



Policy & Procedure Manual

**HOME SHARE SERVICE AGREEMENT AND REMUNERATION
R-XI-3**

PURPOSE:

The purpose of this policy directive is to outline the criteria that OPTIONS northwest requires to be included in our Service Agreement and Remuneration Process to the Home Share

POLICY:

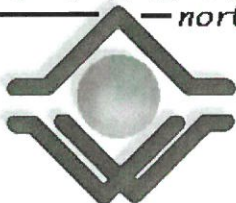
It is the policy of OPTIONS northwest to have a Service Agreement in place with the Home Share Provider that includes provision of Services and Remuneration.

The following are guidelines OPTIONS northwest will follow when a person and/or family expresses an interest in becoming a Home Share Provider:

1. Service Agreements shall be reviewed and signed at the initiation of service and annually thereafter by the Home Share Provider, Home Sharer, Manager of Community Services and Director of Community Services. A copy will be left with the Home Share provider and the original will be kept with OPTIONS northwest. The Service Agreement will include the following, but is not limited to:

OPTIONS northwest will ensure the following are contained in the Service Agreement (Appendix A);

1. Home Share provider agrees to participate in all necessary training and orientation. This includes but not limited to CPR, First Aid, Respecting Rights and Abuse Prevention and Non Violent Crisis Intervention.
2. Agree to the reporting policies, including;
 - Any significant change involving the Home Sharer; Home Share provider and or their living situation.
 - When a new adult or child is introduced to the home whether this be on a full or part time basis
 - If the Home Share provider is unable to continue to provide support.
 - Any significant concern which could impact the Home Sharer.
3. The Home Share provider agrees to ongoing monitoring including regular visits (every 60 days max) by OPTIONS northwest staff. This includes at least one annual



unannounced visit. See policy R-XI-4

4. Provide an opportunity for the Home Sharer to speak with OPTIONS northwest staff separate from his Home Share provider in order to have a private conversation with regard to their Home Share situation and be allowed an opportunity to speak freely to address and concerns they may have. The Home Sharer may request a person of their choosing to help support them through this endeavor to increase their own comfort level. OPTIONS northwest will meet with the Home Sharer at their request and or quarterly. Should any issues be brought forward OPTIONS northwest will take the necessary steps to address the concern.
5. Identify and describe the roles and expectations of the Home Share provider. This includes the following;
 - Providing a safe comfortable living environment for the Home Sharer.
 - Foster an environment that respects the Home Sharer's; Independence, dignity, Self-determination, social inclusion and Community Participation.
 - Provide the necessary medical care for both physical and mental health needs.
 - Support as needed with regard to activities of daily living.
 - Providing healthy nutritious meals which adhere to Canada's Food Guide.
 - Encouraging regular participation in employment, education, social or other community based activity of the Home Sharer's choice.
 - Following through with the goals and other aspects of the Home Sharers Individual Support Plan.
 - Maintain both financial and administrative records.
 - Participation in annual training as required.
 - Reporting to OPTIONS northwest by providing regular updates and or communicating any concerns, changes in health or behaviour, any involvement with the legal system, injury or serious injury and change in family situation and or living situation.
 - Caregiver respite provided by OPTIONS northwest where applicable.
 - The Home Share provider agrees to only use respite providers which have been screened and approved by OPTIONS northwest.
 - The Home Share provider agrees to foster interactions with OPTIONS northwest staff, the Home Sharer, the Home Sharer and their family (as appropriate)
 - The Home Share provider will provide proof of insurance as requested. This may include but not limited to auto, home and liability.
 - Respecting a process to communicate to OPTIONS northwest any complaints or concerns that are brought forward by a natural family about the Home Share provider.
 - Understanding or knowledge of a process to terminate or change a placement as well as an understanding for failure to comply with this process.
 - An understanding that any potential conflicts of interest need to be brought forward to OPTIONS northwest management.



