



Attachment A · Home Provider Job Responsibilities

Home Provider Name: _____

Address where services are provided:

Participant(s) Name: _____

Responsibilities for Provision of Service:

1. Home Provider shall provide a copy of all licenses or permits held by Home Provider for the Home and post all permits as required, if applicable.
2. Home Provider shall provide to Hope Haven the name, age, and relationship to Provider of any person who resides permanently or temporarily in the Home.
3. Home provider and each person over the age 18 residing in the home, excluding clients placed by the agency, shall submit to drug testing upon request.
4. The Home provider shall successfully complete all training in essential modules as defined by DBHDD Policy 02-704 and all trainings required by Hope Haven.
5. The Home Provider shall attend quarterly meetings as announced by Hope Haven for the purpose of training and receiving information updates. No more than one quarterly meeting may be excused per calendar year.
6. The Home Provider shall provide to Hope Haven a certificate or copy of such insurance policies as are required by this Agreement.
7. The Home Provider agrees to be responsible for the delivery of services to each Client placed with the Home Provider and the 24-hour responsibility for the well-being of the Client placed with the Home Provider as described in the Contracted Agreement and in the Individual Service Plan (ISP).



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8. Home Provider will participate in the ISP staffing as indicated in the ISP or requested by Hope Haven.
9. The Home Provider agrees to provide to the Client the following services in the Home Provider's home and community:
 - a. Maintain the home in a clean and safe condition, to comply with safety and sanitation requirements imposed by any Federal, State, or local regulation or such additional standards as may be adopted by Hope Haven, and to make any reasonable modifications to the Home Provider's home required to accommodate any disability of a Client. Specific responsibilities include:
 - i. To provide the client three nutritionally balanced meals a day and appropriate snacks. In some cases, specialized diets may be required to meet the health needs of the client. Home Providers may be asked to keep a record of meals served and/or post a menu if applicable.
 - ii. To maintain adequate food for regular consumption including fresh fruits and vegetables. A 3-day supply of non-perishable emergency food for each occupant of the home and water will be labeled and kept in a separate location. All expiration dates on all foods will be current.
 - iii. To provide physical care, not requiring a licensed physician or other licensed professional, for the Client in accordance with the ISP.
 - iv. To provide adequate supervision of the Client while the Client is in the Home Provider's care and must not leave the Client unattended while the Client is in the Home Provider's care unless specified in the ISP.
 - v. Not to place the Client, even temporarily, in the care of another person other than Hope Haven's approved service facilities without the prior approval of Hope Haven, either in the Home Provider's home or in any other place.
 - vi. To obtain approval from Hope Haven prior to taking the Client on overnight or



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out-of-state trips by any means of transportation. Prior to such written approval, the Home Provider and the Residential Staff shall initial a written agenda for the travel which shall include the telephone number at which the Home Provider and Client may be reached should the need arise.

- vii. Any transportation of the Client in Home Provider's or other person's vehicle shall be provided in a safe manner, the vehicle shall be clean and kept free of objects hazardous to the Client. The operator of the vehicle shall be duly licensed, and the Client shall be provided passenger restraints such as seat belts. In addition, the Home Provider shall have such automobile insurance as specified in the Agreement between Hope Haven and the Home Provider.
- viii. To permit Hope Haven to interview and provide services to the Client in the Home Provider's home at any time deemed reasonable by Hope Haven, including upon request of the Client.
- ix. To consult with Hope Haven concerning medical attention required by the Client, to utilize the health care facilities and health care providers agreed upon by Hope Haven and the Client, and to immediately report to Hope Haven any medical emergency.
- x. All medications will be packaged by a pharmacist with a label. When possible, all medications will be bubble packed by attending pharmacy. The medication will be kept in a safe, dry and locked location in the home. Home Provider will supervise the Self-Administration of Medication or act as a proxy caregiver as prescribed by the physician and indicated on the label.
- xi. A copy of each Client's Individual Service Plan (ISP) will be maintained in the home. Service delivery will be according to the ISP and service guidelines. The quality, quantity and submission of service notes will be according to established procedures of Hope Haven and submitted on the date and time of service.



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10. Client Finances:

- a. Client shall receive a monthly check for Client's personal spending.
- b. Home Provider agrees that these funds shall be used solely to meet Client's personal care needs and accounted for according to the following:
 - i. The Home Provider will maintain an ongoing accurate accounting of Client funds.
 - ii. The Home Provider shall maintain records of each receipt by Home Provider of any Client funds received by Home Provider and of each disbursement by Home Provider of Client funds disbursed by the Home Provider.
 - iii. Entries in such record must be made after each purchase. Receipts for these purchases shall be submitted to Hope Haven at the end of each month.
 - iv. No client funds shall be used by the Home Provider for the benefit of the Home Provider, any other Client, or any other person.
 - v. The Home Provider **shall not** commingle any Client funds with the funds of any other Client, of the Home Provider, or any other person. Conduct prohibited under this subsection includes but is not limited to: (1) a Home Provider being designated a named beneficiary under any life insurance policy set up in the Client's name; (2) a Home Provider being added as a signatory, joint account holder or named beneficiary on any savings, checking, or other financial account held by the Client. Hope Haven may establish additional guidelines and schedules and Home Provider shall comply with those additional guidelines.

11. The Home Provider will accept oversight and consultation from Hope Haven in order to coordinate services and to maintain quality of care for the Client placed by Hope Haven in Home Provider's care.

12. If Home Provider receives any Protected Health Information (PHI) from Hope Haven, or creates



HOPE HAVEN

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or receives any PHI on behalf of Hope Haven, Home Provider shall maintain the security and confidentiality of such PHI in the same manner as required of Hope Haven under all applicable laws and regulations.

The Home Provider Job Responsibilities are a general outline of the specific details of the Standard Residential Services Contract and do not replace the legal agreement between the Home Provider and Hope Haven of Northeast Georgia. These responsibilities have been reviewed with me by a Hope Haven staff member and my signature below indicates my understanding and acceptance.

I have received a copy of this Job Description and it has been reviewed with me.

Name

Date _____

Signature

I have discussed this Job Description with the above-named Home Provider and have given them a copy.

Name

Date _____

Signature