

HOMESHARE PROVIDER HANDBOOK



March 2021



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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 adults who are psychiatrically disabled. Patients participating in the program have been long term residents of an SCDMH inpatient facility, have had multiple inpatient admissions, as a transition from another community placement, or as is the case for youth, have been living in a residential treatment facility and unable to return home.

Each patient is matched with a “provider” who offers in home daily living supports and assistance in a home environment. Patients 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 patient’s needs and choices.

The term "placement" is used very generally in the Homeshare program to describe how SCDMH helps patients 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 patient. The Homeshare provider and the patient decide if the patient will move to the provider's home, for how long, and when the patient will leave.

The overall goal of Homeshare is to provide a satisfactory and productive community living experience for patients 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 # 5400022052 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 and center staff.

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 # 5400022052 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 patient may be living in the home of a Homeshare provider. With Homeshare Standard Respite, there may be one patient living in the home and one patient there on temporary basis (not longer than 2 weeks). HER will only have one patient in the home at a time.
- Standard 3 The Homeshare provider shall be available to the patient 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 assigned to provide appropriate services to each patient and Homeshare provider. Must be an open case with community mental health center.
- Standard 6 Homeshare providers and patients 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 patient with one contact in the provider home. 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 # 5400022052 (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) <https://procurement.sc.gov/doing-biz>. This application may be sent electronically or mailed.

SCEIS Vendor Registration can be completed at the following link: <https://procurement.sc.gov/doing-biz/registration>. The application can be located in the Vendors/Contractors box under submitting offers on following link: <https://procurement.sc.gov/doing-biz/submitting-offers>. 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 patient 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 must register in SCEIS to obtain a vendor number and you must have a vendor number to submit the application. You may request assistance with SCEIS vendor registration if needed from the Homeshare Coordinator. Follow the steps outlined in the online SCEIS Vendor registration guide. 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 patient 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 patient’s capacity for independent living and community integration;
- ▶ promote optimal mental and physical wellness;
- ▶ improve recovery and engagement with 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 patient (member/guest) and provider. At a minimum, the professional component of the team will include the patient, clinician, physician, and provider.

STAFF RESPONSIBILITIES

Staff will be responsible for:

- ▶ recruiting, screening, and training prospective Homeshare providers;
- ▶ working closely with transition staff or inpatient staff to screen patients to ensure appropriate placement assistance for both patient and provider; coordinating pre-placement and trial visits;
- ▶ monitoring the patient'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 patients, 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 patient 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 patient is seen at appropriate intervals for psychiatric/medical assessment and medication monitoring;
- ▶ working closely with the patient and team to determine the patient's readiness for referral to other center services;
- ▶ being available during the patient's transition from the hospital and for emergencies using the center process and as informed by Homeshare Coordinator;
- ▶ 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 patient's natural or blended family and Homeshare provider;
- ▶ promoting biological family support by encouraging the family to have contact with the patient and 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 patient's confidentiality;
- ▶ participating as part of the team to plan, provide information on needs, support and assist patient in reaching treatment goals;
- ▶ receiving home visits by the clinician, pre-scheduled, and occasionally unannounced;
- ▶ attending monthly network meetings and ongoing provider training;
- ▶ maintaining home standards required for their residence;
- ▶ ensuring the patient'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;
- ▶ ensuring alcohol and drugs are not readily accessible to patient
- ▶ informing the Homeshare Staff of any changes in the household or people living in the household;
- ▶ providing documentation of pet vaccinations, if applicable;
- ▶ 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; for example, bed

bug abatement, pest infestation and removal and ensuring it is a safe physical environment for the patient with proper lighting, heating and air conditioning, water, fixing of broken stairs, etc.

- ▶ protecting self/other family members/friends by not engaging in benefit of financial gain specifically from or involving patient, i.e., not setting up joint banking accounts, life insurance policies, accepting items from patient, or any money related issue
- ▶ other responsibilities as outlined in the fixed price bid award.

