

Dear Senators HEIDER, Nuxoll, Schmidt, and  
Representatives WOOD, Packer, Rusche:

The Legislative Services Office, Research and Legislation, has received the enclosed rules of  
the Department of Health and Welfare:

IDAPA 16.03.19 - Rules Governing Certified Family Homes - Proposed Rules (Docket No.  
16-0319-1501);

IDAPA 16.03.19 - Rules Governing Certified Family Homes (Fee Rule) - Proposed Rule (Docket  
No. 16-0319-1502).

Pursuant to Section 67-454, Idaho Code, a meeting on the enclosed rules may be called by the  
cochairmen or by two (2) or more members of the subcommittee giving oral or written notice to Research  
and Legislation no later than fourteen (14) days after receipt of the rules' analysis from Legislative  
Services. The final date to call a meeting on the enclosed rules is no later than 10/02/2015. If a meeting is  
called, the subcommittee must hold the meeting within forty-two (42) days of receipt of the rules' analysis  
from Legislative Services. The final date to hold a meeting on the enclosed rules is 10/30/2015.

The germane joint subcommittee may request a statement of economic impact with respect to a  
proposed rule by notifying Research and Legislation. There is no time limit on requesting this statement,  
and it may be requested whether or not a meeting on the proposed rule is called or after a meeting has  
been held.

To notify Research and Legislation, call 334-4834, or send a written request to the address on the  
memorandum attached below.



Eric Milstead  
Director

# Legislative Services Office

## Idaho State Legislature

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*Serving Idaho's Citizen Legislature*

### MEMORANDUM

**TO:** Rules Review Subcommittee of the Senate Health & Welfare Committee and the House Health & Welfare Committee

**FROM:** Legislative Research Analyst - Elizabeth Bowen

**DATE:** September 15, 2015

**SUBJECT:** Department of Health and Welfare

IDAPA 16.03.19 - Rules Governing Certified Family Homes - Proposed Rules (Docket No. 16-0319-1501)

IDAPA 16.03.19 - Rules Governing Certified Family Homes (Fee Rule) - Proposed Rule (Docket No. 16-0319-1502)

The Department of Health and Welfare submits notice of proposed rulemaking at IDAPA 16.03.19.

The first proposed rule was developed subsequent to the Legislature's adoption of Senate Bill 1043, which exempted veterans' medical foster homes from the certification requirements of Chapter 35, Title 39, Idaho Code. The proposed rule revises the existing rule in order to be consistent with Senate Bill 1043 and also to update certification requirements for certified family homes (CFH). Negotiated rulemaking was conducted, and there is no anticipated fiscal impact on the state general fund. The Department states that this rulemaking is authorized pursuant to Sections 39-3505 and 56-1005, Idaho Code.

The second proposed rule is a fee rule that increases certain fees, including the application fee to become a CFH provider, which will be \$175, and the monthly certification fee for CFH providers, which will be \$30. The rule also adds a basic medication awareness training course for \$60. The purpose for the fee increase is to cover costs for the CFH program. Negotiated rulemaking was conducted, and there is no anticipated fiscal impact on the state general fund. The Department states that this rulemaking is authorized pursuant to Sections 39-3505 and 56-1005, Idaho Code.

cc: Department of Health and Welfare  
Tamara Prisock

# IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

## 16.03.19 - RULES GOVERNING CERTIFIED FAMILY HOMES

### DOCKET NO. 16-0319-1501

#### NOTICE OF RULEMAKING - PROPOSED RULE

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 39-3505, and 56-1005, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 16, 2015.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

These rules are being amended to update the rules for 2015 legislation passed to provide an exception in rule for the Dept. of Veteran's Affairs Medical Foster Homes. The Department is also updating certification requirements for best practices, training requirements, and clarification of these rules as follows:

- 1) Add an exception for the Veterans Affairs Medical Foster Homes;
- 2) Update the criminal history and background checks to be CFH specific;
- 3) Amend definitions to current terms and language;
- 4) Update and revise certification requirements to best practice for care and supervision, food and nutritional services, and training requirements;
- 5) Update requirements for waiver, investigations, and enforcement actions; and
- 6) Update resident rights policy requirements.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

Fee increases for the Certified Family Home program are being promulgated under a separate Docket 16-0319-1502, publishing in this Bulletin.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking:

The CFH program is a self-sustaining program and the Department's anticipated fee receipts for SFY2017 is \$828,000. The on-site survey inspection of new applicants anticipated fee receipts is \$39,900. The medication awareness training for caregivers anticipated fee receipts is \$13,680.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 6, 2015, Idaho Administrative Bulletin, [Volume 15-5, page 59](#).

**INCORPORATION BY REFERENCE:** No materials are being incorporated by reference into these rules.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Karen Vasterling at (208) 239-6263.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 23, 2015.

DATED this 17th Day of August, 2015.

Tamara Prisock  
DHW - Administrative Rules Unit  
450 W. State Street - 10th Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5500 phone; (208) 334-6558 fax  
E-mail: [dhwrules@dhw.idaho.gov](mailto:dhwrules@dhw.idaho.gov)

**THE FOLLOWING IS THE PROPOSED TEXT OF DOCKET NO. 16-0319-1501**  
**(Only Those Sections With Amendments Are Shown.)**

**001. TITLE, SCOPE, AND EXCEPTIONS.**

- 01. Title.** These rules are cited as IDAPA 16.03.19, "Rules Governing Certified Family Homes." (4-11-06)
- 02. Scope.** These rules set the minimum standards and administrative requirements for any home that is paid to care for an adult living in the home, when the adult is elderly or has a developmental disability, mental illness, or physical disability, and needs assistance with activities of daily living. (4-11-06)
- 03. Exceptions to These Rules.** These rules do not apply to the following: (4-11-06)
- a.** Any home that provides only housing, meals, transportation, housekeeping or recreational and social activities. (4-11-06)
- b.** Any health facility defined by Title 39, Chapter 13, Idaho Code. (4-11-06)
- c.** Any residential care or assisted living facility defined by Title 39, Chapter 33, Idaho Code. (4-11-06)
- d.** Any arrangement for care in a relative's home that is not compensated through a federal or state program. (4-11-06)
- e.** Any home approved by the Department of Veterans Affairs as a "medical foster home" described in 38 CFR Part 17 and Section 39-3502, Idaho Code. Homes that provide care to both veterans and nonveterans, are not exempt from these rules. ( )
- 04. State Certification to Supersede Local Regulation.** These rules will supersede any program of any political subdivision of the state which certifies or sets standards for certified family homes. These rules do not supersede any other local regulations. (4-11-06)

**(BREAK IN CONTINUITY OF SECTIONS)**

**005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS -- STREET ADDRESS -- INTERNET WEBSITE.**

**01. Office Hours.** Office hours are 8 a.m. to 5 p.m., Mountain Time, Monday through Friday, except holidays designated by the State of Idaho. (4-11-06)

**02. Mailing Address.** ( )

**a.** The mailing address ~~for of~~ the ~~business office is~~ Idaho Department of Health and Welfare, P.O. Box 83720, Boise, Idaho, 83720-0036. (4-11-06)( )

**b.** The mailing address of the Division of Licensing and Certification, P. O. Box 83720, Boise, Idaho, 83720-0009. ( )

**03. Street Address.** ( )

**a.** The ~~business office~~ street address of the Idaho Department of Health and Welfare is located at 450 West State Street, Boise, Idaho, 83702. (4-11-06)( )

**b.** The street address of the Licensing and Certification Division is located at 3232 Elder Street, Boise, Idaho 83705. ( )

**04. Telephone.** ( )

**a.** The Idaho Department of Health and Welfare telephone number ~~for the business office~~ is (208) 334-5500. (4-11-06)( )

**b.** The Licensing and Certification Division telephone number is (208) 364-1959. ( )

**c.** Region 1 - CFH Coeur d'Alene office telephone number is (208) 665-8841. ( )

**d.** Region 2 - CFH Lewiston office telephone number is (208) 799-4431. ( )

**e.** Region 3 - CFH Caldwell office telephone number is (208) 455-7129 or 455-7160. ( )

**f.** Region 4 - CFH Boise office telephone number is (208) 334-0831 or 334-6944. ( )

**g.** Region 5 - CFH Twin Falls office telephone number is (208) 732-1517. ( )

**h.** Region 6 - CFH Pocatello office telephone number is (208) 239-6261 or 239-6273. ( )

**i.** Region 7 - Idaho Falls office telephone number is (208) 528-5720 or 528-5726. ( )

**05. Internet Websites.** ( )

**a.** The Department Internet website is [www.healthandwelfare.idaho.gov](http://www.healthandwelfare.idaho.gov). (4-11-06)( )

**b.** The Certified Family Home Internet website is [www.cfh.dhw.idaho.gov](http://www.cfh.dhw.idaho.gov). ( )

**009. ~~MANDATORY~~ CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS.**

**01. Compliance with Department Criminal History Check.** The provider and all adults living in the home are required to comply with IDAPA 16.05.06, "Criminal History and Background Checks." The criminal history and background check must be specific to the Certified Family Home Program. The resident is exempt from criminal history check requirements. (4-11-06)( )

**02. When Certification Can Be Granted.** The provider must have a completed criminal history check, including clearance, prior to certification. Any other adult living in the home must complete a self-declaration form, must be fingerprinted, and must not have any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks." (4-11-06)

**03. New Adults in the Home After Certification Is Granted.** A new adult who plans to live in the home must complete a self-declaration form, must be fingerprinted, and must not have any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," before moving into the home. Any adult who is a visitor in the home and leaves within thirty (30) days, is not required to have a criminal history check but must not have unsupervised contact with the resident. (4-11-06)

**04. Minor Child Turns Eighteen.** A minor child turning eighteen (18) and living in the home must complete a self-declaration form, must be fingerprinted, and must not have disclosed any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," within thirty (30) days following the month of his eighteenth birthday. (4-11-06)

**05. Substitute Caregiver.** A substitute caregiver must complete a self-declaration form, be fingerprinted, and must not have disclosed any designated crimes listed in IDAPA 16.05.06, "Criminal History and Background Checks," prior to any unsupervised contact with the resident. The criminal history and background check must be specific to the Certified Family Home Program. (4-11-06)(      )

**06. Additional Criminal Convictions.** Once criminal history clearances have been received, the provider must immediately report to the Department any additional criminal convictions for himself, any other adult living in the home or a substitute caregiver. (4-11-06)

**07. Notice of Pending Investigations or Charges.** Once criminal history clearances have been received, the provider must immediately report to the Department when he, any other adult living in the home, or a substitute caregiver is charged with or under investigation for abuse, neglect or exploitation of any vulnerable adult or child, criminal charges, or when an adult protection or child protection complaint is substantiated. (4-11-06)

**010. DEFINITIONS.**

**01. Abuse.** A nonaccidental act of sexual, physical or mental mistreatment or injury of the resident through the action or inaction of another individual. (4-11-06)

**02. Activities of Daily Living.** The performance of basic self-care activities in meeting an individual's needs to sustain him in a daily living environment, including bathing, washing, dressing, toileting, grooming, eating, communicating, continence, managing money, mobility, and associated tasks. (4-11-06)

**03. Adult.** A person who has attained the age of eighteen (18) years. (4-11-06)

**04. Alternate Caregiver.** A certified family home provider approved by the Department to care for a resident ~~from~~ in another certified family home for up to thirty (30) consecutive days when the original provider is temporarily absent or unable to care for the resident. (4-11-06)(      )

**05. Assessment.** The conclusions reached using uniform criteria developed by the Department and relevant councils for determining a person's need for care and services. (4-11-06)(      )

**06. Certificate.** A permit issued by the Department to operate a certified family home. (4-11-06)

**07. Certified Family Home (CFH).** A home certified by the Department to provide care to one (1) or two (2) adults, who are unable to reside ~~on~~ in their own home and require help with activities of daily living, protection and security, and need encouragement toward independence. (4-11-06)(      )

**08. Certified Family Home Care Provider.** The adult ~~member~~ owner or primary renter of the certified family home living in the home who is responsible for providing care to the resident. The certified family home care provider is referred to as "the provider" in this chapter of rules. (4-11-06)(      )

**09. Chemical Restraint.** The use of any medication that results or is intended to result in the modification of behavior. (4-11-06)

**10. Criminal Offense.** Any crime as defined in Section 18-111, Idaho Code, in 18 U.S.C. Section 4A1.2 (o), and 18 U.S.C. Sections 1001 through 1027. (4-11-06)

**11. Department.** The Idaho Department of Health and Welfare. (4-11-06)

**12. Director.** The Director of the Idaho Department of Health and Welfare or his designee. (4-11-06)

**13. Exploitation.** The misuse of a vulnerable adult's funds, property, or resources by another person for profit or advantage. (4-11-06)