Personal Support Services

POLICY: R-XI-3
DEPARTMENT: Community Services
CATEGORY: Home Share Program
EFFECTIVE DATE: November 2017
SUPERSEDES VERSION DATED: N/A
Page 3 of 8

6. The Service Agreement will include but is not limited to the following:
 - The service provider agrees that they have read, understand and will abide by:
 - OPTIONS northwest Vision, Mission and Philosophy
 - Home Share Provider Responsibilities (Appendix B)
 - Services and Supports to Promote the Social Inclusion of Persons with a Developmental Disabilities Act, 2008 as it relates to Service Agencies and Ontario Regulations 299/10 (Quality Assurance Measures)
 - Health and Safety Inspection Checklist
 - On-call service and
 - See (appendix C) for the list of Polices and Procedures that will need to be reviewed. A copy of these polices will be provided to the Home Share provider.

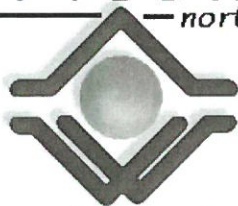
Remuneration

1. During the planning process with the Home Share provider, OPTIONS northwest will determine a specific per diem amount for services and supports that will be provided directly to the Home Share provider from OPTIONS northwest. The agreed upon amount is subject to the approval of the Director of Community Services.
2. OPTIONS northwest will negotiate all applicable expenses (for example; coverage for expenses related to Medical travel and associated expenses, family vacation.) during the planning process and review annually. This exercise will determine what OPTIONS northwest and or the Home Share provider is responsible for.
3. Remuneration will be reviewed annually and included in the Service Agreement.
4. The Home Sharer will be supported to pay either room and board or rent to the Home Share provider from their monthly earnings; i.e. ODSP. OAS
5. The Home Share provider will be responsible to submit a monthly invoice to OPTIONS northwest including any respite days. (Appendix D)

Indemnification

Upon signing this Service Agreement, the provider agrees and understands the following:

1. The provider agrees to maintain personal liability coverage with regard to their property. *See attached Affirmation.*
2. The provider agrees to inform their insurers that they transport people they support in their vehicles. Not informing your insurer and not having the required insurance means you are undertaking a huge liability, if you were to continue to transport the individuals you support. *See attached Affirmation.*



Personal Support Services

POLICY: R-XI-3

DEPARTMENT: Community Services

CATEGORY: Home Share Program

EFFECTIVE DATE: November 2017

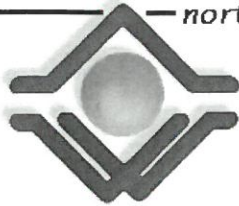
SUPERSEDES VERSION DATED: N/A

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3. The provider understands that they are not an employee of OPTIONS northwest and that funding provided by the Ministry of Community and Social Services is paid to the Home Share provider through the administrative facilities of OPTIONS northwest.
4. The provider understands that OPTIONS northwest is not the employer for the purposes of Income Tax Act; and Canada Pension Plan Act; the Employment Insurance Act; the Workplace Safety and Insurance Act; or the Occupational Health and Safety Act.
5. The provider agrees to indemnify and save harmless OPTIONS northwest from any and all liability incurred or amounts required to be paid by OPTIONS northwest (including all legal fees and disbursements) relating to or arising out of any failure on the provider's part to comply with any provisions of any such legislation or other laws.

Termination

6. This agreement may be terminated;
 - (a) for any reason by either party upon **sixty** days written notice to the other party, or
 - (b) without notice of any kind by the Individual or OPTIONS northwest if either is of the opinion that the accommodations, support or care provided by the Home Share Provider is in any way inadequate which includes breaking this agreement.



Personal Support Services

AFFIRMATION

**Confirmation of Home Insurance,
Valid Driver's License and Auto Insurance**

I hereby confirm that I have a valid Driver's License and it is in good standing, as well as the appropriate Home Insurance to provide support to a person in my home.

I understand that while supporting people with a disability in my home, that it is my responsibility to maintain my Driver's License in good standing and keep my home insurance current and up to date.

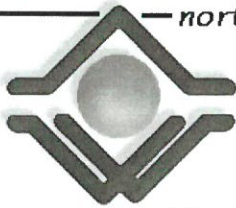
I also confirm that the Manager of Community Services has advised me to obtain coverage for home and vehicle as it relates to supporting individuals with a disability.

I have provided OPTIONS northwest with a letter from my insurance company/broker confirming that I have current and adequate home and auto insurance. If my insurance company/broker were to change, I would be responsible to provide a new letter.