PROVIDER RESPONSIBILITY WITH PATIENT

Providers will be responsible for:

- ▶ integrating the patient 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 patient's use at no extra charge to patient;
- ▶ involving and including patient in social recreational activities;
- ▶ protecting the patient's confidentiality;
- ▶ participating as part of the team to plan to support and assist patient in reaching treatment goals;
- ▶ being responsible for daily medication management and safe storage of medications;
- ▶ with clinician and other team members, ensuring that the patient 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;
- ▶ maintaining a healthy home with food, running water, heat/air, and safe living space
- ▶ ensuring the patient'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 patient that is not sexual or financial in nature
- ▶ informing the patient of the fire evacuation plan and ensuring that patient knows how to exit the house safely and establishing a disaster plan;
- ▶ ensuring patient has a working flashlight in bedroom;
- ▶ the provider as a homeowner or lessor of property is responsible for home maintenance in order to provide a physically safe environment for the patient, ie fixing broken stairs, light bulbs, maintaining water/electricity, pest control, and yard maintenance
- ▶ encourage patient to practice independent skills to the level of ability and assist with transitioning to next living environment
- ▶ other responsibilities as outlined in the fixed price bid award.

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

PATIENT RESPONSIBILITIES

Patients will be responsible for:

- ▶ agreeing to participate in Homeshare;
- ▶ blending into the family routine with other household members as opportunity arises and situation warrants;
- ▶ participating in treatment planning along with maintaining, practicing and improving independent social skills and activities;

- ▶ working towards the accomplishment of individualized treatment goals;
- ▶ assisting in household tasks as appropriate;
- ▶ contributing to provider stipend according to their income and as outlined in the Patient Agreement.

PATIENT 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 patient 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 patient's medical record; however, it is not considered confidential information. The program cannot place a patient 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 and discontinuing service until resolved.

It is suggested that the Homeshare Provider put his/her signed copy of the Fixed Price Bid Solicitation # 5400022052 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 patients 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 patient. The Center treatment team, the patient along with the Homeshare provider will determine if the patient will move to the provider's home, for how long and when the patient 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 patient and provider;
- ▶ daily or frequent home visits by staff will include evaluation of patient/provider match;
- ▶ visits by staff may be scheduled and unscheduled
- ▶ placement assistance and home visits are an opportunity to review program guidelines, patient goals, and discuss issues and concerns
- ▶ placements may be continued as long as provider meets approval criteria, maintains documentation and program requirements, and the placement is satisfactory to both the patient 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 patient 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 if further advisement required 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 (Patients 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 evacuation 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 patient and/or provider;
- ▶ supportive visits as determined to be in the patient's best interest.

RESIDENTIAL ALTERNATIVES

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

- ▶ patient participation in treatment with Homeshare may continue;
- ▶ clinician may stay the same;
- ▶ Homeshare provider may remain in contact, if desired by patient, new living environment and provider;
- ▶ the above is dependent upon patient 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 help the provider and patient adjust in the beginning, middle, and end of the Homeshare placement. The clinician 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 clinician to support the provider by helping to problem solve and offering consultation to promote the patient'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 patient'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 patient to maintain harmony during difficult periods which affect the dynamics of their interpersonal relationships.

Support of the individual patient is maintained through the continuing relationship with the clinician. The clinician monitors the patient'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 clinician 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 patients 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 clinicians. 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 patient, as well as teaching techniques for the full utilization of community resources for the patient's optimum adjustment.

The clinicians also serve as a liaison between the patient'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 patient. The clinicians promote this support by encouraging the natural family member(s) to contact the patient through positive interactions and/or visits.

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 # 5400022052. 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

Provider must be set up for direct deposit. The Homeshare Coordinator will provide information on how to accomplish this task.

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) Patient stipend:

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

The provider will receive a stipend of up to \$1,393 monthly depending upon type of service provided and number of days the patient is in the home. Providers are not to make patients 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 patient is absent for an extended period of time:

- ▶ provider will notify clinician that patient is out of the home;
- ▶ a determination will be made on whether the patient will be returning to home or relocating;
- ▶ provider will maintain involvement with patient as the situation dictates to be supportive;
- ▶ in the event that a patient 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) Patient resources:

- ▶ patient is expected to be integrated as 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 patients;
- ▶ no individual CENTER staff or provider will be representative payee for a patient;
- ▶ written records will be kept when a provider is assisting a patient with management of his/her funds;
- ▶ in the event that external financial management services are not available, the CENTER may assist the patient, following established SCDMH procedures.

2) Case services:

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

RESPIRE

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.

Providers need to request respite through the clinician who may assist provider in completing respite request and patient 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 patient in the home, respite may be requested after the patient has been in the home **six months**. Additional non-paid respite needs must be approved by the program director. Respite directed by the program director will not be counted toward provider respite days.
- ▶ unused days of the two-week respite 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 patient;
- ▶ all standard respite arrangements will be coordinated with the clinician 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, Lexington, Orangeburg, and Waccamaw;
- ▶ enhanced respite providers must complete SC Materials Management Office (MMO) Fixed Price Bid Solicitation # 5400022052 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. In event of receiving 1099, contact your Homeshare Coordinator so this may be addressed.