**14. Health Care Professional.** An individual licensed to provide health care within his respective discipline and scope of practice. ( )

~~145.~~ **Immediate Jeopardy.** An immediate or substantial danger to a resident. (4-11-06)

~~156.~~ **Incidental Supervision.** Supervision provided by an individual adult approved by the provider to supervise the resident, not to exceed four (4) hours per week. (~~4-11-06~~)( )

~~167.~~ **Level of Care.** A categorical assessment of the resident's functional ability and the degree of care required in the areas of activities of daily living, supervision, response to emergency situation, mobility, medications and behavior management. (4-11-06)

~~178.~~ **Neglect.** The failure to provide food, clothing, shelter or medical care to sustain the life and health of a resident. (4-11-06)

~~189.~~ **Negotiated Service Agreement.** The agreement between the resident and or his representative, if applicable, and the home based on the assessment, physician's health care professional's orders, if any, admission records, if any, and desires of the resident, that outlines services to be provided and the obligations of the home and the resident. (~~4-11-06~~)( )

~~1920.~~ **Owner.** Any recognized legal entity, governmental unit, or person having legal ownership of the certified family home as a business operation. (4-11-06)

~~201.~~ **Plan of Service.** The generic term used in these rules to refer to the Negotiated Service Agreement, Personal Care Plan, Plan of Care, Individual Support Plan or any other comprehensive service plan. (4-11-06)

~~212.~~ **PRN.** A medication or treatment ordered by a medical health care professional to an individual allowing the medication or treatment to be given as needed. (~~4-11-06~~)( )

~~223.~~ **Relative.** A person related by birth, adoption, or marriage to the first degree and grandparent and grandchild. (4-11-06)

~~234.~~ **Resident.** An adult who lives in a Certified Family Home and requires supervision and one (1) or more of the following services: protection, assistance with decision-making and activities of daily living, or direction toward self-care skills. (4-11-06)

~~245.~~ **Substitute Caregiver.** An individual adult approved by the provider to provide care, services, and supervision to the resident in the provider's certified family home for up to thirty (30) consecutive days. (~~4-11-06~~)( )

**011. -- 099. (RESERVED)**

**100. CERTIFICATION REQUIREMENTS.**

Certification is required in order to operate a certified family home in the State of Idaho. The Department will issue a certificate to a home when all certification requirements are met. (4-11-06)

**01. Certificate Issued in the Name of Provider.** The certificate is issued in the name of the provider

applying for certification, and only to the address of the home stated in the application. A new certificate is required if the provider or the location of the certified family home changes. (4-11-06)

**02. Accessibility to the Home.** The home, physical premises, and all records required under these rules, must be accessible at all times to the Department for the purposes of inspection, with or without prior notification. (4-11-06)

**03. Number of Residents in the Home.** A certified family home cannot be certified for more than two (2) residents. An exception may be granted by the Department as described in Section 140 of these rules. (4-11-06)( )

**04. Certification Limitations.** (4-11-06)

**a.** A certified family home cannot be certified if it also provides room or board to any person who is not a resident as defined by these rules or a family member. A waiver may be granted by the Department when the individual receiving room or board is the spouse of the resident and does not require certified family home care or any higher level of care; (4-11-06)( )

**b.** A certified family home cannot be certified as a certified family home and a child foster home at the same time. (4-11-06)( )

**c.** A certified family home provider may not be the guardian of any resident unless the guardian provider is a parent, child, sibling, or grandparent of the resident. (4-7-11)( )

**d.** A certified family home provider may not be absent from the certified family home for more than thirty (30) consecutive days if they have an admitted resident. ( )

**05. Certification Study Required.** Following receipt of an acceptable application and other required documents, the Department will begin a certification study within thirty (30) days. The certification study, along with the application and other required material, will serve as the basis for issuing or denying a certificate. The study will include the following: (4-11-06)( )

**a.** A review of all material submitted; (4-11-06)

**b.** A scheduled home inspection; (4-11-06)

**c.** An interview with the proposed provider; (4-11-06)

**d.** An interview with provider's family, if necessary; (4-11-06)

**e.** A review of the number, age, and sex of children or other adults in the home to evaluate the appropriateness of a placement to meet the needs of the resident; (4-11-06)

**f.** A medical or psychological examination of the provider or family members, if the Department determines it is necessary; and (4-11-06)

**g.** Other information necessary to verify that the home is in compliance with these rules. (4-11-06)

**06. Provider Training Requirements.** As a condition of initial certification, all providers must receive training in the following areas: (4-11-06)

**a.** Resident rights; (4-11-06)

**b.** Certification in first aid and adult Cardio-Pulmonary Resuscitation (CPR) which must be kept current and must include hands-on skills training; (4-11-06)( )

**c.** Emergency procedures; (4-11-06)



d. Fire safety, fire extinguishers, and smoke alarms; (4-11-06)

e. Completion of an approved medication assistance course as follows: ( )

i. "Assistance with Medications" course; ~~and~~ available through an Idaho Professional Technical Education Program; or ~~(4-11-06)~~( )

ii. "Basic Medication Awareness for Certified Family Homes" course through the Department; and ( )

f. Complaint investigations and inspection procedures. (4-11-06)

**07. Effect of Previous Revocation or Denial of Certificate or License.** The Department is not required to consider the application of any applicant who has had a health care certificate or license denied or revoked until five (5) years have elapsed from the date of denial or revocation according to Section 39-3525, Idaho Code. (4-11-06)

**101. APPLICATION FOR CERTIFICATION.**

The applicant must apply for certification on forms provided by the Department, pay the application fee, and provide information required by the Department. (3-21-12)

**01. Completed and Signed Application.** A completed application form signed by the applicant. (4-11-06)

**02. Statement to Comply.** A written statement that the applicant has thoroughly read and reviewed this chapter and is prepared to comply with all of its provisions. (4-11-06)

**03. Criminal History and Background Clearance.** Satisfactory evidence that the applicant and all adults living in the home are of reputable and responsible character, including a criminal history clearance as provided in Section 009 of these rules. (4-11-06)

**04. Statement Disclosing Revocation or Disciplinary Actions.** A written statement that discloses any revocation or other disciplinary action taken or in the process of being taken against the applicant as a care provider in Idaho or any other jurisdiction, or a statement from the applicant stating he has never been involved in any such action. An application will: ~~(4-11-06)~~( )

**a.** Not be reviewed by the Department when an applicant has had a certificate or license denied or revoked within the previous five (5) years; or ( )

**b.** Be reviewed by the Department after five (5) years have elapsed from the date the certificate or license was denied or revoked. ( )

**05. Electrical Inspection.** A current statement from a licensed electrician or the local/state electrical inspector that all wiring in the home complies with applicable local code. (4-11-06)

**06. Environmental Sanitation Inspection.** If the home is not on a municipal water supply or sewage disposal system, a current statement is needed from the local environmental health agency that the water supply and sewage disposal system meet the legal standards. If the local environmental health agency cannot provide this information, the home must obtain a statement to that effect. In addition, the applicant must provide a signed statement that the water supply and sewage disposal system are in good working order. (4-11-06)

**07. Proof of Insurance.** Proof of homeowner's or renter's insurance on the home and the resident's belongings. For continued certification, insurance must be kept current. (4-11-06)

**08. List of Individuals Living in the Home.** A list of all individuals living in the home at the time of application and their relationship to the applicant. (4-11-06)

**09. Payment of Application Fee.** Payment of the application fee required in Section 109 of these rules. (3-21-12)

**10. Other Information as Requested.** Other information that may be requested by the Department for the proper administration and enforcement of the provisions of this chapter. (4-11-06)

**11. Termination of Application Process.** Failure of the applicant to cooperate with the Department in the application process will result in the termination of the application process. Failure to cooperate means that the information described in ~~Section 101 of these~~ this section of rules is not provided in a timely manner, or not provided ~~in~~ on the form requested by the Department, or both. (4-11-06)(    )

**(BREAK IN CONTINUITY OF SECTIONS)**

**110. ISSUANCE OF CERTIFICATE.**

**01. Certificate.** A certificate is valid for no more than twelve (12) months from the date of approval. The certificate will expire at the end of the stated period unless it is continued in effect by the Department as provided in Subsection 110.03.c. of ~~these~~ this rules. (4-11-06)(    )

**a.** The initial certificate requires a home inspection by the Department. (4-11-06)

**b.** The certificate is valid only for the location and person named in the application and is not transferable or assignable; (4-11-06)

**c.** The certificate must be available at the home on request. (4-11-06)

**02. Provisional Certificate.** A provisional certificate may be issued to a home that is not in substantial compliance with these rules if the deficiencies do not adversely affect the health or safety of the resident. (4-11-06)

**a.** Provisional certificates may be issued for up to six (6) months and are contingent on an approved plan to correct all deficiencies prior to expiration of the provisional certificate. (4-11-06)

**b.** A provisional certificate may be replaced with a certificate when the Department has revisited the home prior to the expiration of the provisional certificate and has determined that the home qualifies for a certificate. (4-11-06)

**c.** A home will not be issued more than one (1) provisional certificate in any twelve (12) month period. (4-11-06)

**03. Renewal of Certificate.** To renew the certificate, the provider must submit a written request on a form provided by the Department. The completed renewal application form and any required documentation must be returned to the Department at least thirty (30) days prior to the expiration of the existing certificate. (4-11-06)

**a.** A home inspection is required the year after the initial home certification study and at least every twenty-four (24) months thereafter. (4-11-06)

**b.** If the Department determines a home inspection is not required to renew the certificate, the provider must submit the renewal application and copies of the following documentation to renew the certificate: (4-11-06)

**i.** Current first aid and adult CPR cards; (4-11-06)(    )

**ii.** Furnace, well, ~~and~~ and fireplace inspection reports, ~~as~~ and septic inspection or pumping receipts, if applicable; (4-11-06)(    )

- iii. Annual fire extinguisher inspection reports or sales receipts for fire extinguishers less than twelve (12) months old. Fire extinguishers must at least five (5) pounds, or larger, dry chemical multipurpose 2A:10-B:C rated ABC type; (4-11-06)(    )
  - iv. Fire log of smoke detector checks, fire extinguisher checks, and fire drill and evacuation summaries; (4-11-06)
  - v. Training logs; (4-11-06)
  - vi. List of individuals currently living in the home and individuals who moved in and out of the home during the year; (4-11-06)
  - vii. Proof of home ownership or lease agreement; (    )
  - viii. Proof of home owner's or renter's insurance; (4-11-06)
  - ~~viii~~ix. Request for waiver or renewal of waiver and that meets the requirements in Section 120 of these rules; and (4-11-06)(    )
  - ix. Other information as requested by the Department. (4-11-06)
- c. The existing certificate, unless suspended or revoked, remains valid until the Department has acted on the application renewal when the renewal application and supporting documentation is filed in a timely manner. (4-11-06)

**04. Change of Ownership Certification Requirements.** Certificates are not transferable from one (1) individual to another or from one (1) location to another. The home must be recertified using the same procedure as a new home that has never been certified when a change of ownership, lease, or location occurs. (4-11-06)(    )

**05. Change of Location Requirements.** Certificates are not transferable from one (1) location to another. The Department must be notified a minimum of thirty (30) days prior to a change in location. When a change of location occurs, the new location must be inspected by the Department prior to occupancy. (    )

**056. Denial of Certificate.** The Department may deny the issuance of a certificate when conditions exist that endanger the health, safety, or welfare of any resident or when the home is not in substantial compliance with these rules. Additional causes for denial of a certificate include the following: (4-11-06)

- a. The applicant or provider has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a certificate; (4-11-06)
- b. The applicant or provider has been convicted of fraud, gross negligence, abuse, assault, battery or exploitation; (4-11-06)
- c. The applicant has been convicted of a criminal offense within the past five (5) years, other than a minor traffic violation or similar minor offense; (4-11-06)
- d. The applicant or provider has been denied or has had revoked any health facility, residential care or assisted living facility license, or certified family home certificate; (4-11-06)
- e. The applicant or provider has been convicted of found to be operating a health facility, residential care or assisted living facility, or certified family home without a license or certificate; (4-11-06)(    )
- f. A court has ordered that the applicant or provider must not operate a health facility, residential care or assisted living facility, or certified family home; (4-11-06)
- g. The applicant or provider is listed on the statewide Child Abuse Registry, Adult Protection

Registry, Sexual Offender Registry, or Medicaid exclusion lists; or (4-11-06)

**h.** The applicant or provider is directly under the control or influence of any person who is described in Subsections 110.056.a. through 110.056.g. of these rules. (4-11-06)( )

**067. Revocation of Certificate.** The Department may revoke any certificate when conditions exist which endanger the health, safety, or welfare of any resident, or when the home is not in substantial compliance with these rules as described in Section 913 of these rules. (4-11-06)

