-3951 or 470-3951(S), <i>Authorization to Obtain or Release Health Care Information</i>, and 470-0672, <i>Provider Health Assessment</i>, for each member of the family.</p>
Determining Service Eligibility	<p>Review and assess the returned forms and references, including:</p> <ul style="list-style-type: none">◆ 470-0606, <i>Application for Certification</i>◆ 470-0672, <i>Provider Health Assessment</i>◆ Letters of reference for the family◆ 470-0673, <i>Physician's Report</i>◆ 470-0647, <i>Social History and Evaluation for Family-Life Home Placement</i>
Approval	<p>Write the case plan using form 470-0583, <i>Individual Service Plan</i>.</p> <p>Prepare forms:</p> <ul style="list-style-type: none">◆ 470-0634, <i>Family-Life Home Placement Agreement</i>◆ 470-0616, <i>Certificate of Approval</i> <p>Mail copies of these forms and form 470-0640, <i>State Supplementary Assistance Certification or Termination</i>, from the IM worker, to the service area manager for approval.</p> <p>When the signed and approved forms are returned, complete Part 2, "Certification," of form 470-0640, <i>State Supplementary Assistance Certification or Termination</i>. Send the form to the IM worker.</p> <p>When you receive notification from IM of Social Security initiation of the State Supplementary Assistance benefit and the effective date of the benefit:</p> <ul style="list-style-type: none">◆ Send both the family and the client form 470-0602, <i>Notice of Decision: Services</i>, and a copy of forms 470-0634, <i>Family-Life Home Placement Agreement</i>, and 470-0583, <i>Individual Service Plan</i>.◆ Send the family form 470-0616, <i>Certificate of Approval</i>.

Review and
Recertification

Review the case plan at least once every six months. Give copies of form 470-0583, *Individual Service Plan*, to the client and the family.

Reassess all eligibility factors annually:

- ◆ Have the client sign form 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*, and the release of information on the *Physician's Report*, form 470-0673.
- ◆ Have the family complete the *Application for Certification*, form 470-0606.
- ◆ Review the returned form 470-0673, *Physician's Report*, on the client and the family's form 470-0606, *Application for Certification*.

Mail the *Notice of Decision: Services*, form 470-0602, to the client and the family.

Determining Eligibility

Legal reference: 441 IAC 111.8(249)

A DHS income maintenance (IM) worker, DHS social worker (SW), and the Social Security Administration (SSA) are involved in the eligibility process. All three are needed to make decisions before an application can be approved.

You are responsible for:

- ◆ Determining if the client is an appropriate candidate for a family-life home.
- ◆ Certifying the home as a family-life home.
- ◆ Determining if the placement is appropriate.
- ◆ Notifying IM and Social Security Administration of these decisions using *State Supplementary Assistance Certification or Termination*, form 470-0640.

The IM worker is responsible for:

- ◆ Determining financial eligibility.
- ◆ Determining client participation.
- ◆ Issuing \$20.00 state warrant when the client's only source of income is SSI.
- ◆ Certifying to Social Security Administration that the person is eligible using form 470-0640, *State Supplementary Assistance Certification or Termination*.
- ◆ Issuing timely and adequate notice to a recipient when an adverse action is taken.

(See [6-B, SSA Policies Applicable to All Programs and Family-Life Home Program](#), for more information on income maintenance requirements.)

The Social Security Administration:

- ◆ Determines the amount of family-life home payment;
- ◆ Makes the State Supplementary Assistance payments to the client; and
- ◆ Notifies DHS that the State Supplementary Assistance benefit has been initiated and what the effective date of benefits is. (The effective date of benefits is based on the date of application with SSI.)

Based upon cost-of-living adjustments, payments for family-life homes can fluctuate. For the family-life home (FLH) supplement, an eligible person's income is supplemented with a family-life home payment. Once the person's income is supplemented based upon current cost-of-living adjustments, the person then pays the family-life home and retains a designated amount of money for personal needs expenses. For more detailed amounts, contact the client's IM worker.

All payments are issued to the client or the client's financial representative. The client is responsible for paying the family-life home.

Process instructions for determining client eligibility are divided into the following sections:

- ◆ [Applications for payment](#)
- ◆ [Client eligibility](#)
- ◆ [Client assessment](#)

Application for Family-Life Home Payment

Legal reference: 441 IAC 50.2(249)

The client, or a responsible person acting on behalf of the client, shall apply for services at a Department of Human Services (DHS) local office.

If the client's income is above the current SSI benefit, the client or a responsible person acting on behalf of the client must complete form 470-5170 or 470-5170(S), *Application for Health Coverage and Help Paying Costs*. (See the [Appendix](#) for form samples and instructions.)