Signature: _____

Date: _____

Witness: _____



PLEDGE OF CONFIDENTIALITY

OPTIONS northwest recognizes the right to privacy of the people to whom we provide support and of our caregivers.

Any clinical information that a staff member/volunteer/student may learn about an individual receiving support from OPTIONS northwest shall be kept in the strictest confidence. Only authorized personnel shall release information related clinical services for people supported. This information shall include anything related to the person receiving services that is handwritten, typed, electronically stored, videotaped or in the form of photos.

OPTIONS northwest also recognizes that in order to provide effective personal support, caregivers must have access to relevant information in a timely manner. Any personal information which an caregiver comes to know regarding any person supported will be kept in the strictest of confidence. Information will only be shared as is needed to assist the person to participate in the community and to ensure that appropriate supports and service are being provided. Personal information related to health, behaviour, or social status may only be released with the consent of the individual.

Any misuse of information or unauthorized release of information shall be considered a breach of confidentiality and shall be immediately reported to the Executive Director. **I make this affirmation with the understanding that any violation of the trust placed in me can be considered cause for suspension or termination of my role.**

PLEDGE:

I, _____ have read and understood the above pledge of confidentiality of OPTIONS northwest and pledge to keep in strict confidence any information concerning the agency, it's employees, or individuals in the agency's programs.

I will not engage in discussions concerning the agency, its staff or people receiving service, except as may be required for the appropriate conduct of the business of the agency and the health and well being of people receiving services and supports.

Signature _____ Witness _____

Date _____, 20__



POLICY: R-XI-3
DEPARTMENT: Community Services
CATEGORY: Home Share Program
EFFECTIVE DATE: November 2017
SUPERSEDES VERSION DATED: N/A
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AFFIRMATION
Confirmation of Criminal Reference Check Policy

As stated in the *Criminal Reference Check Policy*: If a provider has committed a criminal offense while providing supports, the provider must notify the Manager of Community Services immediately. OPTIONS northwest will review and determine whether the contract should be maintained.

I hereby confirm that I have not participated in or been charged with any illegal activity in the last year.

I understand that it is my responsibility to report any criminal offenses committed by myself or any other individuals residing in my home over the age of 18 to the Manager of Community Services.

I have read and understand the *Criminal Reference Check Policy*.

Signature: _____ Date: _____

Witness: _____



POLICY: R-XI-3
DEPARTMENT: Community Services
CATEGORY: Home Share Program
EFFECTIVE DATE: November 2017
SUPERSEDES VERSION DATED: N/A
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AFFIRMATION

OPTIONS northwest's Vision, Mission and Philosophy

Vision of OPTIONS northwest:

Dedicated to respecting the right of people to live life their way.

OPTIONS northwest Mission statement:

Through personalized options, we collaborate with people and community partners to develop and offer creative personal and clinical services for individuals

OPTIONS northwest Philosophy:

OPTIONS recognizes people's diverse strengths and believes in the rights of all to:

- *be respected*
- *be connected*
- *be informed and gain knowledge*
- *be self-reliant*
- *advocacy*

Home Sharer: _____

Date: _____

Home Provider: _____

Date: _____

Witness: _____

Date: _____

RECOMMENDED BY: Director of Community Services

APPENDICES: 3

OPERATIONAL ACCOUNTABILITY: Community Services Administration,
Administration

ORIGINAL POLICY DATE: November 2017

AUTHORIZED BY: Executive Director

SIGNATURE: 

OPTIONS *northwest*

Personal Support Services



OPTIONS northwest SERVICE AGREEMENT

This agreement made the ___ day of _____

between _____, _____
Home Share Provider *Home Sharer*

and OPTIONS northwest

for the period of (DD,MM,YYYY) _____ to (DD,MM,YYYY),_____.

Objective of this Service

1. The Home Share Program will enable adults with a developmental disability to live and grow in a nurturing family environment with non-family caregivers who can provide them with the care, support and supervision they require to be full members of their community and that their independence, dignity and right to self-determination is respected and fostered.