**078. Procedure for Appeal of Denial or Revocation of a Certificate.** (4-11-06)

**a.** Immediately upon denial of any application for a certificate, or revocation of a certificate, the Department will notify the applicant or provider in writing by certified mail or by personal service of its decision, the reason for its decision, and how to appeal the decision. (4-11-06)

**b.** The appeal is subject to the hearing provisions in IDAPA 16.05.03, "Rules Governing Contested Case Proceedings and Declaratory Rulings." (4-11-06)

**089. Family Home Operating Without a Certificate.** A person found to be operating a family home without first obtaining a certificate may be referred for criminal prosecution. Upon discovery of a family home operating without a certificate, the Department will refer residents to the appropriate placement or adult protective services agency if: (4-11-06)

**a.** There is an immediate threat to any resident's health and safety; or (4-11-06)

**b.** The home does not cooperate with the Department to apply for certification, meet certification standards and obtain a valid certificate. (4-11-06)

**111. CLOSURE OF CERTIFIED FAMILY HOME.**

The provider must notify the Department in writing when choosing to voluntarily close the certified family home. This must include the planned closure date and the discharge plan for current residents. ( )

**112. -- 114. (RESERVED)**

**115. REQUIRED ONGOING TRAINING.**

All providers must document a minimum of eight (8) hours per year of ongoing, relevant training in the provision of supervision, services, and care specific to resident needs. ( )

**01. Classroom Training.** The training must consist of at least four (4) hours of classroom training. The remaining four (4) hours may be independent study or classroom training. Up to Two (2) hours of classroom training for ongoing first aid or adult CPR will count toward the eight (8) hour requirement. Adult CPR must include hands on skills training. ( )

**02. Initial Provider Training.** The initial provider training required in Subsection 100.06 of these rules will count toward the first year's eight (8) hour training requirement. (4-11-06)( )

**03. Specificity of Training.** All training hours in excess of ongoing first aid or adult CPR must be specific to the residents' condition and diagnosis. ( )

**04. Training for Additional Beds.** When a home has an exception for three (3) or four (4) beds, training hours are increased for each additional resident as required in Section 140.04 of these rules. ( )

**116. -- 119. (RESERVED)**

**120. WAIVERS.**

The Department may grant waivers. The decision to grant a waiver in one (1) home is not a precedent or applicable to any other home. (4-11-06)

- 01. Written Request.** A written request for a waiver must be submitted to the Department. The request must include the following: (4-11-06)
- a.** Reference to the section of the rules for which the waiver is requested; (4-11-06)
  - b.** Reasons that show good cause why the waiver should be granted, including any extenuating circumstances and any compensating factors or conditions that may have bearing on the waiver, ~~such as additional floor space or additional staffing;~~ (4-11-06)(    )
  - c.** Written documentation that assures resident health and safety will not be jeopardized if the waiver is granted. (4-11-06)
- 02. Waiver Expiration.** (    )
- a.** A temporary waiver may be granted for a period of no more than twelve (12) months. (    )
  - b.** A permanent waiver of a specific standard may be granted at the discretion of the Department. Good cause must be shown for such a waiver of the standard and must not endanger the health or safety of any resident. (4-11-06)(    )
- 03. Waiver Renewal.** If the provider ~~wishes~~ chooses to renew a temporary waiver, ~~he~~ the provider must submit a written request to the Department. The appropriateness of renewing a waiver will be determined by the Department. (4-11-06)(    )
- 04. Waiver Not Transferable.** A waiver granted under Section 120 this rule is not transferable to any other provider, address, or resident. (4-11-06)(    )

**(BREAK IN CONTINUITY OF SECTIONS)**

**140. EXCEPTION TO THE TWO RESIDENT LIMIT.**

- 01. Application for Exception.** A home may apply to the Department for an exception to the two (2) resident limit to care for three (3) or four (4) residents. (4-11-06)
- 02. Criteria for Determination.** The Department will determine if safe and appropriate care can be provided based on resident needs. The Department will consider, at a minimum, the following factors in making its determination: (4-11-06)
- a.** Each current or prospective resident's physical, mental and behavioral status and history; (4-11-06)
  - b.** The household composition including the number of adults, children and other family members requiring care from the provider; (4-11-06)
  - c.** The training, education, and experience of the provider to meet each resident's needs; (4-11-06)
  - d.** Potential barriers that might limit resident safe access to and exit from the rooms in the home; (4-11-06)
  - e.** The number and qualifications of caregivers in the home; (4-11-06)
  - f.** The desires of the prospective and current residents; (4-11-06)
  - g.** The individual and collective hours of care needed by the residents; (4-11-06)

**h.** The physical layout of the home and the square footage available to meet the needs of all persons living in the home; and (4-11-06)

**i.** If an exception to the two (2) resident limit would result in two (2) or more residents who require nursing facility level of care living in the home, then the application must also include the information required in Section 130 of these rules. (4-11-06)

**03. Other Employment.** Providers of three (3) or four (4) bed homes must not have other gainful employment unless: (4-11-06)

**a.** The total direct care time for all residents, as reflected by the plan of service and assessments, does not exceed eight (8) hours per day; (4-11-06)

**b.** The provider is immediately available to meet resident needs as they arise; and (4-11-06)

**c.** Each resident is supervised at all times unless the assessment or plan of service indicates the resident may be left unattended for designated periods of time. (4-11-06)

**04. Additional Training.** Providers of three (3) or four (4) bed homes must obtain additional training to meet the needs of the residents as determined necessary by the Department. For each additional resident, the provider must obtain four (4) more hours of required training described in Section 115 of these rules.~~(4-11-06)~~( )

**05. Exception Nontransferable.** An exception to care for more than two (2) residents will not be transferable to another provider, address, or resident. (4-11-06)

**06. Reassessment of Exception.** An exception to care for more than two (2) residents must be reassessed at least annually and when either of the following occurs: (4-11-06)

**a.** Each time a new admission is considered; or (4-11-06)

**b.** When there is a significant change in any of the factors specified in Subsection 140.02 of these rules. (4-11-06)

**07. Annual Home Inspection.** A home with an exception to care for more than two (2) residents must have a home inspection at least annually. (4-11-06)

**08. Shared Sleeping Rooms.** In addition to the requirements in Section 700 of these rules, no more than two (2) residents will be housed in any multi-bed sleeping room. (4-11-06)

**09. Emergency Placement.** The certified family home provider may not accept an emergency placement without prior approval of the CFH program. If an emergency placement request occurs after normal business hours and the provider cannot reach the CFH program for prior approval, the provider may make a conditional placement subject to Department approval. The provider must notify the CFH program the next business day of such placement and request Department approval of the placement. The Department may at its discretion deny emergency placements made without prior approval. ( )

**141. -- 149. (RESERVED)**

**150. INSPECTIONS OF HOMES.**

The Department will inspect certified family homes at least every twenty-four (24) months, beginning with the first month of the most recent certification. Inspections may occur more frequently as the Department deems necessary. The Department may consider the results of previous inspections, history of compliance with rules, and complaints to determine the frequency of inspections. (4-11-06)

**01. Notice of Inspection.** All inspections ~~and investigations~~, except for the initial certification study, may be made unannounced and without prior notice. ~~(4-11-06)~~( )

**02. Inspection by Department or Its Agent.** The Department may use the services of any legally qualified person or organization, either public or private, to examine and inspect any home requesting certification. (4-11-06)( )

**03. Access by Inspector.** An inspector must have full access and authority to examine quality of care and services delivery, resident records, records including any records or documents pertaining to any financial transactions between residents and the home, resident accounts, physical premises, including the condition of the home, grounds and equipment, food service, water supply, sanitation, maintenance, housekeeping practices, and any other areas necessary to determine compliance with these rules and standards. (4-11-06)

**a.** An inspector has the authority to interview the provider, any adults living in the home, the resident and the resident's family, substitute caregivers, persons who provide incidental supervision, and any other person who is familiar with the home or its operation. Interviews with residents will be confidential and conducted privately unless otherwise specified by the resident. (4-11-06)( )

**b.** The inspector has full authority to inspect the entire home, accompanied by the provider, substitute caregiver, or any other adult living in the home, including personal living quarters of family members living in the home, to check for inappropriate storage of combustibles, faulty wiring, or other conditions that may have a direct impact on the operation of the certified family home. (4-11-06)( )

~~**04. Written Report.** Following any investigation or inspection, the Department will provide a written report to the provider of the home within thirty (30) days. The report will include the findings of the investigation or inspection. (4-11-06)~~

~~**054. Plan of Correction.** ~~If~~ When deficiencies are identified during the ~~investigation or~~ inspection, the home ~~will be~~ is sent a statement of deficiencies by the Department which requires an approved plan of correction. (4-11-06)( )~~

**a.** Depending on the severity of the deficiency, the home may be given up to fourteen (14) calendar days to develop a written plan of correction and to return the plan of correction to the Department for approval. (4-11-06)( )

**b.** An acceptable plan of correction must include how the deficiency was corrected or how it will be corrected, what steps have been taken to assure that the deficiency does not recur, and acceptable time frames for correction of the deficiency. (4-11-06)

**c.** Follow-up inspections may be conducted to determine whether corrections to deficiencies are being made according to time frames established in the approved plan of correction. (4-11-06)( )

**d.** The Department may provide consulting services to a home, upon request, to assist in identifying and correcting deficiencies and upgrading the quality of care. (4-11-06)

**151. -- 159. (RESERVED)**

**160. COMPLAINT PROCEDURE.**

Any person who believes that any rule has been violated by a certified family home may file a complaint with the Department ~~at the address listed~~ described in Section 005 of these rules ~~or at the Department's Regional Office.~~ (4-11-06)( )

**01. Investigation.** The Department will investigate any complaint alleging a violation of these rules. Investigations may be made unannounced and without prior notice. Any complaint involving the abuse, neglect, or exploitation of an adult must also be referred to adult protective services in accordance with the Adult Abuse, Neglect, and Exploitation Act, Section 39-5303, Idaho Code. (4-11-06)( )

**02. Investigation Method.** The nature of the complaint will determine the method used to investigate the complaint. On-site investigations at the home may be unannounced. (4-11-06)

**03. Written Report.** Following any investigation, the Department will provide a written report to the provider of the home within thirty (30) days. The report will include the findings of the investigation. ( )

**034. Statement of Deficiencies.** If violations of these rules are identified, depending on the severity, the Department may send the home a statement of deficiencies. The home must ~~prepare~~ complete and sign a plan of correction as described in Subsection 150.05 of these rules, and return it to the Department within the time frame designated by the Department. (4-11-06)( )

**045. Public Disclosure.** Information received by the Department through filed reports, inspection, or as otherwise authorized under the law, must not be disclosed publicly in such a manner as to identify individual residents except in a proceeding involving a question of certification. (4-11-06)

**056. List of Deficiencies.** A current list of deficiencies including plans of correction will be available to the public upon request in the individual homes or by written request to the Department. (4-11-06)

161. -- 169. (RESERVED)

**170. ELEMENTS OF CARE.**

As a condition of certification, the certified family home must provide ~~each of the following to the resident without additional charge.~~ adequate care to meet each resident's needs described in his plan of service and admission agreement. This includes room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment and protection of resident rights. The resident can not be charged an additional amount for the following: (4-11-06)( )

**01. Supervision.** Ensure Appropriate, adequate supervision for twenty-four (24) hours each day unless the resident's plan of service provides for alone time. (4-11-06)( )

**02. Daily Activities and Recreation.** Daily activities, recreational activities, maintenance of self-help skills, assistance with activities of daily living and provisions for trips to social functions, special diets, and arrangements for payments. (4-11-06)

**03. Medical.** Arrangements for medical and dental services and monitoring of medications. If the resident is unable to give medical consent, the provider will give the name and contact information of the person holding guardianship or power of attorney for health care to any health care provider upon request. (4-11-06)

**04. Furnishings and Equipment.** Linens, towels, wash cloths, a reasonable supply of soap, shampoo, toilet paper, sanitary napkins or tampons, first aid supplies, shaving supplies, laundering of clothing and linens, housekeeping service, maintenance, and basic television in common areas. In addition, the following will apply: (4-11-06)( )

a. Resident living rooms must contain reading lamps, tables, and comfortable chairs or sofas; (4-11-06)

b. The resident must be provided with his own bed which must be at least thirty-six (36) inches wide, substantially constructed, and in good repair. Roll-away type beds, cots, folding beds, or double bunks must not be used. The bed must be provided with box springs which are in good repair, a clean and comfortable mattress which is standard for the bed, and a pillow; (4-11-06)( )

c. The resident sleeping room must be equipped with a chair and dresser, substantially constructed and in good repair; (4-11-06)

d. On request, each sleeping room must be equipped with a lockable storage cabinet for personal items for each resident, in addition to the required storage in resident sleeping rooms; (4-11-06)

e. Adequate and satisfactory equipment and supplies must be provided to serve the residents. The amount and kind will vary according to the size of the home and type of resident; and (4-11-06)



f. A monitoring or communication system must be provided when necessary due to the size or design of the home. (4-11-06)