LEGAL GUARDIANSHIP, CONSERVATORSHIP, Or INSURANCE POLICIES

While providers are active in the Homeshare Program, they cannot be the legal guardian or conservator of patient. Being the patient's legal guardian/conservator is not permitted under the scope of the Homeshare contract. While providers are active in the Homeshare Program, they cannot attempt to take out any life insurance policy on the life of the patient. Any questions regarding this should be discussed with the Homeshare staff.

HOMESHARE ENHANCED RESPITE

PROVIDER HANDBOOK

March 2021



HOMESHARE ENHANCED RESPITE

The Homeshare Enhanced Respite program (HER) is an alternative community-based home care option for adults who need 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 monthly. HER providers follow the same requirements as Homeshare providers and may only have one person/patient in the home at a time.

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

When a center patient 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 patient clinically needed services and provider support as indicated. Whenever appropriate, center patients will continue to participate in center programs. Non-center patients will be monitored by the HER coordinator and referred to appropriate center services as indicated.

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

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

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 # 5400022052 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 conflicts with the signed contract, the signed contract will control and will not otherwise change those contract obligations, terms, and understandings.

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.

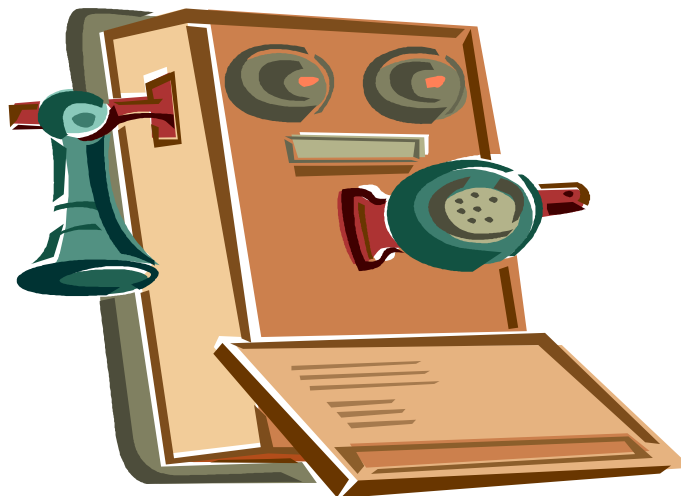
During business hours, call the office number. After business hours, contact Mobile Crisis 833-364-2274

HER COORDINATOR:

OFFICE:

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 patient.
3. When you accept the placement, ensure you understand when and where to pick up the patient. Get first and last names of all individuals involved (patient, clinician, contact person, etc.)
4. When you pick up the patient, ensure you get copies of the discharge paperwork and medications, if applicable.
5. The referral source will assist you in completing the patient agreement, patient inventory, and Health Information Privacy Practice form: HIPPA. Ensure the patient and witness sign the forms.
6. Call/page HER staff if there are any questions, concerns, or emergencies.

HER Provider Placement Notes

Patient 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 _____

Clinician _____ Location _____

Next MH appointment

FAMILY/CAREGIVER INVOLVEMENT

Family _____ Telephone# _____

In case of emergency notify:

Name: _____ Relationship: _____ Telephone #: _____

Address: _____

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

Placement Information:

Respite Start: Date _____ Time _____ am / pm

Respite End: Date _____ Time _____ am / pm

**HOMESHARE ENHANCED RESPITE
PATIENT PROPERTY INVENTORY**

Please list and describe any and all personal effects the patient 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.

_____ Patient Signature _____ Time _____ Date

_____ Provider Signature _____ Time _____ Date

_____ Witness Signature (MHC Staff or Referral Source) _____ Time _____ Date

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

_____ Patient Signature _____ Time _____ Date

_____ Provider Signature _____ Time _____ Date

_____ Time _____ Date

Witness Signature (MHC staff or referral source)
original to Program Coordinator
copy to Patient
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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 #5400022052 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 patient?

Placement assistance depends upon many factors such as having all your documentation in provider folder, matching a patient 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 Mobile Crisis # 833-364-2274. If the situation becomes a medical or physical safety emergency, call 911.

Note: After hours, coverage is available to respond to potential and emergency situations. Before calling, identify all the facts, determine whether the situation requires an immediate response or is something that could wait until the next business day. If in doubt or immediate need, call.

PATIENT VISITS WITH NATURAL FAMILY

Is the patient allowed to visit with their family?