The Parties therefore agree as follows:

TERM. This Agreement will be effective on the date it is signed and the Home Sharer will commence residing with the Home Share provider and will continue to reside with the Home Share Provider, with facilitation and supports from OPTIONS northwest on the terms and conditions set out below until this agreement is terminated as noted in the "Termination" section of this contract.

Purpose of this Agreement

1. Is to make clear what is expected from the Home Share Provider and OPTIONS northwest as well as what OPTIONS northwest agrees to provide.

Therefore, the parties agree as follows;

1. Home Share provider agrees to participate in all necessary training and orientation. This includes but not limited to CPR, First Aid, Respecting Rights and Abuse Prevention and Non Violent Crisis Intervention.
2. Agree to the reporting policies, including;
 - Any significant change involving the Home Sharer; Home Share provider and or their living situation.
 - When a new adult or child is introduced to the home whether this be on a

- full or part time basis
 - If the Home Share provider is unable to continue to provide support.
 - Any significant concern which could impact the Home Sharer.
3. The Home Share provider agrees to ongoing monitoring including regular visits (every 60 max) by OPTIONS northwest staff. This includes at least one annual unannounced visit. See policy R-XI-4
 4. Identify and describe the roles and expectations of the Home Share provider. This includes the following;
 - Providing a safe comfortable living environment for the Home Sharer
 - Allow for as much independence as possible while respecting the Home Sharer to live their life their way.
 - Inclusion within the community
 - Provide the necessary medical care for both physical and mental health needs.
 - Support as needed with regard to activities of daily living
 - Providing healthy nutritious meals which adhere to Canada's Food Guide
 - Encouraging regular participation in employment, education or other community based activity of the Home Sharer's choice.
 - Following through with the goals and other aspects of the Home Sharers Individual Support Plan.
 - Maintain both financial and administrative records.
 - Participation in annual training as required.
 - Reporting to OPTIONS northwest by providing regular updates and or communicating any concerns, changes in health or behaviour, any involvement with the legal system, injury or serious injury and change in family situation and or living situation.
 - Caregiver respite provided by OPTIONS northwest where applicable
 - The Home Share provider agrees to only use respite providers which have been screened and approved by OPTIONS northwest.
 - The Home Share provider agrees to foster interactions with OPTIONS northwest staff, the Home Sharer, the Home Sharer and their family (as appropriate) See policy AD-I-1 Internal Reporting Policy.
 - The Home Share provider will provide proof of insurance as requested. This may include but not limited to auto, home and liability. This includes other properties the Home Share provider owns.
 - Respecting a process to communicate to OPTIONS northwest any complaints or concerns that are brought forward by a home sharer or a natural family about the Home Share provider.
 - Understanding or knowledge of a process to terminate or change a placement as well as an understanding for failure to comply with this process.
 - An understanding that any potential conflicts of interest (such as a staff member wanting to be a Home Share provider) needs to be brought forward to OPTIONS northwest management. OPTIONS northwest will review the conflict of interest and the agency will make a final decision on the matter.

5. The Service Agreement will include but is not limited to the following:

The service provider agrees that they have read, understand and will abide by:

- OPTIONS northwest Vision, Mission and Philosophy
- Home Share Provider Responsibilities (Appendix D)
- Services and Supports to Promote the Social Inclusion of Persons with a Developmental Disabilities Act, 2008 as it relates to Service Agencies and Ontario Regulations 299/10 (Quality Assurance Measures)
- Health and Safety Inspection Checklist
- On-call service and
- The following policies:
 - Abuse Policy
 - Feedback Process Policy
 - Quality Assurance Measures Training Policy
 - Rights and Abuse Awareness Training Policy
 - Privacy Statement Policy
 - Collection, Use and Disclosure of Personal Information Policy
 - Consent and Decision Making Policy
 - Emergency Preparedness and Response Plan Policy
 - Incident and Follow-Up Policy
 - Serious Occurrence Reporting and Follow-Up Policy
 - Internal Reporting System Policy
 - Behaviour Interventions and Positive Support Strategies Policy
 - Use of Intrusive Intervention Measures Policy
 - Annual Support Planning Policy
 - Individual Support Plan Policy
 - Natural Support Networks Policy
 - Communication Policy
 - Management of Recipient's Finances Policy
 - Information for Health Professional Policy
 - Health Promotion Policy
 - Bathing/Personal Hygiene Policy
 - Medication and Treatment Administration Policy
 - Medication Administration While Away from Home Policy
 - Non-Prescription Medication Policy
 - Medication and Treatment Incident Reporting Policy
 - Fire Safety Fire Drill Policy
 - Environment Physical Requirements Policy
 - Auto/Home Insurance-Driver's License Policy
 - Inventory Guideline Policy

6. OPTIONS northwest will provide resources as required to support the individual and Home Share Provider. Assisting the Family in accessing community resources as required.

