

Choices for Care Live-in Care Requirements

Live-in Care Agreement for Services

It is the policy of the Department of Disabilities, Aging and Independent Living (DAIL), Adult Services Division (ASD) to support individuals to reside in the setting of their choice as indicated in a person-centered plan. Person-centered planning shall happen in a timely manner and will occur at a time and location that is convenient to the Participant. One housing option is shared living/live-in care, which for this purpose, is an arrangement in which an individual resides in the private home of a caregiver (home provider) who is not related to them through either blood or marriage. The home is unlicensed and the home provider may not care for more than two unrelated individuals in the home at one time.

All live-in care arrangements must have a written agreement with the individual who is participating in the Vermont Choices for Care program. The agreement must contain the following required elements and terms. A copy of this form must be kept in the participant record at the Authorized Agency (AA).

I. Agreements must identify the following:

1. The name of the caregiver/homeowner,
2. The name of the Resident,
3. The location of the home,
4. The date that the living arrangement will begin (or began),
5. The monthly “reasonable” payment for room & board which includes the cost of:
 - a. Shelter,
 - b. Access to food, and
 - c. Basic utilities (electricity, heat, water, sewer, trash removal, and access to basic telephone services)
6. A description of the household arrangements to include:
 - a. bedroom arrangements, private or shared, (remove private or shared)
 - b. bathroom arrangements, private or shared,
 - c. kitchen arrangements, private or shared or not available,
 - d. living room arrangements, private or shared or not available, and
 - e. other common space arrangements, private or shared or not available
 - f. lockable doors
 - g. the right to furnish/decorate the Participant’s living unit
7. List all other services and the costs associated,
8. Termination requirements by each party,
9. List of other conditions of the agreement, including a house rules and conditions of the living arrangement,
10. Signatures and dates of signature of the Resident (or legal representative when applicable),
11. Signature of the caregiver/homeowner provider,
12. Signature of the Surrogate Employer (if applicable).
13. The home provider agrees to deliver the services identified in the person-centered plan and care plan. The home provider agrees to give the participant receiving services free choice of attending social activities (based on local availability).
14. The home provider agrees to accept Choices for Care reimbursement as full and final payment for delivery of the authorized services.
15. The home provider agrees to participate in assessments and on-going monitoring with the service coordinator or staff of the Vermont Agency of Human Services.

II. Agreements must include the following terms:

Resident/Participant shall be free to come and go from the home and exercise the right to control his/her own schedule and activities to the extent they are able independently or with the help of others. In addition, they have the right to privacy, to include lockable doors and shall be free to receive calls and visits/visitors at any time (scheduled and unscheduled) from friends, family and case managers within the specified house rules as listed under “*Other Conditions of this Agreement*”.

1. The caregiver/homeowner agrees to deliver the services according to the person- centered plan and care plan. The home provider agrees to give the participant receiving services free choice of attending social activities (based on local availability).
2. The home provider agrees to accept Choices for Care reimbursement as full and final payment for delivery of the authorized services.
3. The home provider agrees to participate in assessments and on-going monitoring with the AFC service coordinator or staff of the Vermont Agency of Human Services.

The Department of Disabilities, Aging and Independent Living (DAIL), Adult Services Division (ASD), has attached a model of this agreement for your convenience. The agreement must be completed upon move in with the caregiver/homeowner and renewed only as conditions of the living arrangement change.

Any Modifications to the setting requirements must be:

1. Supported by specific assessed need
2. Justified in the person-centered service plan
3. Documented in the person-centered service plan

Modifications must be reviewed anytime the person-centered plan is revised.

Agreement for Live-in Care Including Vermont Choices for Care Services

This is an agreement between _____
(Home Provider Name), and _____ (Participant Name),
to enter into a living arrangement where room, board, and Choices for Care, Long-Term Care services
and supports will be provided at (address of residence) _____

This living arrangement will begin (or began) on (date)_____.

Room & Board:

Participant (or legal representative) agrees to pay the caregiver/homeowner \$_____ each
month for housing, access to food, and basic utilities.

Household Arrangements: (check all that apply)

- Bedroom: () private () shared
- Bathroom: () private () shared
- Kitchen: () private () shared () not available
- Living Room: () private () shared () not available
- Other Common Space: () private () shared () not available
- Furnishing: () private () shared () not available

Other Services:

In addition to the above room & board, the resident (or legal representative) agrees to pay the
caregiver/homeowner \$_____ for the following goods and services that are not
otherwise included in room and board as follows: (check all that apply)

- () 24-hour protective presence (supervision) ()
transportation
- () cable/satellite television
- () toiletries/personal care items
- () Other _____
- () Other _____

Resident Rights and Privileges:

- a. Resident/Participant shall be free to come and go from the home and exercise the right to control his/her own schedule and activities to the extent they are able to independently or with the help of others. The Participant shall have the right to furnish/decorate his/her own living unit. In addition, the Participant has the right to privacy and shall be free to receive calls and visits/visitors anytime (scheduled and unscheduled) from friends, family and case managers within the specified house rules as listed under “Other Conditions of this Agreement”.

VT Choices for Care Program:

The home provider agrees to deliver the services identified in the person-centered plan, care plan and the Choices for Care service authorization. The home provider agrees to give the individual free choice of attending social activities (based on local availability).

The home provider agrees to accept Choices for Care reimbursement as full and final payment for delivery of authorized Choices for Care services.

The caregiver/homeowner agrees to participate in assessments and on-going monitoring with the AA service coordinator or staff of the Department of Disabilities, Aging and Independent Living.

Termination of Agreement:

The parties will give each other at least _____ days notice prior to ending this arrangement with the exception of emergency situations.

Other Conditions of this Agreement: *(attach additional pages is necessary)*

Signatures:

We agree to the conditions of this agreement:

Resident (or legal representative) signature

Date

Surrogate Employer signature (if applicable)

Date

Caregiver/homeowner signature

Date