Yes, though there may be special arrangements for these visits. The clinician will coordinate the visit according to the patient'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 clinician at the provider's convenience.
- ▶ If a biological family member contacts a provider, the caller should be referred to the clinician. Whether a visit occurs in the provider's home or that of the patient's family member such visits are not considered respite and the provider stipend is not affected as long as the majority of care is provided by the Homeshare provider.
- ▶ If patient stays with the biological family or friend/significant other on a routine basis and provider is not readily available for the patient return immediately back to the provider home, this counts toward their respite days and when they exceed respite days then the provider doesn't receive respite stipend payment. When a patient/family/significant other desires to change the living situation, respite days and stipend will be reviewed on a case by case basis.

When are family visits not allowed?

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

PATIENT'S MONEY

Who is responsible for the patient's money?

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

In most cases the patient has a representative payee who will manage their money and send the provider the patient's share of the provider stipend. They also send the patient a check for "pocket money" at least once monthly as determined by patient funds and budget plan.

Any questions concerning financial matters must be discussed with the clinician.

How should the provider assist with financial management?

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

The provider will not have the patient sign any check over to them or receive any funds from patient. Nor should they "advance" the patient any money.

The provider will need to notify the clinician of any special circumstances or needs the patient cannot purchase out of money received.

PATIENTS WHO SMOKE

Are patients allowed to smoke?

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

1. The patient 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 clinician, the provider may be requested to hold cigarettes and lighters during non-smoking times.
3. The patient will be encouraged to follow any smoking restrictions ordered by their physician.

What should the provider do for patients who smoke?

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

1. The patient will only smoke in the home if other household members can smoke indoors. 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, etc.
3. The provider will help the patient to follow the physician's orders for smoking restrictions.
4. The provider will assist the patient to purchase the quantity and brand of cigarettes that fits their budget.
5. Any aggravated health concerns or other issues related to the patient's smoking should be reported to the clinician.

HOME SAFETY

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

During the home study the clinician 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 clinician 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 patient possesses in completing personal care skills. While most patients can tend to their personal hygiene, bathing and dressing tasks, some are not.

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

If a change is noted in the patient's ability to perform these tasks the clinician should be notified immediately.

HOME VISITS

What are home visits for?

Home visits offer the opportunity for the clinician to visit each provider and patient in their home. The clinician can 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 clinician will do scheduled and unscheduled visits regularly. A provider or patient may also request, at any time, to have the clinician visit.

MEDICAID CARD

Who receives a Medicaid card?

Eligible patients 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 clinician.

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 patient'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 patient does not receive their card in a timely manner, notify the clinician.

MEDICATION MANAGEMENT

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

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

- ▶ remind and assist patients with taking medications timely
- ▶ ensure patient obtains any lab work or medical tests as required for medication or treatment needs
- ▶ bring in patient'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 clinician at least 7 days before a prescription expires

The clinician should be notified when:

- ▶ the patient 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 clinician, physician, patient, provider, and any other treatment team members should occur to determine how medication will be transported before allowing anyone other than the provider/patient to transport patient medication. Medication in the wrong hands could result in serious harm.

How do I find specific information about the medications?

During the patient'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 clinician or physician if lab work is required for the medicines that the patient is taking. Part of your role is to assist the patient 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. You will receive words of encouragement and ideas for assisting the patient, 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 clinician. 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 CLINICIAN

What does the clinician need to know?

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

What are some specific things the clinician needs to know?

While this list is not inclusive it does list several important items that clinicians need to be

kept informed about. Notify the clinician when there are any changes in patient or household:

- ▶ thoughts, mood, behavior, or health status
- ▶ medication or if you need prescriptions renewed (7 days notice please)
- ▶ change or addition of medications by any other doctor or person prescribing
- ▶ daily activities including eating, sleeping, personal care abilities
- ▶ plans for PSR program attendance, other appointments, van transportation
- ▶ household changes with people/home (addition to family, marital status, new car, new house, moving, phone #, or other family visiting, household repairs)
- ▶ contact with biological family, friends or significant others

FAMILY TRIPS/VACATIONS

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

Yes. When making travel plans notify the clinician 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 patient in family trips and vacations.

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

PRIMARY PHYSICIAN AND DENTIST

Where should the patient 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 clinician informed of all routine visits, and any additional procedures being considered.

How will providers assist patients 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 patient 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 patient?

The provider will notify the clinician if the patient needs dentures, glasses, or has other needs. The clinician will make a referral to the center clinical care coordinator to assist.

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 patient, 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 clinician.

What is not covered?

