FAMILY-LIFE HOME SERVICES

APPENDIX

Iowa
Department
of
Human Services

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 this form from the sample in the manual. (Access the form on line by clicking twice on the heading on this page.)
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.

Authorization to Obtain or Release Health Care Information, Form 470-3951 and 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. It may also be completed on line using the template on Outlook under "Public Folders/All Public Folders/State Approved Forms/Service."

Print or photocopy supplies of the Spanish version from the sample in the manual. (Click on the blue form number to access the sample electronically.)

Completion

Complete this form when you first meet with a new client or prospective provider. You may 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.

Ensure 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 information in a specific and meaningful fashion.
- 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 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, enter on the back of the form 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 on line using the template in Outlook in the public state-approved forms folder, under "Services."

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 Client Case 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 on-line manual.

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 Client Case 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 Client Case Plan, Form 470-0583

Purpose

The *Individual Client Case Plan* records the Department's case plan for adult services.

Source

This form may be completed on line using the template in Outlook under "Public Folders/All Public Folders/State Approved Forms/Service."

(In the on line manual, access the form sample by clicking on the blue heading.)

Completion

The worker completes this form when an eligible client has been matched with a qualified family, 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 for placement approval along with:

- 470-0634, *Family-Life Home Placement Agreement*
- 470-0616, *Certificate of Approval*
- 470-0640, *State Supplementary Assistance Certification or Termination*

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

Client's Name: Enter the client's name.

Family Name: Enter the client's last name if different from other known family members.

Original Date: Enter the date the original service began.

Worker's Signature and **Date**: Sign your name and enter the date you complete the case plan.

Supervisor's Signature and **Date**: Your supervisor will sign and date the *Individual Client Case Plan* when it is being approved for service.

Client's Signature and Date: When the *Individual Client Case Plan* is complete, agreed to, and understood by the client, have the client check the boxes and sign and date the plan.

Assessment: Summarize the client's situation.

Financial Eligibility: Record reasons the client is financially eligible.

Objectives: List objectives of the plan.

Specific Services: List services the client will be receiving on the program.

Responsibilities: List responsibilities of the client, the provider, the physician, the supervising nurse, and the Department worker.

Reassessment/Termination: Note if this is a reassessment or termination.

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

Purpose

Workers use form 470-0602 to notify a service applicant or recipient of all actions taken which affect the client's case and which are not or court-ordered. The form presents the information in a way that meets due process requirements and documents these actions.

Source

The English and Spanish versions of the form may be completed on line using the template in Outlook under "Public Folders/All Public Folders/State Approved Forms/Service."

The forms may also be printed or photocopied from the samples in the manual and completed manually. (In the on-line manual, access the form by clicking on the blue form number.)

Completion

The 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 changes, 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. (It 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	Print or photocopy supplies of the form from the sample in the manual. (Click on the blue heading to access the sample electronically.)
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	Providers can download this form on the DHS webpage: http://www.dhs.state.ia.us/. Click on "Public Information" and then click on "DHS Forms." You may also print or photocopy supplies of the form from the sample in the manual. (Click on the blue form number to access the sample electronically.)
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	Print or photocopy supplies of this form from the sample in the manual. (Access the form in the on-line manual by clicking twice on the heading on this page.)
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

Form 470-0640 is printed in pads of 25 three-part NCR forms. Order supplies from Iowa Prison Industries at Anamosa.

Completion

The income maintenance 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 Client Case 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.