7. OPTIONS northwest will ensure accountability through supervised visits of the home every 60 days (**one of the visits shall be an unscheduled visit**). These supervised visits will include assessments of the home; as well as interviews with the Home Provider and the individual receiving support.

8. Provide an opportunity for the Home Sharer to speak with OPTIONS northwest staff separate from his Home Share provider in order to have a private conversation with regard to their Home Share situation and be allowed an opportunity to speak freely to address and concerns they may have. The Home Sharer may request a person of their choosing to help support them through this endeavor to increase their own comfort level. OPTIONS northwest will meet with the Home Sharer at their request and or quarterly. Should any issues be brought forward OPTIONS northwest will take the necessary steps to address the concern.

Financial Terms

1. OPTIONS northwest agrees to pay the provider:

Support Honorarium, \$ _____, Paid When: _____

Respite \$ _____, Paid When: _____

It is understood and agreed that the individual will pay the provider room and board or rent out of their Ontario Disability Support Program (ODSP) payment that they receive from the Province of Ontario or other earnings. The room and board amount will be based on the ODSP current rates and is subject to change. The Home Sharer will have to identify the method of payment the room and board will be paid to the Home Share provider.

_____ will reimburse _____ \$ _____ for room
Home Sharer Home Share Provider

and board or rent. This amount will be paid by? (direct form ODSP, cheque, cash) _____

Indemnification

Upon signing this Service Agreement, the Home Share provider agrees and understands the following:

1. The Home Share provider agrees to maintain personal liability coverage with regard to their property. *See attached Affirmation.*
2. The Home Share provider agrees to inform their insurers that they transport people they support in their vehicles. Not informing your insurer and not having the required insurance means you are potentially undertaking a huge liability, if you were to continue to transport the individuals you support. *See attached Affirmation*
3. The Home Share provider understands that they are not an employee of OPTIONS northwest and that funding provided by the Ministry of Community and Social Services is paid to the Home Share Provider through the administrative facilities of OPTIONS northwest.

4. The Home Share provider understands that OPTIONS northwest is not the employer for the purposes of Income Tax Act; and Canada Pension Plan Act; the Employment Insurance Act; the Workplace Safety and Insurance Act; or the Occupational Health and Safety Act.
5. The Home Share provider agrees to indemnify and save harmless OPTIONS northwest from any and all liability incurred or amounts required to be paid by OPTIONS northwest (including all legal fees and disbursements) relating to or arising out of any failure on the provider's part to comply with any provisions of any such legislation or other laws.

Termination

1. This agreement may be terminated;
 - (a) for any reason by either party upon **sixty** days written notice to the other party, or
 - (b) without notice of any kind by the Individual or OPTIONS northwest if either is of the opinion that the accommodations, support or care provided by the Provider is in any way inadequate which includes breaking this agreement.

Review of the following policies;

	<u>Initials</u>
Abuse Policy AD-III-1	_____
Feedback Policy AD-III-2	_____
Internal Reporting Policy AD-I-1	_____
Incident and Follow Up Policy AD-I-6	_____
Serious Occurrence Reporting and Follow Up Policy AD-I-7	_____

Signed by:

Home Sharer

Witness

Home Share Provider

Witness

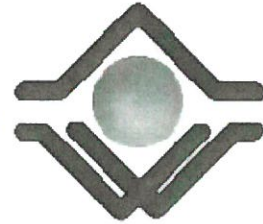
Manager of Community Services

Witness

Director of Community Services

Witness

Date



AFFIRMATION

Confirmation of Home Insurance, Valid Driver's License and Auto Insurance

I hereby confirm that I have a valid Driver's License and it is in good standing, as well as the appropriate Home Insurance to provide Room and Board to a person in my home.