~~g.~~ Resident linens must include two (2) sheets, a pillow case, and a minimum of one (1) blanket and a bedspread. Bed linens must be changed regularly, or when soiled. ( )

~~h.~~ Provider must ensure that resident's clothing is washed regularly or when soiled. ( )

~~05.~~ Plan of Service. Development and implementation of the plan of service for private pay residents and implementation of the plan of service for state funded residents. (4-11-06)

~~065.~~ **Activity Supplies.** Activity supplies in reasonable amounts, that reflect the interests of the resident. (4-11-06)

~~076.~~ **Transportation.** Arrangement of transportation in reasonable amounts to community, recreational and religious activities within twenty-five (25) miles of the home. The home must also arrange for emergency transportation. (4-11-06)

171. -- 174. (RESERVED)

**175. ROOM, UTILITIES AND MEALS.**

The certified family home must provide room, utilities and three (3) daily nutritious meals to the resident. The monthly charge for room, utilities and a minimum of three (3) daily nutritional meals or a diet prescribed by a health care professional must be established in the resident's admission agreement. (4-11-06)( )

176. -- 199. (RESERVED)

**200. RESIDENT RIGHTS POLICY.**

Each certified family home ~~will develop~~ must have and implement a written resident rights policy ~~which will that~~ protects and promotes the rights of each resident and addresses each of the resident rights described in this rule. The resident rights policy must be reviewed and acknowledged annually by the provider and a resident or resident's guardian or conservator. The annual acknowledgement must be signed and dated by the provider and the resident or the resident's guardian or conservator and be kept in the resident's records according to Section 270 of these rules. The written description of legal rights must include a description of the protection of personal funds and a statement that a resident or resident's representative may file a complaint with the Department ~~at the address described~~ in Section 005 of these rules, or local Regional Office regarding resident abuse and neglect and misappropriation of resident's property, or other resident rights violated in the home. Resident rights include the following: (4-11-06)( )

**01. Privacy.** Each resident must be assured the right to privacy with regard to accommodations, medical and other treatment, written and telephone communications, visits and meetings of family and resident groups, including: (4-11-06)

~~a.~~ The right to privacy in regards to social media. No information or pictures pertaining to the resident may be posted to a social media site without written consent by the resident or the residents guardian, if applicable; ( )

~~ab.~~ The right to send and receive mail, either regular or electronically, unopened; and (4-11-06)( )

~~bc.~~ If the resident is married, privacy for visits by his spouse. If both are residents in the home, they are permitted to share a room unless medically inadvisable, as documented by the ~~attending physician~~ health care professional. (4-11-06)( )

**02. Humane Care.** Each resident has the right to humane care and a humane environment, including the following: (4-11-06)

a. The right to a diet which is consistent with any religious or health-related restrictions; (4-11-06)

- b. The right to refuse a restricted diet; and (4-11-06)
- c. The right to a safe and sanitary living environment. (4-11-06)
- 03. Respectful Treatment.** Each resident has the right to be treated with dignity and respect, including: (4-11-06)
- a. The right to be treated in a courteous manner by the provider; (4-11-06)
- b. The right to receive a response from the home to any request of the resident within a reasonable time; (4-11-06)
- c. The resident has the right to choose to receive or not receive routine care of a personal nature from a qualified provider of the opposite sex; ( )
- ed. Freedom from discrimination as protected by law to include, race, gender, marital status, religious affiliation, age, and sexual orientation; and (4-11-06)( )
- de. Freedom from intimidation, manipulation, coercion, and exploitation; (4-11-06)( )
- ef. The right to wear his own clean clothing; and (4-11-06)( )
- fg. The right to determine his own dress and hair style; (4-11-06)
- 04. Basic Needs Allowance.** Residents whose care is paid for by public assistance must retain, for their personal use, the difference between their total income and the Certified Family Home basic allowance established by IDAPA 16.03.05. "Rules Governing Eligibility for Aid to the Aged, Blind and Disabled," Section 513. (4-11-06)
- 05. Resident Funds.** Residents have the right to manage their personal funds. A home must not require a resident to deposit his personal funds with the home deposit or transfer any resident's basic needs allowance into the certified family home provider's account. (4-11-06)( )
- 06. Access to Resident.** Each certified family home must permit immediate access to any resident by any representative of the Department, by the state Ombudsman for the elderly or his designees, by an adult protection investigator or by the resident's personal physician health care professional. Each home must also permit the following: (4-11-06)( )
- a. Immediate access to a resident by immediate family or other relatives, subject to the resident's right to deny or withdraw consent at any time; (4-11-06)
- b. Immediate access to a resident by others who are visiting with the consent of the resident, subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time; (4-11-06)
- c. Reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time-; and (4-11-06)( )
- d. A resident's health care professional must have reasonable access to that resident's records and medications or treatments. ( )
- 07. Freedom From Harm.** The resident has the right to be free from physical, mental, or sexual abuse, neglect, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline. (4-11-06)
- a. A certified family home provider who has reasonable cause to believe that a vulnerable adult is being or has been abused, neglected, or exploited must immediately report this information to the Idaho Commission

on Aging or its Area Agencies on Aging, according to Section 39-5303, Idaho Code.

(4-11-06)( )

**b.** The certified family home provider must report within four (4) hours to the appropriate law enforcement agency when there is reasonable cause to believe that abuse, neglect, ~~misappropriation of resident's property~~, or sexual assault has resulted in death or serious physical injury jeopardizing the life, health, or safety of a vulnerable adult resident according to Sections 39-5303 and 39-5310, Idaho Code.

(4-11-06)( )

**c.** The certified family home provider must immediately notify the appropriate law enforcement agency when there is reasonable cause to believe there has been misappropriation of resident's property according to Section 39-5310, Idaho Code.

( )

**08. Health Services.** The resident has the right to control his health-related services, including:

(4-11-06)

**a.** The right to retain the services of his own personal ~~physician~~ health care professionals and dentist;

(4-11-06)( )

**b.** The right to select the pharmacy or pharmacist of his choice;

(4-11-06)

**c.** The right to confidentiality and privacy concerning his medical or dental condition and treatment;

(4-11-06)

**d.** The right to participate in the formulation of his plan of service.

(4-11-06)

**09. Grievance.** The resident has the right to voice or file a grievance with respect to care that is ~~or fails to be~~ furnished, without discrimination or reprisal for voicing the grievance. ~~and~~ The resident has the right to prompt efforts by the home to resolve grievances the resident may have, including those with respect to the behavior of other residents. The provider must provide a written response to the resident or guardian as to how the grievance was resolved and include this response in the resident's records according to Section 270 of these rules.

(4-11-06)( )

**10. Advance Notice.** The resident must receive written advance notice at least fifteen (15) calendar days prior to his non-emergency transfer or discharge unless he is transferred or discharged only for medical reasons, or for his welfare or the welfare of other residents, or for nonpayment for his stay. The written advance notice can be up to thirty (30) days if agreed to in the admission agreement.

(4-11-06)

**11. Other Rights.** In addition to the rights outlined in Subsections 200.01 through 200.10 of these rules, the resident has the following rights:

(4-11-06)

**a.** The resident has the right to refuse to perform services for the home;

(4-11-06)

**b.** The resident must have access to his personal records and must have the right to confidentiality of personal and clinical records;

(4-11-06)

**c.** The resident has the right to practice the religion of his choice or to abstain from religious practice. Residents must also be free from the imposition of the religious practices of others;

(4-11-06)

**d.** The resident has the right to participate in social, religious, and community activities that do not interfere with the rights of other residents in the home;

(4-11-06)

**e.** The resident has the right to examine, upon reasonable request, the results of the most recent inspection of the home conducted by the Department with respect to the home and any plan of correction in effect with respect to the home;

(4-11-06)

**f.** The resident has ~~or~~ the right to review a list of other certified family homes that may be available to meet his needs in case of transfer;

(4-11-06)( )

~~g. The resident has the right not to be required to receive routine care of a personal nature from a member of the opposite sex; (4-11-06)~~

~~hg.~~ The resident has the right to be informed, in writing, regarding the formulation of advance directives ~~as described in Title 39, Chapter 45, Idaho Code;~~ and (4-11-06)( )

~~ih.~~ The resident must have any other right established by law. (4-11-06)

**201. NOTICE OF LEGAL RIGHTS.**

The certified family home ~~will~~ **must** inform the resident, verbally and in writing, at the time of admission to the home and annually thereafter, of his legal rights during the stay at the home. The resident or his guardian, or both, must receive a copy of the resident legal rights. (4-11-06)( )

**(BREAK IN CONTINUITY OF SECTIONS)**

**260. ADMISSIONS.**

The Certified Family Home program must approve all resident placements prior to admission of the resident in a certified family home. A certified family home can not admit or retain any resident requiring a level of services or type of services which the home does not have the time, training, or appropriate skills to provide adequate care for each resident in the home. ( )

**01. Prior Approval Required.** The certified family home provider must contact the regional CFH program nearest his location as listed in Section 005 of these rules. In order to obtain approval for placement of a resident in the certified family home, the following must be provided: ( )

**a.** Name of proposed resident; ( )

**b.** The proposed resident's date of expected discharge or admittance to the certified family home; ( )

**c.** The proposed resident's current assessment, completed within the last six (6) months; ( )

**d.** The proposed resident's current medication list; ( )

**e.** The proposed resident health care professional's approval for admittance into a certified family home; and ( )

**f.** An emergency contact phone number for the proposed resident. ( )

**02. Notification.** The CFH program may notify the certified family home provider verbally or in writing on a case-by-case basis. When verbally notified, the CFH program will provide a follow-up written communication, stating whether the proposed resident is approved or denied admittance into the certified family home. ( )

**043. Admission Agreement.** At the time of admission to a certified family home, the provider and the resident or guardian, if applicable, must enter into an admission agreement. The agreement will be in writing and must be signed by both parties. The agreement must, in itself or by reference to the resident's plan of care service, include at least the following: (4-11-06)( )

**a.** Whether or not the resident will assume responsibility for his own medication including reporting missed medication or medication taken on a PRN basis; (4-11-06)

~~**b.** Whether or not the resident has ongoing ability to safeguard himself against personal harm, injury or accident. The certified family home must have a plan in place for steps it will take if the resident is not able to carry out his own self-preservation. (4-11-06)~~

- ~~eb.~~ Whether or not the provider will accept responsibility for the resident's funds; (4-11-06)
- ~~ec.~~ How a partial month's refund will be managed; (4-11-06)
- ~~ed.~~ Responsibility for valuables belonging to the resident and provision for the return of a resident's valuables should the resident leave the home; (4-11-06)
- ~~f.~~ ~~Amount of liability coverage provided by the homeowner's or renter's insurance policy.~~ (4-11-06)
- ~~ge.~~ Fifteen (15) calendar days' written notice or up to thirty (30) calendar days as agreed to in the admission agreement prior to transfer or discharge on the part of either party; (4-11-06)
- ~~h.~~ ~~Conditions under which emergency transfers will be made;~~ (4-11-06)
- ~~if.~~ Signed permission to transfer pertinent information from the resident's record to a hospital, nursing home, residential and assisted living facility, or other certified family home; (4-11-06)
- ~~ig.~~ Responsibility to obtain consent for medical procedures including the name, address, phone of guardian or power of attorney for health care for any resident who is unable to make his own medical decisions. (4-11-06)
- ~~k.~~ ~~Resident responsibilities as appropriate;~~ (4-11-06)
- ~~lh.~~ Amount the home will charge for room, utilities, and three (3) daily nutritional meals; ~~and~~ (4-11-06)( )
- ~~i.~~ Advance notice to the resident for changes to his charges for room, utilities, and food as described in Section 175 of these rules; and ( )
- ~~mj.~~ ~~Other information as needed~~ Additional conditions as agreed upon by both parties. (4-11-06)( )
- 024. Termination of Admission Agreement.** The admission agreement must not be terminated except under the following conditions: (4-11-06)
- a.** By written notification by either party giving the other party fifteen (15) calendar days' written notice or as agreed to in the Admission Agreement but not to exceed thirty (30) days; (4-11-06)
- b.** The resident's mental or physical condition deteriorates to a level ~~requiring evaluation or services of care~~ that cannot be provided in a certified family home; (4-11-06)( )
- c.** Nonpayment of the resident's bill; (4-11-06)
- d.** Emergency conditions requiring a resident to transfer out of the home without fifteen (15) calendar days' written notice to protect the resident or other ~~residents~~ living in the certified family home from harm; and (4-11-06)( )
- e.** Other written conditions as mutually established between the resident, guardian or conservator, if applicable, and the provider at the time of admission. (4-11-06)( )
- 05. Discharge Procedure.** The provider must notify the Department of a resident's change of living situation. It is the provider's responsibility to ensure, document, and return to the resident, his guardian, or family member, at time of resident discharge or death the following items: ( )
- a.** All financial documents and information. Convey the resident's funds with a final accounting of those funds to the entity administering the resident's finances within thirty (30) days; ( )

b. All prescribed, over-the-counter and supplemental medications to match the current medication list. Upon the death of the resident, all medications must be disposed of and documented according to Section 400 of these rules; ( )

c. All belongings to match his current belongings inventory list; and ( )

d. All types of identification and medical cards. ( )