An applicant who is NOT receiving SSI must also file an SSI application with the Social Security Administration district office, even if the person's income is above SSI standards.

If possible, have the client apply for SSI during the same month as the application for services; otherwise payment is delayed. The State Supplementary Assistance payment starts no earlier than the month following the month of the SSI application.

If the family-life home applicant is already an SSI recipient, the effective date of the State Supplementary Assistance payment is the later of:

- ◆ The month that eligibility is first attained.
- ◆ The month of the application.

Client Eligibility

Legal reference: 441 IAC 111.8(249) and 111.9(249)

To be eligible for a family-life home living arrangement, a person must:

- ◆ Be 18 years or age or older.
- ◆ Willing to live in a family-life home living arrangement.
- ◆ Be financially eligible, as determined by DHS income maintenance.
- ◆ Be willing to accept the terms and requirements of the family-life home.
- ◆ Be free from communicable disease and not require more services than can be adequately provided in a family-life home.

Client Assessment

Legal reference: 441 IAC 111.8(249) and 111.9(1)

Interview the client to assess the following:

Social Skills

Ability to get along with other people.
Willingness to accept differences in other people.
Ability to adapt to new situations.
General behavior towards other people.

Motivation

Reasons for wanting to live in a family-life home.
If this is an attempt to escape from a current living arrangement.
Perception of living in a family-life home.

Mental and Physical Abilities

Ability to dress, groom, ambulate, and medicate.

Daily mental and physical health care needs.

Services needed to meet health care needs.

NOTE: The *Physician's Report*, form 470-0673, must document the health care needs.

Personality Traits

Outstanding character traits.

Values and attitudes.

Reactions to stress and problems.

Capacity for independence.

Relationships

Background in family living.

Past and present personal relationships.

Ability to adapt to new people.

Ability to sustain relationships.

Significant persons to the client.

Interests, hobbies, and religious practices.

Present and past employment.

Lifestyle

Routines, habits, social activities.

Complete form 470-0647, *Social History and Evaluation for Family-Life Home Placement*, on the client to document the information learned. Use this information to determine the appropriateness of the client living in a family-life home.

Family-Life Home Certification

Legal reference: 441 IAC 111

You may recruit families to apply to be family-life homes, as your time permits. It is more likely that a family, a social worker from another agency, a client, or someone else in the community will come to you with a prospective client and family who have already determined that a family-life home might be appropriate to meet the client's needs.

Family-life home certification instructions are divided into the following sections:

- ◆ [Application for certification](#)
- ◆ [Assessment of family-life home](#)
- ◆ [Issuing the certificate](#)

Application for Certification

Legal reference: 441 IAC 111.2(249) and 111.6(1)

Any person has the right to make an application for family-life home certification. Provide every applicant with an application form, *Application for Certification*, form 470-0606.

The date of application is the date the completed form is received in the local office. Approve or deny application within 60 days.

Each family that applies for family-life home certification must provide two references. Mail letters to people the family has given as references.

Each family member must sign form 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*, and have form 470-0672, *Provider Health Assessment*, completed by a physician.

Mail enough copies of forms 470-3951 and 470-0672 for each member of the family. Instruct members of the family to sign the forms, take them to their physician to complete for each family member, and return the completed forms to you.

Assessment of Family-Life Home

Legal reference: 441 IAC 111.4(249), 111.5(249), 111.6(249), and 111.7(249)

Assess the family that wants to be certified as family-life home in the following areas:

- ◆ [Family availability](#)
- ◆ [Other licenses](#)
- ◆ [Physical standards](#)
- ◆ [Food](#)
- ◆ [Family characteristics and activities](#)
- ◆ [Family health](#)

Family Availability

Legal reference: 441 IAC 111.3(2)

At least one responsible adult member of the family-life home must be either at the home or reasonably available to the client most of the daytime and nighttime hours, based on the service worker's assessment of the person's need for supervision.

Other Licenses

Legal reference: 441 IAC 111.3(7)

A certified family-life home may not be concurrently licensed as a residential care facility, nursing home, child care center, or a foster family care home.

EXCEPTION: An exception may be made for a home to be concurrently licensed as a foster family home and certified as a family-life home in order to provide continued care for a person who was placed in the home as a foster child.

The exception will enable an adult who is in need of the protective living arrangement of a family-life home to continue to live in the same home in which the person was placed as a foster child. The home can continue to care for the adult and other foster children without disruption to the adult or the family.

Physical Standards

Legal reference: 441 IAC 111.4(249), 111.7(4)

The family may own or rent the home or occupy it by a contract for purchase or life estate. The home may not be owned or furnished by the client. The family's record of occupancy of dwellings will indicate relative stability in the place of dwelling.