I understand that while supporting people with a disability in my home, that it is my responsibility to maintain my Driver's License in good standing and keep my home insurance current and up to date.

I also confirm that OPTIONS northwest has advised me to obtain coverage for home and vehicle as it relates to supporting individuals with a disability.

I have provided (or will provide) OPTIONS northwest with a letter from my insurance company/broker confirming that I have current and adequate home and auto insurance. If my insurance company/broker were to change, I would be responsible to provide a new letter.

Home Share Provider: Print Name

Date

Home Share Provider: Signature

Witness

OPTIONS *northwest*



Personal Support Services

PLEDGE OF CONFIDENTIALITY

OPTIONS northwest recognizes the right to privacy of the people to whom we provide support and of our caregivers.

Any clinical information that a staff member/volunteer/student may learn about an individual receiving support from OPTIONS northwest shall be kept in the strictest confidence. Only authorized personnel shall release information related clinical services for people supported. This information shall include anything related to the person receiving services that is handwritten, typed, electronically stored, videotaped or in the form of photos.

OPTIONS northwest also recognizes that in order to provide effective personal support, caregivers must have access to relevant information in a timely manner. Any personal information which an caregiver comes to know regarding any person supported will be kept in the strictest of confidence. Information will only be shared as is needed to assist the person to participate in the community and to ensure that appropriate supports and service are being provided. Personal information related to health, behaviour, or social status may only be released with the consent of the individual.

Any misuse of information or unauthorized release of information shall be considered a breach of confidentiality and shall be immediately reported to the Executive Director. **I make this affirmation with the understanding that any violation of the trust placed in me can be considered cause for suspension or termination of my role.**

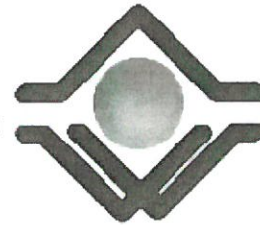
PLEDGE:

I, _____ have read and understood the above pledge of confidentiality of OPTIONS northwest and pledge to keep in strict confidence any information concerning the agency, it's employees, or individuals in the agency's programs.

I will not engage in discussions concerning the agency, its staff or people receiving service, except as may be required for the appropriate conduct of the business of the agency and the health and well being of people receiving services and supports.

Signature _____ Witness _____

Date _____, 20____



AFFIRMATION

Confirmation of Criminal Reference Check Policy

As stated in the *Criminal Reference Check Policy*: If a provider has committed a criminal offense while providing supports, the provider must notify the Home Share Provider Supervisor immediately. OPTIONS northwest will review and determine whether the contract should be maintained.

I hereby confirm that I have not participated in or been charged with any illegal activity in the last year.

I understand that it is my responsibility to report any criminal offenses committed by myself or any other individuals residing in my home over the age of 18 to the Home Share Projector Supervisor.

I have read and understand the *Criminal Reference Check Policy*.

Home Share Provider: Print Name

Date

Home Share Provider: Signature

OPTIONS *northwest*

Personal Support Services



AFFIRMATION

OPTIONS northwest's Vision, Mission and Philosophy

Vision of OPTIONS northwest:

Dedicated to respecting the right of people to live life their way.

OPTIONS northwest Mission statement:

Through personalized options, we collaborate with people and community partners to develop and offer creative personal and clinical services for individuals

OPTIONS northwest Philosophy:

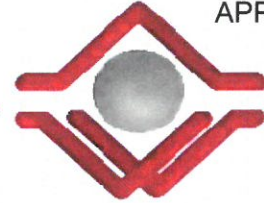
OPTIONS recognizes people's diverse strengths and believes in the rights of all to:

- *be respected*
- *be connected*
- *be informed and gain knowledge*
- *be self-reliant*
- *advocacy*

Home Sharer: _____ Date: _____

Home Provider: _____ Date: _____

Witness: _____ Date: _____



Home Share Provider Responsibilities

The Home Share provider must:

Provide care and the opportunity for further development for the Home Sharer living in the home by:

- ◆ Having a willingness to accept the individual as part of their family as well as a willingness to foster and respect the individual's independence, dignity, self-determination, social inclusion and community participation;
- ◆ Providing room and board on a continuous basis;
- ◆ Ensuring regular visits to the Home Sharer's physician, dentist, and/or other specialist(s);
- ◆ Ensuring an annual physical and annual dental check-up are completed;
- ◆ Providing support as required for the administration of prescribed medications and treatments;
- ◆ Providing a well-furnished bedroom with a window and adequate space;
- ◆ Offering the Home Sharer the opportunity for privacy;
- ◆ Providing a home atmosphere which will encourage the Home Sharer to participate in day-to-day activities in the home and to function as an accepted family member in that environment;
- ◆ Maintaining and encouraging contact with the natural family and/or significant others;
- ◆ Providing training, guidance, direction and opportunities which will encourage the Home Sharer to become involved to an appropriate degree in their community;
- ◆ Providing skill-building and other forms of assistance to the Home Sharer in consultation with the OPTIONS northwest Staff, in keeping with the accepted practice of the Ministry of Community and Social Services i.e. providing skill-building for employment and living the lifestyle they choose;
- ◆ Agreeing to only use agency-screened caregiver respite providers;

- ◆ Confirming coverage for home insurance, liability insurance and vehicle insurance as required;
- ◆ Using OPTIONS northwest resolution and complaint processes to address situations where the individual or natural family raises a concern;
- ◆ Encouraging the Home Sharer to attend school, work, recreation, and spiritual activities outside the home environment;
- ◆ Advising appropriate persons if the Home Sharer is unable to attend a program or activity due to illness, etc.;
- ◆ Ensuring the Home Sharer has transportation to appointments and extra-curricular activities and;
- ◆ Ensuring the home meets the requirements as specified by OPTIONS northwest Staff.

Work cooperatively with the OPTIONS northwest Staff by:

- ◆ Meeting regularly, 60 days at a minimum, with OPTIONS northwest Staff, including one annual unannounced visit;
- ◆ Provide an opportunity for the Home Sharer to speak with OPTIONS northwest staff separate from his Home Share provider in order to have a private conversation with regard to their Home Share situation and be allowed an opportunity to speak freely to address and concerns they may have. The Home Sharer may request a person of their choosing to help support them through this endeavor to increase their own comfort level. OPTIONS northwest will meet with the Home Sharer at their request and or quarterly. Should any issues be brought forward OPTIONS northwest will take the necessary steps to address the concern.
- ◆ Keeping scheduled appointments set up by OPTIONS northwest Staff and notifying OPTIONS northwest Staff if an appointment has been changed or needs to be changed i.e. illness;
- ◆ Advising OPTIONS northwest Staff in advance, if aware of a necessary scheduling change, to allow time for a new appointment to be arranged in order to maintain Ministry Guideline requirements.
- ◆ Advising OPTIONS northwest Staff in advance of conferences or appointments for the Home Sharer which are not routine or regularly scheduled;
- ◆ Informing the OPTIONS northwest Supervisor as soon as possible of any emergency, or any circumstances which would necessitate a major change in program, treatment, or care of the Home Sharer;

- ◆ Contacting agency staff immediately to report issues of concern, such as serious injury, allegations of abuse or unexplained situations where the individual is absent from the home for a prolonged period of time in order that these situations may be reported to MCYS/MCSS in accordance with OPTIONS northwest Serious Occurrence reporting;
- ◆ Allowing the OPTIONS northwest Staff private contact with the Home Sharer on an ongoing basis at any time;
- ◆ Seeking approval from OPTIONS northwest Staff prior to making any changes in the Home Sharer's use of any room in the home or prior to making any changes in the location of the Home Sharer's bedroom;
- ◆ Informing OPTIONS northwest Staff with respect to any possible move as a new home study, dwelling assessment and fire inspection would be required with respect to any change of address;
- ◆ Not entering into other agreements with any agency that would involve a new placement of any child or adult into the home without notification to OPTIONS northwest;
- ◆ Meeting annually with OPTIONS northwest Staff and the Home Sharer to review and complete the Service Agreement;
- ◆ Informing OPTIONS northwest Staff of any new funding i.e. Passport Funding;
- ◆ Maintaining training as required by OPTIONS northwest in the Service Agreement and;
- ◆ Inform the supervisor of their intent to move to a new residence and whether they wish to continue to support the individual in the new location should the individual wish to move with the Home Share provider Provider.