261. -- 269. (RESERVED)

270. RESIDENT RECORDS.

**01. Admission Records.** Records required for admission to a home must be maintained and updated and must be kept confidential. Their availability without the consent of the resident or guardian, if applicable, subject to IDAPA 16.05.01, "Use and Disclosure of Department Records," is limited to the home, professional consultants, the resident's physician health care professional and representatives of the Department. All entries must be kept current, recorded legibly in ink, dated, signed, and must include: (4-11-06)( )

**a.** Name; (4-11-06)

**b.** Permanent address if other than the home; (4-11-06)

**c.** Marital status and sex; (4-11-06)

**d.** Birth place and date of birth; (4-11-06)

**e.** The current name, address, and telephone number of guardian, conservator, power of attorney, and ~~an~~ individuals identified by the resident who should be contacted in the event of an emergency or death of the resident; (4-11-06)( )

**f.** Personal ~~physician and dentist~~ health care professionals; (4-11-06)( )

**g.** Admission date and name of person who completed admission form; (4-11-06)

**h.** Results of a current history and physical performed by a licensed physician or nurse practitioner health care professional within six (6) months prior to admission; (4-11-06)( )

~~**i.** For private pay residents, the history and physical should include a description of the resident's needs for personal assistance and supervision, and indicate that the resident is appropriate for placement in a home;~~ (4-11-06)

**ji.** A list of medications, treatments, and special diets, if any, prescribed for the resident and signed and dated by the physician health care professional; (4-11-06)( )

~~**kj.** Religious affiliation if resident chooses to disclose;~~ (4-11-06)

~~**l.** Interested relatives and friends other than those outlined in Subsection 270.01.e. of these rules, to include names, addresses, and telephone numbers of family members, legal guardian or conservator, or significant others, or all;~~ (4-11-06)

~~**mk.** Social information, obtained by the home from the resident, family, service coordinator, legal guardian or conservator, or other knowledgeable individuals. The information must include the resident's social history, hobbies, and interests;~~ (4-11-06)

~~**nl.** Written admission agreement which is signed and dated by the provider and the resident, his legal guardian or his conservator;~~ (4-11-06)

- ~~om.~~ A signed copy of the resident's rights as specified in Section 200 of these rules, or documentation that the resident, his legal guardian, or his conservator has read and understands his rights as a resident of the home; (4-11-06)
- ~~pn.~~ A copy of the resident's most current uniform needs assessment for the certified family home; (4-11-06)
- ~~qo.~~ A copy of the signed and dated admission current plan of service ~~that contains all elements of a plan of service between the resident, his legal guardian, or his conservator and the home;~~ (4-11-06)(    )
- ~~pd.~~ A current inventory of the resident's belongings. The resident, or resident's guardian or conservator, if applicable, can inventory any item he chooses. Photographic evidence is accepted in place of an inventory form. This inventory may be updated at any time at the request of the resident, the resident's guardian or conservator, but must be updated at least annually; and (4-11-06)(    )
- ~~s-~~ ~~Information about any specific health problems of the resident which may be useful in a medical emergency; and~~ (4-11-06)
- ~~t-~~ ~~Any other health-related, emergency, or pertinent information which the resident requests the home to keep on record.~~ (4-11-06)
- q. A copy of legal authority paperwork to include guardianship, conservatorship, or power of attorney, if applicable. (    )
- 02. Ongoing Resident Records.** Records must be kept current, including: (4-11-06)
- ~~a-~~ ~~Admission information required in Subsection 270.01 of these rules;~~ (4-11-06)
- ~~ba.~~ A current list of medications, diet, and treatments prescribed for the resident which is signed and dated by the physician health care professional giving the order. Current orders may be a copy of the signed ~~doctor's~~ order from the pharmacy; (4-11-06)(    )
- ~~e-~~ ~~Documentation of any medication refused by the resident, not given to the resident or not taken by the resident with the reason for the omission. All PRN medication must be documented with the reason for taking the medication;~~ (4-11-06)
- b. Daily medication documentation, when the provider assists the resident with his medications; (    )
- ~~dc.~~ Any incident or accident occurring while the resident is living in the home; (4-11-06)
- ~~ed.~~ Notes from the licensed nurse, home health, physical therapy, and other service providers, documenting the services provided at each visit; (4-11-06)
- ~~fe.~~ Documentation of significant changes in the residents' physical, mental status, or both and the home's response; and (4-11-06)(    )
- ~~gf.~~ If appropriate, the resident's financial accounting records; (4-11-06)
- ~~hg.~~ The resident's uniform needs assessment, to include the admission assessment and all assessments for the past year, for certified family home care; (4-11-06)
- ~~ih.~~ Signed and dated plan of service, to include the admission plan of service and all service agreements for the past year between the resident, his legal guardian, or his conservator and the home; (4-11-06)
- ~~ji.~~ Contact name, address, phone number of individuals or agencies providing paid supports; and (4-11-06)(    )

~~k.~~ Signed copies of all care plans that are prepared by all outside service providers; and (4-11-06)

~~j.~~ An inventory of resident's belongings. The resident can inventory any item he chooses. The inventory can be updated at any time but must be updated annually. (4-11-06)

**03. Maintenance of Resident Records.** All records of services delivered by the provider must be maintained in the certified family home for at least five (5) years from the date of service. (4-11-06)(    )

271. -- 274. (RESERVED)

**275. RESIDENT FUNDS AND FINANCIAL RECORDS.**

**01. Resident Funds Policy.** If a resident's funds are turned over to the provider for any purpose other than payment for services allowed under these rules, or if the provider or his relative acts as resident payee, the home is deemed to be handling the resident's funds. Each certified family home must ~~develop~~ have and implement a policy and procedure outlining how the resident's funds will be managed. This policy and procedure must include the following: (4-11-06)(    )

a. Statement of whether the certified family home will or will not manage resident funds; (4-11-06)(    )

b. ~~#~~ When the certified family home manages resident funds and the resident leaves the home under any circumstances, the home can only retain room and board funds prorated to the last day of the fifteen (15) calendar day notice period, or thirty (30) calendar day notice period as specified in the admission agreement, or upon moving from the home, whichever is later. All remaining funds must follow the resident, and resident funds must only be used for resident expenses until a new payee is appointed. (4-11-06)(    )

**02. Managing Resident Funds.** A certified family home that manages resident funds must: (4-11-06)(    )

a. Establish a separate account at a financial institution for each resident. Provide accounting documentation including financial statements, receipts, and ledgers for all financial transactions for each resident's separate account. There can be no commingling of resident funds with the certified family home funds. Borrowing between resident accounts is prohibited. The certified family home provider can not borrow funds from the resident; (4-11-06)(    )

b. Notify the resident that funds are available for his use; (4-11-06)

c. Bill Charge each resident ~~for his certified family home care charges~~ a consistent amount on a monthly basis from his funds ~~for room, utilities, and food, described in Section 175 of these rules;~~ (4-11-06)(    )

d. ~~Document on a monthly or on a weekly basis any~~ Provide accounting documentation including financial statements, receipts, and ledgers for all financial transactions ~~in excess of five dollars (\$5) between the resident and the home~~ for the resident's basic needs allowance and any other funds of the resident. A separate transaction record must be maintained for each resident; (4-11-06)(    )

e. Restore funds to the resident if the certified family home cannot produce proper accounting records of resident's funds or property, including receipts for purchases made using the resident's personal funds. Restitution of the funds to the resident is a condition for continued ~~operation~~ certification of the home; (4-11-06)(    )

f. Not require the resident to purchase goods or services from or for the certified family home ~~other than those designated in the admission agreement;~~ (4-11-06)(    )

g. Provide access to the resident's funds to the resident, his legal guardian, or conservator ~~or another person of the resident's choice;~~ (4-11-06)(    )



**h.** On the death of a private-pay resident, convey the resident's funds with a final accounting of those funds to the individual administering the resident's estate; within thirty (30) days; (4-11-06)

**i.** On the death of a client of the Department, convey the resident's funds with a final accounting of those funds, to the Department within thirty (30) days. (4-11-06)

276. -- 299. (RESERVED)

**300. SHORT-TERM CARE AND SUPERVISION.**

When the provider is temporarily unable to provide care or supervision to the resident, he may designate another adult to provide care and supervision, or only supervision ~~only~~ to the resident. The provider must assure that this short-term arrangement meets the needs of the resident and protects the resident from harm. (4-11-06)( )

**01. Alternate Caregiver.** An alternate caregiver must be a certified family home provider. An alternate caregiver provides care and supervision in his certified family home to a resident from another certified family home ~~according to the resident's original plan of service and admission agreement.~~ ( )

**a.** The Department must approve an alternate caregiver short-term resident placements prior to the placement. ( )

**b.** The provider is responsible to provide or arrange for resident-specific training for the alternate caregiver. Alternate care can be provided for up to thirty (30) consecutive days. (4-11-06)( )

**c.** An alternate caregiver must not exceed the number of resident beds for which the alternate caregiver is certified. ( )

**d.** An alternate caregiver must comply with Section 140 of these rules, when the short-term admission results in the home exceeding the two (2) bed limit. ( )

**02. Substitute Caregiver.** A substitute caregiver must be an adult approved by the provider to provide care, services, and supervision to the resident in the provider's certified family home. The provider is responsible to provide or arrange for resident-specific training for the substitute caregiver. Substitute care can be provided for up to thirty (30) consecutive days. In addition, ~~the substitute caregiver must have~~ the provider must maintain documentation of the following requirements for all substitute caregivers: (4-11-06)( )

**a.** ~~Current~~ Current Certification in first aid and adult Cardio-Pulmonary Resuscitation (CPR) which must be kept current. Online-only certification is not acceptable; (4-11-06)( )

**b.** A criminal history check specific to the certified family home program as provided in Section 009 of these rules; and (4-11-06)( )

**c.** ~~Completed~~ Successful completion of the "Assistance with Medications" course or the "Basic Medication Awareness for Certified Family Homes." as provided in Section 400 of these rules, ~~if they will assist the resident with medications.~~ (4-11-06)( )

**03. Incidental Supervision.** An ~~individual~~ adult providing incidental supervision must be approved by the provider to only supervise the resident. Incidental supervision must not include resident care. Incidental supervision may be provided for up to four (4) hours per week. (4-11-06)( )

301. -- 399. (RESERVED)

**400. MEDICATION STANDARDS AND REQUIREMENTS.**

**01. Medication Policy.** The certified family home provider must ~~develop~~ maintain and implement written medication policies and procedures that outline ~~in detail~~ how the home will assure appropriate handling and safeguarding of medications. This documentation must be maintained in the home. (4-11-06)( )

02. ~~Handling of~~ **Safeguarding Resident's Medication.** (4-11-06)( )

a. The medication must be in the original pharmacy-dispensed container, or in an original over-the-counter container, or placed in a unit container by a ~~licensed registered~~ nurse ~~or other health care professional~~, and be appropriately labeled with the name of the medication, dosage, time to be taken, route of administration, and any special instructions. ~~Each medication must be packaged separately unless in a Mediset, blister pack, or similar system.~~ (4-11-06)( )

~~b. Evidence of the written or verbal order for the medication from the physician or other practitioner of the healing arts must be maintained in the resident's record. Medisets filled and labeled by a pharmacist or licensed nurse may serve as written evidence of the order. An original prescription bottle labeled by a pharmacist describing the order and instructions for use may also serve as written evidence of an order from the physician or other practitioner of the healing arts.~~ (4-11-06)

~~eb.~~ The **certified family** home is responsible to safeguard the resident's medications. **Prescription medications must be locked at all times, unless the medication requires refrigeration.** (4-11-06)( )

~~d. Medications that are no longer used by the resident must not be retained by the certified family home for longer than thirty (30) calendar days.~~ (4-11-06)

~~c.~~ **The storage unit container must be clean and contain only one (1) resident's medication. No more than one (1) resident's medication can be out of its assigned storage unit at one (1) time.** ( )