The family-life home must be safe, clean, well ventilated, properly lighted, and heated. The home must comply with all local health ordinances. Determine if the home offers adequate space for comfortable living for a family with the present number of occupants and the proposed number of clients.

Each client must have a single bedroom unless there is an agreement between the family and the residents that a room may be shared. Each bedroom must be suitably and comfortably furnished. The client's room must provide privacy and be comfortable for the client in temperature and lighting. Space must be provided for a client to store personal belongings.

The client must have the right to use the common living room and kitchen. The client must also have the right to use the common bathroom and toilet facilities or be provided separate accommodations.

Food

Legal reference: 441 IAC 111.4(5)

The family must provide nutritional food, in sufficient quantity to meet the needs of the client. This includes special food for clients who have special diet needs.

Family Characteristics and Activities

Legal reference: 441 IAC 111.5(249) and 111.7(249)

The adult head of the household shall be a mature, responsible individual who is physically able to maintain a household, and who shall exercise good judgment in caring for adults. Assess the family members' reaction to stress and problems.

The family shall have an appreciation of and respect for the client's relationship with the client's own relatives, neighbors, and friends. The family shall respect the client's religious background and affiliation. Assess the values and attitudes of the family members.

The family shall have sufficient income and resources to provide adequately for the family's own needs. The family shall not require a client to do general housecleaning, cooking, or child care for the family. A client may voluntarily share in these responsibilities.

The daily routine shall be to promote and provide an opportunity for normal activity with time for rest and recreation compatible with the needs of the client. Every client shall be encouraged to develop social relationships through participation in neighborhood and other community and group activities.

Consider the family's routines, habits, social activities, interests, hobbies, and religious practices.

Family Health

Legal reference: 441 IAC 111.6(249)

The family must provide a medical report on each member of the household on form 470-0672, *Provider Health Assessment*. The medical report is required to assure that all family members are free of communicable diseases and in reasonably good physical care. Medical reexamination may be required at the discretion of a physician or the Department.

Issuing the Certificate

Legal reference: 441 IAC 111.3(249)

Evaluate the information you have obtained from the following:

- ◆ *Application for Certification*, form 470-0606;
- ◆ *Provider Health Assessment*, form 470-0672, on each family member;
- ◆ Letters of reference on the family; and
- ◆ Your assessment of the family.

If you determine the family is appropriate to be a family-life home, prepare 470-0616, *Certificate of Approval*, and send it to the service area manager for approval along with the documents required under [Placement Approval](#).

A family-life home may be certified to provide a living arrangement for no more than two eligible adults. The certificate is effective for one year from the date issued, subject to continued compliance with the rules governing the program. The certificate may be revoked for failure to comply with program rules.

When you receive the signed 470-0616, *Certificate of Approval*, mail it to the family. Make a copy for your case file. The family shall have the certificate available for inspection. The certificate is not transferrable to another person or another address.

Placement Procedures

Legal reference: 441 IAC 111.5(249)

When you have a client who is eligible to receive payment for a family-life home and a qualified family, assess the compatibility of the client and the family-life home. Assess the total plan of care with the client and the prospective family.

Placement procedures are divided in the following sections:

- ◆ [Preplacement visits](#)
- ◆ [Placement agreement](#)
- ◆ [Case plan](#)
- ◆ [Placement approval](#)

Preplacement Visits

When it has been determined that a client is eligible to live in a family-life home and you have a qualified family-life home that the client is interested in, plan a preplacement visit.

Arrange the first visit between client and family-life home. Introduce the client to the family. After introducing the client and family, you might want to assist in getting the conversation going. Stay with the client and family during the first visit.

If the first visit works out and both the client and the family are interested in pursuing the relationship, arrange a visit when the client can stay with the family longer and without you remaining to monitor.

Every situation will be different. Some clients and families will require more time to decide if they want to live together. Be available to both the client and the family to discuss pros and cons of the family-life home living arrangement.

Placement Agreement

Legal reference: 441 IAC 111.10(249), 111.11(249), 111.12(249), 111.13(249)

When a client and a qualified family have agreed to the family-life home living arrangement, complete form 470-0634, *Family-Life Home Placement Agreement*, except for the effective date, with the client and the head of household of the family-life home.

Explain the expectations of the client, family, and the Department to everyone in the family-life home and to the client.

Exceptions to the *Family-Life Home Placement Agreement*, form 470-0634, can be granted by the service area manager or designee. The exception must be clearly stated on form 470-0634.

For example, if the client already knew or was related to the family, there might already exist a legal guardianship, conservatorship, power-of-attorney, or other legal relationship, which it would be better to maintain, rather than revoke because of requirements of the *Family-Life Home Placement Agreement*.