Perform other related duties including:

- ◆ Cooperating with annual Health and Fire inspections of the home and complying with any recommendations;
- ◆ Maintaining records and accounts (both program and financial) as directed by OPTIONS northwest Staff, and making these records and accounts available to Ministry representatives upon request;
- ◆ Keeping receipts for purchases made or services provided on behalf of the Home Sharer, in accordance with the instructions provided by OPTIONS northwest Staff;
- ◆ Keeping all Home Sharer information and records in strictest confidence;

- ◆ Participating in any Home Share Program meetings, Home Sharer planning meetings, and training workshops as requested or offered by OPTIONS northwest Staff;
- ◆ Carrying out any other duties deemed necessary by OPTIONS northwest.

Home Share Responsibilities Schedule

- ◆ Provide consistent supervision, which includes meeting on a minimum monthly basis; i.e. financial review and planning;
- ◆ Act as a consultant or resource person with respect to the care and treatment of the Home Sharer, reports and records;
- ◆ Provide training and guidance in program techniques and strategies to meet the service needs of the Home Sharer and ongoing assistance as is required;
- ◆ Involve the Home Share provider in all planning regarding the Home Sharer;
- ◆ Ensure that the Home Share provider is knowledgeable about all requirements and regulations and provide assistance with compliance to these;
- ◆ Ensure compliance with the Ministry caps as identified below;
- ◆ Assist the Home Share provider, when necessary, in obtaining respite;
- ◆ Arrange for and ensure that the Home Share provider receives remuneration as noted in the Service Agreement.

OPTIONS *northwest*

Personal Support Services



Below is a list of Policies and Procedures a Home Share provider will be asked to read upon initiation of service and annually:

- Abuse Policy AD-III-1
- Feedback Process Policy AD-III-2
- Service Principles and Statement of Rights AD-III-10
- Quality Assurance Measures Training Policy – AD-III-12
- Rights and Abuse Awareness Training Policy – AD-III-13
- Privacy Statement Policy – AD-I-8
- Collection, Use and Disclosure of Personal Information Policy – AD-I-10
- Consent and Decision Making Policy – AD-I-9
- Police Records Check Policy – HR-I-10
- Emergency Preparedness and Response Plan Policy – HR-XI-25
- Incident and Follow-Up Policy – AD-I-6
- Serious Occurrence Reporting and Follow-Up Policy- AD-I-7
- Internal Reporting System Policy – AD-I-1
- Behaviour Interventions and Positive Support Strategies Policy – AD-III-4
- Use of Intrusive Intervention Measures AD-III-5
- Ethical Review of Intrusive Measures Policy – AD-III-11
- Annual Support Planning Policy – R-I-5
- Individual Support Plan Policy – R-I-6
- Natural Support Networks Policy – R-I-7
- Communication Policy – R-I-8
- Management of Recipient's Finances Policy R-I-9
- Risk Assessment Management Policy R-I-10
- Rights Assessment Management Policy – R-I-11
- Information for Health Professional Policy – R-IV-1
- Health Promotion Policy – R-IV-6
- Bathing/Personal Hygiene Policy – R-III-4
- Medication and Treatment Administration Policy – R-V-2
- Medication Administration While Away from Home Policy R-V-6
- Non-Prescription Medication Policy – R-V-8
- Medication and Treatment Incident Reporting Policy – R-V-9
- Fire Safety Fire Drill Policy – R-VII-4
- Environment Physical Requirements Policy – R-VII-5

**HOME SHARE
INVOICE**

Home Share Provider _____	Date: _____		
Services for the Dates: _____	to _____		
Supports provided to : _____			
Home Share Provider _____	Days _____	@ _____	\$0.00 = _____
Respite* _____	Days _____	@ _____	\$0.00 = _____
* Please identify approved respite provider including contact information.			
Dates of Respite: _____			
Respite Provided By: _____			
Address: _____		Phone#: _____	
_____		_____	
Signature _____		Date _____	
Approved By _____		Date _____	