03. **Self-Administration of Medication.** ( )

~~a.~~ If the resident is responsible for administering his own medication without assistance, a written approval stating that the resident is capable of self-administration must be obtained from the resident's primary ~~physician or other practitioner of the healing arts~~ **health care professional**. The resident's record must also include documentation that ~~a licensed nurse or other qualified professional~~ **the resident** has **been** evaluated ~~the resident's~~ **by a health care professional and has the** ability to self-administer medication and ~~has found~~ that the resident: (4-11-06)( )

~~ai.~~ Understands the purpose of the medication; (4-11-06)

~~bii.~~ Knows the appropriate dosage and times to take the medication; (4-11-06)

~~ei.~~ Understands expected effects, adverse reactions or side effects, and action to take in an emergency; (4-11-06)  
and

~~d.~~ Is able to take the medication without assistance: **and** (4-11-06)( )

~~b.~~ **The resident is responsible for safeguarding his own medication.** ( )

04. **Assistance with Medications.** The certified family home must provide assistance with medications to residents who need assistance; ~~however, o~~ Only a ~~licensed registered~~ nurse or other ~~licensed~~ health **care** professional may administer medications. Prior to assisting residents with medication, the following conditions must be in place: (4-11-06)( )

a. ~~Each person assisting with resident medications~~ **A provider or substitute caregiver** must be an adult who **has** successfully completed ~~and~~ **one (1) of the following:** (4-11-06)( )

~~i.~~ ~~The "Assistance with Medications" course available through the Idaho Professional Technical Education Program approved by the Idaho State Board of Nursing other;~~ **i** or ( )

~~ii.~~ ~~The Department's approved training. Family members previously exempted from this requirement must complete this course before July 1, 2006~~ **"Basic Medication Awareness for Certified Family Homes"**. (4-11-06)( )

b. The resident's health condition is stable; (4-11-06)

~~e. The resident's health status does not require nursing assessment before receiving the medication nor nursing assessment of the therapeutic or side effects after the medication is taken; (4-11-06)~~

~~d.c. The medication is in the original pharmacy dispensed container with proper label and directions or in an original over the counter container or the medication has been placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy dispensed container~~ All prescription medications must be kept in the original container that is labeled for the specific resident and must be given as prescribed. Over-the-counter medications must be kept in the original container and be given as directed; (4-11-06)( )

~~ed. Written and oral instructions from the licensed physician or other practitioner of the healing arts, pharmacist, or nurse~~ information regarding the resident's current prescriptions concerning the ~~reason(s) for the medication, the dosage,~~ expected effects, adverse reactions or side effects, and action to take in an emergency ~~have been reviewed by the staff person~~ must be maintained in the resident's records; and (4-11-06)( )

e. The provider must ensure that medication is only taken by the resident for whom it was prescribed. ( )

~~f. Written instructions are in place that outline required documentation of medication assistance, and whom to call if any doses are not taken, overdoses occur, or actual or potential side effects are observed; and (4-11-06)~~

~~g. Procedures for disposal/destruction of medications must be documented and consistent with procedures outlined in the "Assistance with Medications" course. (4-11-06)~~

**05. Medication Documentation.** The provider must use a medication form to document prescribed and over-the-counter medications and supplements for each resident. The provider must document any medication refused by or not taken by the resident with the reason for omission. All PRN medication must be documented with the reason for taking the medication. ( )

a. The provider is required to document who to contact if any medication is not taken, an overdose occurs, or an actual or potential side effect is observed. The provider must ensure that written instructions are in place for substitute caregivers to follow. ( )

b. The provider must ensure that a medication authorization document including over-the-counter medications for each resident signed by his primary health care professional is on file. The documentation must indicate whether the resident is capable of self-administering medications. ( )

**056. Administration of Medications.** Only a licensed registered nurse or other licensed health care professionals working within the scope of their his license may administer medications. Administration of medications must comply with the Administrative Rules of the Board of Nursing, in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing." ~~Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. These services are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490.~~ (4-11-06)( )

**06. Written Record of Medication Disposal.** Medications that are expired or discontinued by the resident's health care professional must not be retained by the certified family home for longer than thirty (30) calendar days. Disposal or destruction of medications must be documented and consistent with training provided in the assistance with medication in Subsection 400.04 of this rule. A written record of all disposed ~~of drugs~~ prescription medications must be maintained in the home and will must include: (4-11-06)( )

a. A description of the drug, including The name of the medication, and the amount; (4-11-06)( )

b. The name of the resident for whom the medication was prescribed; (4-11-06)( )

- c. The reason for disposal; (4-11-06)
- d. The method of disposal; and (4-11-06)
- e. Signatures of ~~responsible home personnel~~ the provider and an adult witness ~~or the resident's family other than the resident;~~ and (4-11-06)(    )
- f. The certified family home must acquire and maintain a written order of discontinuation of prescription medications from the resident's health care professional. (    )

401. -- 499. (RESERVED)

500. ENVIRONMENTAL SANITATION STANDARDS.

The certified family home is responsible for disease prevention and maintenance of sanitary conditions.

(4-11-06)(    )

- 01. **Water Supply.** The water supply for the certified family home must be adequate, safe, and sanitary. (4-11-06)(    )
  - a. The home provider must verify that the home uses a public or municipal water supply or a Department-approved private water supply; (4-11-06)(    )
  - b. If water is from a private supply, water samples must be submitted to an private accredited laboratory ~~or the District Public Health Laboratory for~~ and pass a bacteriological examination at least annually or more frequently if deemed necessary by the Department. Copies of the laboratory reports must be kept on file at the home; and (4-11-06)(    )
  - c. There must be enough adequate water pressure to meet ~~the~~ sanitary requirements at all times. (4-11-06)(    )
- 02. **Sewage Disposal.** The sewage disposal system must be in good working order. ~~All sewage and liquid wastes must be discharged, collected, treated, and disposed of in a manner approved by the Department.~~ (4-11-06)(    )
- 03. **Nonmunicipal Sewage Disposal.** For certified family homes with nonmunicipal sewage disposal, at the time of the initial certification and at least every five (5) years thereafter the home must provide proof that the septic tank has been pumped or that pumping was not necessary. ~~In addition, at the time of initial certification:~~ (4-7-11)
  - ~~a.~~ The Department may require ~~the~~ home must to obtain a statement from the local health district indicating that the sewage disposal system meets local requirements. When required, ~~the~~ statement must be kept on file at the home; ~~or.~~ (4-11-06)(    )
  - ~~b.~~ If the local health district does not issue these statements, the home must obtain a statement to that effect from the health district. The statement must be kept on file at the home. (4-11-06)
- 04. **Garbage and Refuse Disposal.** Garbage and refuse disposal must be provided by the certified family home. (4-11-06)(    )
  - a. Garbage containers outside the home used for storage of garbage and refuse must be constructed of durable, nonabsorbent materials and must not leak or absorb liquids. Containers must be provided with tight-fitting lids. (4-11-06)
  - b. Garbage containers must be maintained in good repair. Sufficient containers must be available to hold all garbage and refuse which accumulates between periods of removal from the premises. Storage areas must be kept clean and sanitary. (4-11-06)

**05. Insect and Rodent Control.** The certified family home must be maintained free from infestations of insects, rodents and other pests. Chemicals (pesticides) used in the control program must be selected, stored, and used safely. (4-11-06)( )

**a.** The chemical must be selected on the basis of the pest involved and used only in the manner prescribed by the manufacturer; (4-11-06)

**b.** The home must take the necessary precautions to protect residents from obtaining toxic chemicals. (4-11-06)

**06. Yard.** The yard surrounding the certified family home must be safe and maintained. (4-11-06)( )

**07. Linen-Laundry Facilities and Services.** A washing machine and dryer must be provided available for the proper and sanitary washing of linen and other washable goods. (4-11-06)( )

**08. Housekeeping and Maintenance.** Sufficient hHousekeeping and maintenance must be provided to maintain the interior and exterior of the certified family home in a clean, safe, and orderly manner. (4-11-06)( )

**a.** A Resident sleeping rooms must be thoroughly cleaned including the bed, bedding, and furnishings, walls, and floors. Resident sleeping rooms must be cleaned on a regular basis and before #-is being occupied by a new resident; and (4-11-06)( )

**b.** Deodorizers must not be used to cover odors caused by poor housekeeping or unsanitary conditions. (4-11-06)

**c.** Household cleaners must be stored safely. The home must take necessary precautions to protect residents from obtaining toxic chemicals. ( )

**501. -- 599. (RESERVED)**

**600. FIRE AND LIFE SAFETY STANDARDS.**

Each Certified family homes must meet all applicable requirements of local and state codes concerning fire and life safety. (4-11-06)( )

**01. General Requirements.** General requirements for the fire and life safety standards for a certified family home are: (4-11-06)

**a.** The home must be structurally sound and equipped and maintained to assure the safety of residents; and (4-11-06)

**b.** When natural or man-made hazards are present, suitable fences, guards, and railings must be provided to protect the residents according to their need for supervision as documented in the plan of service; and (4-11-06)

**c.** The premises exterior and interior of the certified family home must be kept free from the accumulation of weeds, trash, and rubbish. (4-11-06)( )

**02. Fire and Life Safety Requirements.** (4-11-06)

**a.** Smoke detectors must be installed in sleeping rooms, hallways, and on each level of the home, and as recommended by the local fire district. (4-11-06)( )

**b.** Carbon Monoxide (CO) alarms must be installed as recommended in any certified family home with a fuel-burning appliance, fireplace, or an attached garage. A combination CO/smoke alarm is allowed. ( )

**b.c.** Any locks installed on exit doors must be easily opened from the inside without the use of keys or

any special knowledge; (4-11-06)

~~ed.~~ Electric Portable heating devices ~~of any kind are prohibited;~~ may be used when they are maintained in good working condition and the following exists: (4-11-06)( )

i. Heating elements of such heaters do not exceed two hundred twelve degrees Fahrenheit (212°F); ( )

ii. Heater safety labels must remain on the heater; ( )

iii. Heaters must have tip-over protection; and ( )

iv. Heaters must be operated a safe distance away from combustibles, furnishing, and bedding according to manufacturer's recommendations. ( )

~~d. Homes that use fuel-fired stoves must provide adequate railings or other approved protection designed to prevent residents from coming into contact with the stove surfaces;~~ (4-11-06)

e. Each resident's sleeping room ~~will~~ must have a window that can be easily opened from the inside. The window sill height must not be more than forty-four (44) inches above the finished floor. Window openings must be at least twenty-two (22) inches in width and height. The window must not open into a window well that cannot be exited; (4-11-06)( )

f. Flammable or highly combustible materials must ~~not be stored in the home~~ be stored safely. The home must take necessary precautions to protect residents from obtaining flammable materials; (4-11-06)( )

g. Boilers, hot water heaters, and unfired pressure vessels must be equipped with automatic pressure relief valves; (4-11-06)

h. Portable fire extinguishers must be mounted on each level in the natural path of escape throughout the home according to the configuration of the home. Location of fire extinguishers is subject to Department approval. All extinguishers must be at least five (5) pound dry chemical multipurpose 2A:10-B:C rated ABC type and; (4-11-06)( )

i. Electrical installations and equipment must comply with the applicable local and state electrical codes; (4-11-06)

j. ~~Solid f~~Fuel-fired heating devices must be approved by the local building/heating/venting/air conditioning board. Openings in all ~~solid~~ fuel-fired heating devices must have a door constructed of heat-tempered glass or other approved material; (4-11-06)( )

k. Exits must be free from obstruction; (4-11-06)

l. ~~Doorways in the p~~Path of travel to an exit and all exit doorways must be at least twenty-eight (28) inches wide; (4-11-06)( )

m. The door into each bathroom must unlock from the outside in case of an emergency. (4-11-06)

**03. Smoking.** Smoking is a fire hazard. The certified family home may choose to allow or not allow smoking. If the home chooses to allow smoking it must reduce the risk of fire by: (4-11-06)( )

a. Prohibiting smoking in any area where flammable liquids, gases, or oxidizers are in use or stored; (4-11-06)( )

b. Prohibiting residents from smoking in bed; and (4-11-06)( )

c. Prohibiting unsupervised smoking by residents ~~unless unsupervised smoking is allowed in the plan~~

of service.