Patient 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 service is provided. Providers will receive their check(s)/direct deposit about 3- 4 weeks after invoices have been submitted to the CENTER.

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

Respite stipend checks follow the same process and above time frames. Provider should call their clinician if there is a question regarding their stipend.

PSYCHIATRIC MEDICAL ASSESSMENT (PMA)

What is a PMA?

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

The provider needs to bring all medication the patient is taking to the appointment, even if it is prescribed by a different physician. A list of over-the-counter medication the patient 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 patient. Such medication may have an adverse interaction with prescription medication.

REHABILITATION PROGRAM

What should I do if I believe the patient is not receiving treatment services as other patients?

Treatment and services are based on patient needs. If you have a question, concern, or

request concerning the treatment services, you should ask the psychiatrist or clinician during the PMA meeting. There are a variety of services provided by the center or other agencies that patients may be referred to as meeting his/her needs. The provider is responsible for supervising the patient when not in treatment or other referred services. The level of supervision needed should be discussed with the clinician and based on patient level of functioning along with treatment goals.

What is a Rehabilitation Program?

Often referred to as groups or Psychosocial Rehabilitation (PRS) program this treatment service provides the patient with skills training, socialization, and productive and meaningful daily activity. This type of service is required to meet the needs and benefit the patient. According to the patient's clinical treatment need, he/she may attend a program from 2 hours to two to five days weekly. Some patients do not need or benefit from this type of service.

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

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

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

STANDARD RESPITE

When may the provider use respite?

After the patient 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.

Who can provide respite care for the patient?

Trained Homeshare providers or respite providers may provide respite care.

All respite will be arranged through the clinician who must know where the patient is at all times. Please notify the clinician 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 patient be prepared for respite?

Always include the patient 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 clinician. If there will be any changes to transportation, PSR program schedule, etc. and go over them with the patient.

Help the patient 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 patient's suitcase to be transported to the respite home.

SLEEPING ARRANGEMENTS

What are the bedroom requirements?

Each patient will have their own bedroom of adequate size (est. 8 x 10). He/she will be allowed to decorate with personal items and decorating style. 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 patient will not be required to share their room with others. Nor will their closet be used by others or for storage.

Patients will not be requested to give up or share their bed with another individual. Respite patients will have their own sleeping space.

Who is responsible for keeping the bedroom clean?

Each patient will keep their bedroom reasonably clean to the best of their ability. The provider will assist in the upkeep of the room as needed. If patient cleanliness is an issue, please inform the clinician.

Reasonable cleanliness is conceptualized 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

SPECIAL EVENTS

What special events does Homeshare offer?

Several times a year staff, providers, and patients 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 patient are strongly encouraged to attend. Should there be a conflict for the provider in attending the event, they should notify the clinician to discuss plans for the patient to be able to attend.

TRANSPORTATION

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

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

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 clinician.

Does the mental health center offer transportation?

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

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

NATURAL OR HOUSEHOLD DIASTERS

Why do I need to have a fire and disaster plan?

Providers need to have a disaster plan for when a natural or household disaster occurs so they and the program know how to prepare, where to go and what to do during a disaster. The Homeshare staff can assist providers with developing a plan.

What do I do in the event of a disaster or mandatory evacuation?

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 patient or inform the Homeshare staff of evacuation needs.

TAX INFORMATION

Should I receive a 1099 for income tax purposes?

No, but reporting of this income is based upon your individual tax situation and it is recommended that you discuss this with your tax accountant. Income tax considerations and consequences are the responsibility of the Homeshare Provider.

What do I do if I receive a 1099?

If you receive a 1099, contact the Homeshare Coordinator or clinician and let them know so it may be addressed.

LEGAL GUARDIANSHIP, CONSERVATORSHIP, and INSURANCE POLICIES

Why can't I be a legal guardian or conservator for my patient?

This is not allowable per the contract. There needs to be separation between patient resources and provider so as to protect the provider from potential accusations of exploitation.

Why can't I take out an insurance policy on the patient if I pay for the premiums?

This also is not allowable per the contract. The provider nor their family members, or friends should not receive any monetary or actual gain from the patient or patient resources or from this contractual service provided.

This is to protect the provider from any appearance of exploiting a vulnerable adult.

Why would the individual living with me be considered a vulnerable adult?

By being in the Homeshare program sponsored by SCDMH, the individual placed in your home is considered a vulnerable adult and under the scope of the Omnibus Adult Protection Act where there is a duty to report abuse, neglect, or exploitation for individuals in residential program operated or sponsored by SCDMH.