Encourage the family to seek guidance in the possibility of a need for insurance to cover personal injury and property damage. The family might also want to consult the person who completes their income tax forms.

Explain to the family that information concerning the client, the client's family, and the client's background is confidential and must not be shared with other persons.

The family must give the Department at least **30 days' notice** if they wish to terminate the agreement. The family must cooperate in planning an alternative placement for the client.

Case Plan

Legal reference: 441 IAC 130.7(234)

Assess the total plan of care with the client and the family. Discuss with the client and the family what other services the client might require and how those services can be provided. Write a case plan using form 470-0583, *Individual Service Plan*.

Integrate other required services into the plan. When the client requires assistance from another agency or attends a program in the community, such as an adult day care, include a representative from that agency in the planning process.

Include the following in every case plan:

- ◆ Provisions for medical care for the client. Provide the family with the names, addresses, and telephone numbers of the client's physician, hospital, and any other persons who would need to be notified in an emergency.
- ◆ Specific instructions on action steps to take in an emergency.

- ◆ Specific plans for where the client will go when the family has an emergency, goes on vacation, or takes an overnight trip.
- ◆ A list of other services the client requires and who will be providing them. Include the names of the agencies providing the services, the phone numbers, and the names of the persons providing the services.
- ◆ An action plan for the possibility that the family-life home living arrangement does not work out and the client needs an alternative living arrangement.

Placement Approval

Legal reference: 441 IAC 50.2(2) and 50.3(1)

Send the following forms to the service area manager for approval of the placement:

- ◆ 470-0616, *Certificate of Approval*
- ◆ 470-0583, *Individual Service Plan*
- ◆ 470-0634, *Family-Life Home Placement Agreement*
- ◆ 470-0640, *State Supplementary Assistance Certification or Termination*, received from the IM worker

When the signed and approved forms are returned, complete Part 2, "Certification," of form 470-0640, *State Supplementary Assistance Certification or Termination*. Send the form to the IM worker for forwarding to the Social Security Administration.

The IM worker will notify you when the Social Security Administration has initiated the State Supplementary Assistance benefit and give you the effective date of the benefit. When you receive this notification, complete the effective date on form 470-0634, *Family-Life Home Placement Agreement*.

Send to the family-life home:

- ◆ Form 470-0602, *Notice of Decision: Services*, approving certification.
- ◆ Form 470-0616, *Certificate of Approval*.
- ◆ A copy of form 470-0634, *Family-Life Home Placement Agreement*.
- ◆ A copy of form 470-0583, *Individual Service Plan*.

Send the client:

- ◆ Form 470-0602, *Notice of Decision: Services*, approving certification.
- ◆ A copy of form 470-0634, *Family-Life Home Placement Agreement*.
- ◆ A copy of form 470-0583, *Individual Service Plan*.

Assist the client and family in making arrangements to move into the family-life home. Be available to the client and the family to assist with adjustment issues.

Remind the family they shall have available at all times the name, address, and telephone number of the client's physician.

Case Maintenance

Legal reference: 441 IAC 50.4(249), 111.12(249), 111.9(249)

Make it clear to the client and the family that you need to be notified about any significant changes in the plan of care or the living arrangements. The family shall immediately notify the case worker in case of an accident, illness, or emergency that may affect the placement. Review any eligibility factor whenever a change in circumstances occurs.

In case of an emergency, vacation, or overnight trip, requiring the family's temporary absence from the home, the caseworker shall be notified and arrangements shall be made with a designated, responsible person for the care of a client during the period of absence.

Review the case plan at least once every six months. Give copies of the case plan to the client and the family.

Review all eligibility factors at least **annually**:

- ◆ Have the client sign form 470-3951 or 470-3951(S), *Authorization to Obtain or Release Health Care Information*, and the release of information on the *Physician's Report*, form 470-0673.
- ◆ Have the family complete the *Application for Certification*, form 470-0606. You may request new *Provider Health Assessments* if you have any concerns about the health of the family.

Review the returned *Physician's Report* on the client and the family's *Application for Certification*.

Mail the *Notice of Decision: Services*, form 470-0602, to the client and the family.

Termination and Replacement

Legal reference: 441 IAC 111.10(249), 111.3(3)

If any of the terms of agreement are not met in the *Family-Life Home Placement Agreement*, form 470-0634, terminate the family-life home certification. If the living arrangement is not working out for both the client and the family, terminate the family-life home living arrangement.

In the event the client needs to seek alternative living arrangements, notify all the services providers. Try to arrange for a meeting with the other service providers and the client to discuss a new plan of care in a different living arrangement.

Assist the client in finding alternative living arrangements.