(4-11-06)( )

**04. Emergency Preparedness.** Each certified family home ~~will~~ **must** develop and implement an emergency preparedness plan ~~for emergencies including evacuation of the home~~ to follow in the event of fire, explosion, flood, earthquake, high wind, or other emergency. ( )

**a.** Written procedures must outline the steps to be taken in the event of an emergency including who is to respond, each person's responsibilities, where and how residents are to be evacuated, and notification of emergency agencies. The emergency plan must be reviewed with residents at admission and at least ~~every six (6) months~~ quarterly thereafter. ~~This review must be documented in each resident's individual file.~~ (4-11-06)( )

**b.** An emergency preparedness plan must include a floor plan that includes: ( )

**i.** The location of all exits including windows; ( )

**ii.** Smoke and CO alarm placements; ( )

**iii.** Fire extinguisher placements; ( )

**iv.** Path of travel to exit the home; and ( )

**v.** Meeting location for residents and provider or substitute caregiver; ( )

**05. Fire Drills.** ~~Each certified family home~~ **must** conduct and document fire drills ~~at least quarterly~~ monthly. ~~Residents who are physically unable to exit unassisted are exempt from physical participation in the drill if the provider has an effective evacuation plan for such residents and discusses the plan with the resident at the time of the drill.~~ (4-11-06)( )

**a.** The certified family home provider must demonstrate the ability to evacuate all residents within three (3) minutes to a point of safety outside of the certified family home. ( )

**i.** Each resident who is permanently or temporarily unable to participate in a drill or who fails to evacuate within three (3) minutes must have a bedroom located at the ground level. ( )

**ii.** Each resident who is unable to participate in a drill will be permitted to be excused from up to two (2) drills within one (1) twelve (12) month period, provided that the two (2) excused drills are not consecutive.( )

**b.** The certified family home provider must document fire drills including: ( )

**i.** The date and time of the drill; ( )

**ii.** The length of time to evacuate all persons from the home; ( )

**iii.** The name of each caregiver who participated; ( )

**iv.** The name of each resident and whether the resident participated in the drill; and ( )

**v.** Whether the resident required assistance evacuating from the home. ( )

**06. Report of Fire.** A separate report on each fire incident occurring within the certified family home must be submitted to the Department within thirty (30) calendar days of ~~the~~ each occurrence. The report must include date of incident, origin, extent of damage, how the fire was extinguished, and injuries, if any. (4-11-06)( )

**07. Maintenance of Equipment.** The certified family home ~~will~~ **must** assure that all equipment is properly maintained. (4-11-06)( )

**a.** The smoke and carbon monoxide detectors must be tested at least monthly and a written record of

the test results maintained on file;

(4-11-06)( )

**b.** Batteries in smoke and carbon monoxide detectors must be changed at least two (2) times per year or according to manufacturer's instructions and documentation maintained on file. ( )

**b.c.** Portable fire extinguishers must be serviced annually by an outside servicing agency. Fire extinguishers purchased in the last twelve (12) months are exempt from annual service if the home has a dated receipt on file. All portable fire extinguishers must be examined at least ~~quarterly~~ monthly by a knowledgeable family member to determine that; (4-11-06)( )

i. The extinguisher is in its designated location; (4-11-06)

ii. Seals or tamper indicators are not broken or the extinguisher safety pin is in place; (4-11-06)( )

iii. The extinguisher has not been physically damaged; (4-11-06)

iv. The extinguisher does not have any obvious defects; ~~and~~ (4-11-06)( )

v. Chemicals have not settled and hardened; ( )

vi. Delivery of the chemical is not obstructed; and ( )

~~vii. Inspecting tags on each extinguisher show at least~~ Documentation of the initials of the person making the ~~quarterly~~ monthly examinations and the date of the examinations must be maintained on file. (4-11-06)( )

**c.** Fuel-fired heating systems must be inspected for safe operation, serviced, and approved at least annually by person(s) in the business of servicing these systems. The inspection records must be maintained on file ~~in~~ the home. (4-11-06)( )

601. -- 699. (RESERVED)

## 700. HOME CONSTRUCTION AND PHYSICAL HOME STANDARDS.

**01. General Requirements.** Any residence used as certified family home must be suitable for that use. Certified family homes must only be located in buildings intended for residential use. (4-11-06)

**a.** Remodeling or additions to homes must be consistent with residential use of the property and must conform to local building standards including obtaining building permits as required by the local jurisdiction. ~~Remodeling that is not consistent with the general practice of the neighborhood is not permitted. Examples may include converting garages to bedrooms or constructing large buildings which overwhelm the lot.~~ (4-11-06)( )

**b.** All homes are subject to Department approval. (4-11-06)

**02. Walls and Floors.** Walls and floors must withstand frequent cleaning. Walls in sleeping rooms must extend from floor to ceiling. (4-11-06)

**03. Telephone.** There must be ~~a~~ landline at least one (1) telephone that is enhanced 911 compliant in the certified family home ~~that is accessible to all residents at all times. The resident must have adequate privacy while using the telephone.~~ The telephone must: ( )

**a.** ~~b~~Be immediately available in case of an emergency; ( )

**b.** Have dependable service coverage; ( )

**c.** Be functioning and operational at all times; ( )



~~d.~~ Have each resident's emergency contact numbers must be posted near the telephone accessible and on file; and (4-11-06)(    )

~~e.~~ Be accessible to the resident must have at any time with unlimited access and adequate privacy while using the telephone. (4-11-06)(    )

**04. Toilet Facilities and Bathrooms.** Each certified family home must have functioning facilities and contain: (4-11-06)(    )

**a.** At least one (1) flush toilet, one (1) tub or shower, and one (1) ~~lavatory~~ sink with a mirror; (4-11-06)(    )

**b.** Toilet facilities and bathrooms must be separated from all rooms by solid walls ~~or partitions~~; (4-11-06)(    )

**c.** All toilet facilities and bathrooms must have either a window that is easily opened or forced ventilation to the outside; (4-11-06)

**d.** Tubs, showers, and ~~lavatories~~ sinks must be connected to hot and cold running water; and (4-11-06)(    )

**e.** Access to resident toilet facilities and bathrooms must not require a resident to pass through another sleeping room to reach the toilet or bath. (4-11-06)

**05. Accessibility for Residents with Physical and Sensory Impairments.** A certified family home choosing to provide services to residents who have difficulty with mobility or who have sensory impairments must assure: (    )

**a.** ~~The~~ The physical environment of the residence meets the needs of ~~the~~ each resident ~~and to~~: (    )

**i.** ~~Maximizes~~ independent mobility; and (    )

**ii.** ~~Use of~~ appliances, bathroom facilities, and living areas. (    )

**b.** The certified family home must provide necessary accommodations ~~as described below~~ according to ~~the~~ each individual resident's needs that complies with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) that includes: (4-11-06)(    )

**ai.** ~~A Ramp~~ Ramps that complies with the Americans with Disabilities Act Accessibility Guidelines (ADAAG) 4.8; (4-11-06)(    )

**bii.** Bathrooms and doorways large enough to allow easy passage of a wheelchair ~~and that comply with the ADAAG 4.13~~; (4-11-06)(    )

**ciii.** Toilet facilities ~~that comply with the ADAAG 4.16 and 4.23~~; (4-11-06)(    )

**dii.** Sinks ~~that comply with the ADAAG 4.24~~; (4-11-06)(    )

**ey.** Grab bars in resident toilet facilities and bathrooms ~~that comply with the ADAAG 4.26~~; (4-11-06)(    )

**fyi.** Bathtubs and shower stalls ~~that comply with ADAAG 4.20 and 4.21~~; (4-11-06)(    )

**gvii.** Non-retractable faucet handles ~~that comply with the ADAAG 4.19 and 4.27~~. No ~~S~~ self-closing valves are ~~not~~ allowed; (4-11-06)(    )

**hvi.** Suitable handrails on both sides of all stairways leading into and out of the home ~~that comply with~~

~~the ADAAG 4.9.4; and~~

~~(4-11-06)( )~~

~~ix. Smoke and carbon monoxide detectors that meet sensory impairment needs of each resident.( )~~

**06. Storage Areas.** Adequate storage must be provided in addition to the required storage in resident sleeping rooms. (4-11-06)

**07. Lighting.** Adequate lighting must be provided in all resident sleeping rooms and any other rooms accessed by the resident. (4-11-06)

**08. Ventilation.** The certified family home must be well ventilated and the provider must take precautions to prevent offensive odors. ~~(4-11-06)( )~~

**09. Heating.** The temperature in the certified family home must be maintained at seventy degrees Fahrenheit (70°F) or more during waking hours when residents are at home and sixty-five degrees Fahrenheit (65°F) or more during sleeping hours or as defined in the plan of service. Wood stoves must not be the primary source of heat and the thermostat for the primary source of heat must be remotely located away from the wood stove. (4-11-06)

**10. Plumbing.** All plumbing in the home must ~~comply with local and state codes~~ be functional and in good working order. All plumbing fixtures must be easily cleanable and maintained in good repair. ~~(4-11-06)( )~~

**11. Resident Sleeping Rooms.** A resident's sleeping room must not be a room commonly used for anything other than bedroom purposes. Bedrooms must have floors, ceilings, and walls that are finished to the same degree as the rest of the home. The sleeping room must meet all other requirements of these rules. ~~(4-11-06)( )~~

~~a. The resident's sleeping room must not be in an attic, stairway, hall, or any room commonly used for other than bedroom purposes. The resident's sleeping rooms may be in a basement only if the following conditions are met: (4-11-06)~~

~~i. The window must not open into a window well that cannot be exited. All other fire and life safety requirements for windows must be met; (4-11-06)~~

~~ii. The basement must have floors, ceilings, and walls which are finished to the same degree as the rest of the home. The sleeping room must meet all other requirements of these rules; and (4-11-06)~~

~~iii. The resident must be assessed through the plan of service to be capable of evacuating from the basement without assistance in an emergency. (4-11-06)~~

~~ba. Walls must run from floor to ceiling and doors must be solid; (4-11-06)~~

~~eb. The resident must not occupy the same bedroom as the provider. The resident must not occupy the same bedroom as the provider's family unless the resident is also a family member; (4-11-06)~~

~~dc. Ceiling heights in sleeping rooms must be at least seven feet six inches (7'6"); (4-11-06)~~

~~ed. Sleeping rooms must have a closets equipped with doors. Closet space shared by two (2) residents, must have a substantial divider separating each resident's space. Free-standing closets must be deducted from the square footage in the sleeping room; ~~and~~ ~~(4-11-06)( )~~~~

~~fe. Sleeping rooms must have at least one-hundred (100) square feet of floor space in a one (1) person sleeping room and at least one-hundred and sixty (160) square feet of floor space in a two (2) person sleeping room; and ~~(4-11-06)( )~~~~

~~f. The resident must be able to self-evacuate before he can be approved to sleep in or be assigned a bedroom located above or below the ground floor. ( )~~

**701. MANUFACTURED HOMES AND MODULAR BUILDINGS.**

**01. Use of Manufactured Homes and Modular Buildings.** Idaho Division of Building Safety (~~B~~DBS) approved modular buildings or U.S. Department of Housing and Urban Development (HUD) approved buildings may be approved for use as a certified family home when the home meets the following requirements. (4-7-11)( )

**a.** The manufactured or modular home meets the requirements of HUD or ~~B~~DBS requirements in accordance with state and federal regulations as of the date of manufacture. (4-7-11)( )

**b.** The manufactured or modular home meets the adopted standards and requirements of the local jurisdiction in which the home is located. (4-7-11)( )

**c.** Recreational vehicles, commercial coaches, unregulated or unapproved modifications or additions to approved manufactured housing or modular buildings; and manufactured housing constructed prior to June 15, 1976, are prohibited for use as a certified family home *without DHW assessment and approval*. (4-7-11)( )

**02. Previously Certified.** A manufactured home approved for use as a certified family home before July 1, 2001, may continue to be certified when evaluated on a case-by-case basis. (4-7-11)

**702. -- 709. (RESERVED)**

**710. SITE REQUIREMENTS FOR CERTIFIED FAMILY HOMES.**

In addition to the requirements of Section 700 of these rules, certified family homes must comply with the following site requirements. (4-11-06)

**01. Fire District.** The certified family home must be in a lawfully constituted fire district. (4-11-06)( )

**02. Accessible Road.** The certified family home must be served by an all-weather road kept open to motor vehicles at all times of the year. (4-11-06)( )

**03. Emergency Medical Services.** The certified family home must be accessible to emergency medical services within thirty (30) minutes driving time; and (4-11-06)( )

**04. Accessible to Services.** The certified family home must be accessible within thirty (30) minutes driving time to necessary social, medical, and rehabilitation services. (4-11-06)( )

**(BREAK IN CONTINUITY OF SECTIONS)**

**901. ENFORCEMENT PROCESS.**

~~#~~ When the Department finds that a certified family home does not or did not meet a rule governing certified family homes, it may impose a remedy, independently or in conjunction with others, subject to the provisions of these rules for notice and appeal. (4-11-06)( )

**01. Recommendation of Remedy.** In determining which remedy to recommend, the Department will consider the certified family home's compliance history, change of ownership, the number of deficiencies, scope, and severity of the deficiencies. Subject to these considerations, the Department may impose any of the following remedies: (4-11-06)( )

**a.** Ban on all admissions, see Section 910 of these rules; (4-11-06)

**b.** Ban on admissions of residents with certain specific diagnosis, see Section 911 of these rules; (4-11-06)( )

**c.** Summarily suspend the certificate and transfer residents, see Section 912 of these rules; (4-11-06)

- d. Issue a provisional certificate, see Subsection 110.02 of these rules; or (4-11-06)
- e. Revoke the home's certificate, see Section 913 of these rules. (4-11-06)

**02. Notice of Enforcement Remedy.** The Department will give the home written notice of an enforcement remedy by certified mail or by personal service. (4-11-06)

**902. FAILURE TO COMPLY.**

The Department may ~~institute an action to~~ revoke the certified family home's certificate when the Department determines ~~the home is out of compliance.~~ any of the following exists: (4-11-06)(    )

**01. Out of Compliance.** A certified family home has not complied with a program requirement within thirty (30) days of the date the home is found out of compliance with that requirement. (4-11-06)(    )

**02. Lack of Progress.** A certified family home has made little or no progress in correcting deficiencies within thirty (30) days from the date the Department accepted the home's plan of correction. (4-11-06)(    )

**903. REPEATED NONCOMPLIANCE.**

When the Department makes a determination of repeated noncompliance with respect to a home, the Department may impose any of the enforcement remedies listed in Sections 910 through 913 of these rules. The Department will monitor the home on an as-needed basis, until the home has demonstrated that it is in compliance with all program requirements governing certified family homes and that it will remain in compliance. (4-11-06)(    )

**904. -- 909. (RESERVED)**

**910. ENFORCEMENT REMEDY OF BAN ON ALL ADMISSIONS.**

All admissions to the certified family home are banned pending satisfactory correction of all deficiencies. Bans will remain in effect until the Department determines that the home has achieved full compliance with all program requirements, or until a substitute remedy is imposed. (4-11-06)(    )

**911. ENFORCEMENT REMEDY OF BAN ON ADMISSIONS OF RESIDENT WITH SPECIFIC DIAGNOSIS.**

~~The Department may ban~~ A admission of any resident with a specific diagnosis ~~is banned~~. A ban may be imposed for all prospective residents both state and private, and will prevent the home from admitting the kinds of residents for whom it has shown an inability to provide adequate care described in Section 170 of these rules. (4-11-06)(    )

**912. ENFORCEMENT REMEDY OF SUMMARY SUSPENSION AND TRANSFER OF RESIDENT.**

The Department may summarily suspend a certified family home's certificate and transfer the resident when convinced by a preponderance of the evidence that the resident's health and safety are in immediate jeopardy. (4-11-06)(    )

**913. ENFORCEMENT REMEDY OF REVOCATION OF CERTIFICATE.**

**01. Revocation of the Home's Certificate.** The Department may institute a revocation action when persuaded by a preponderance of the evidence that the certified family home is not in substantial compliance with this chapter. (4-11-06)(    )

**02. ~~Causes~~ Reasons for Revocation of the Certificate.** The Department may revoke any certificate ~~to~~ include for any of the following ~~causes~~ reasons: (4-11-06)(    )

- a. The certificate holder has willfully misrepresented or omitted information on the application or other documents pertinent to obtaining a certificate; (4-11-06)
- b. The home is not in substantial compliance with these rules; (4-11-06)
- c. When persuaded by a preponderance of the evidence that such conditions exist which endanger the

health or safety of any resident; (4-11-06)

**d.** Any act adversely affecting the welfare of residents is being permitted, aided, performed, or abetted by the person or persons in charge of the home. Such acts may include, but are not limited to, neglect, physical abuse, mental abuse, emotional abuse, violation of civil rights, or exploitation; (4-11-06)

**e.** The provider has demonstrated or exhibited a lack of sound judgment essential to the operation and management of a home; (4-11-06)

**f.** The provider has violated any of the conditions of a provisional certificate; (4-11-06)

**g.** The home has one (1) or more core issues. A core issue is a deficiency that endangers the health, safety, or welfare of any resident; (4-11-06)

**h.** An accumulation of minor violations that, when taken as a whole, would constitute a major deficiency; (~~4-11-06~~)(    )

**i.** Repeat violations of any requirement of these rules or of the Idaho Code; (4-11-06)

**j.** The certified family home lacks the ability to properly provide adequate care for the type of residents residing at the home, as required by these rules or as directed by the Department; (~~4-11-06~~)(    )

**k.** The certified family home is not in substantial compliance with the provisions for services, resident rights or admissions; (~~4-11-06~~)(    )

**l.** Certificate holder refuses to allow the Department or Protection and Advocacy agencies immediate and full access to the certified family home environment, home records, or the residents; (~~3-21-12~~)(    )

**m.** Any condition exists in the certified family home which endangers the health or safety of any resident; or (~~3-21-12~~)(    )

**n.** The certified family home provider fails to pay the certification fee as specified in Subsection 109.02 of these rules. The certification fee is considered delinquent if not paid within thirty (30) days of due date on the invoice. (~~3-21-12~~)(    )

**914. (RESERVED)**

**915. TRANSFER OF RESIDENT.**

The Department may require transfer of a resident from a certified family home to an alternative placement ~~on~~ for any of the following ~~grounds~~ reasons in Subsections 915.01 through 915.03 of this rule. (~~4-11-06~~)(    )

**01. Violation of Rules.** As a result of a violation of a provision of these rules or standards, the home is unable or unwilling to provide an adequate level of meals, lodging, personal assistance, or supervision of a resident. (4-11-06)

**02. Violation of Resident's Rights.** A violation of a resident's rights provided in Section 39-3516, Idaho Code, or Section 200 of these rules. (4-11-06)

**03. Immediate Jeopardy.** A violation of a provision of this chapter or applicable rules or standards that results in conditions that present an immediate jeopardy to a resident. (~~4-11-06~~)(    )

**916. -- 949. (RESERVED)**

**950. RIGHT TO SELL.**

Nothing contained in these rules limits the right of any certified family home owner to sell, lease, mortgage, or close any home in accordance with all applicable laws. (~~4-11-06~~)(    )

**COST/BENEFIT ANALYSIS FORM**

Department of Health and Welfare  
Administrative Procedures Section (APS)

**Docket Number: 16-0319-1502**

**Agency Contact:** Karen Vasterling  
**Phone:** (208) 239-6263

**Rules Specialist:** Bev Barr  
**Phone:** (208) 334-5736

**Date Analysis Completed: 6/22/15**

**IDAPA Chapter Number and Title:** IDAPA 16.03.19, "Rules Governing Certified Family Homes"

**Fee Rule Status:**      **Proposed**            **Temporary**           **Effective date:** 7/1/16

**Instructions:**

Section 67-5223(3), Idaho Code, requires that all proposed rules in which a fee or charge is imposed or increased must include a statement of economic impact (cost/benefit analysis) of the rule change at the time the rule text is submitted for publication. This analysis needs to include an estimated cost to the agency to implement the rule and an estimated cost to be borne by citizens, or the private sector, or both.

**Cost/Benefit Analysis For This Rule Change:**

*Certified Family Home Providers: The licensing fees in Docket 16-0319-1501 for a certified family home will cost each provider \$30 per month which is an increase of \$5 per month for a total per year of \$360.*

<b><i>CFH PROVIDER FEES</i></b>		
<b><i>Number of Certified Family Homes</i></b>	<b><i>Monthly Fees for each CFH</i></b>	<b><i>Total Collections</i></b>
<b><i>2,300</i></b>	<b><i>\$30 (\$360 per year)</i></b>	<b><i>\$828,000</i></b>
<b><i>CFH FEE FOR NEW APPLICATIONS</i></b>		
<b><i>Estimated New Certified Family Home Applicants</i></b>	<b><i>One-Time Fee for Training and On-Site Survey/Inspections</i></b>	<b><i>Total Collections</i></b>
<b><i>Projected new per quarter at 57 x 4 = 228 new CFH</i></b>	<b><i>\$175</i></b>	<b><i>\$39,900</i></b>
<b><i>CFH BASIC MEDICATION AWARENESS COURSE</i></b>		
<b><i>Estimated New Certified Family Home Applicants</i></b>	<b><i>One-Time Fee for Basic Medication Awareness Training</i></b>	<b><i>Total Collections</i></b>
<b><i>Projection of 57 per quarter at 4 per year = 228 new CFH</i></b>	<b><i>\$60</i></b>	<b><i>\$13,680</i></b>

**DOCKET 16-0319-1501**  
**CERTIFIED FAMILY HOMES**  
**COST BENEFIT ANALYSIS**  
**PAGE 2**

*Department: The cost to the Department will be approximately \$818,900. The CFH fees will offset the Department's cost and the remainder of these collections will be used for indirect service costs.*

<i>Departments Cost</i>		
<i>Personnel Expenditures</i>	<i>Operating Expenditures</i>	<i>Total Annual Expenditures</i>
<i>\$786,000</i>	<i>\$32,900</i>	<i>\$818,900</i>

# IDAPA 16 - DEPARTMENT OF HEALTH AND WELFARE

## 16.03.19 - RULES GOVERNING CERTIFIED FAMILY HOMES

### DOCKET NO. 16-0319-1502 (FEE RULE)

#### NOTICE OF RULEMAKING - PROPOSED RULE

**AUTHORITY:** In compliance with Section 67-5221(1), Idaho Code, notice is hereby given that this agency has initiated proposed rulemaking procedures. The action is authorized pursuant to Sections 39-3505, and 56-1005, Idaho Code.

**PUBLIC HEARING SCHEDULE:** Public hearing(s) concerning this rulemaking will be scheduled if requested in writing by twenty-five (25) persons, a political subdivision, or an agency, not later than September 16, 2015.

The hearing site(s) will be accessible to persons with disabilities. Requests for accommodation must be made not later than five (5) days prior to the hearing, to the agency address below.

**DESCRIPTIVE SUMMARY:** The following is a nontechnical explanation of the substance and purpose of the proposed rulemaking:

The CFH program is a self-sustaining licensing and certification program. These rules are being amended to update and increase fees to cover the cost of administering the certified family homes program. The updates include:

- 1) The one-time application fee to become a CFH provider is being increased by \$25;
- 2) The monthly certification fee for the CFH providers is being increased by \$5 per month; and
- 3) A "Basic Medication Awareness" training course provided by the Department is being added for \$60.

**FEE SUMMARY:** The following is a specific description of the fee or charge imposed or increased:

Fee increases are being made in this rulemaking in order to maintain this self-sustaining program for Certified Family Homes. The one-time application fee is being increased to \$175, the monthly certification fee is being increased to \$30, and a medication assistance training provided by the Department is being added for \$60.

**FISCAL IMPACT:** The following is a specific description, if applicable, of any negative fiscal impact on the state general fund greater than ten thousand dollars (\$10,000) during the fiscal year resulting from this rulemaking:

The CFH program is meant to be a self-sustaining program. The increases to the fees is to cover costs of certification for CFH providers. The annual certification cost is increasing from \$300 to \$360 per year for an approximate total of \$828,000 for SFY 2017. New CFH applicants which includes site survey inspection fee is increased to \$175 per application for an approximate total of \$39,900. Medication Awareness training is being offered for \$60 per new CFH providers for an approximate total of \$13,680.

**NEGOTIATED RULEMAKING:** Pursuant to Section 67-5220(1), Idaho Code, negotiated rulemaking was conducted. The Notice of Intent to Promulgate Rules - Negotiated Rulemaking was published in the May 6, 2015, Idaho Administrative Bulletin, [Volume 15-5, page 59](#).

**INCORPORATION BY REFERENCE:** No materials are being incorporated by reference into these rules.

**ASSISTANCE ON TECHNICAL QUESTIONS, SUBMISSION OF WRITTEN COMMENTS:** For assistance on technical questions concerning the proposed rule, contact Karen Vasterling at (208) 239-6263.

Anyone may submit written comments regarding this proposed rulemaking. All written comments must be directed to the undersigned and must be delivered on or before September 23, 2015.

DATED this 17th Day of August, 2015.



Tamara Prisock  
DHW - Administrative Rules Unit  
450 W. State Street - 10th Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5500 phone; (208) 334-6558 fax  
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THE FOLLOWING IS THE PROPOSED TEXT OF FEE DOCKET NO. 16-0319-1502  
(Only Those Sections With Amendments Are Shown.)

109. APPLICATION AND CERTIFICATION FEES FOR CERTIFIED FAMILY HOMES.

01. **Application Fee Amount.** An applicant to become a certified family home provider is required to pay to the Department at the time of application a one-time non-refundable application fee of one hundred ~~fifty~~ seventy-five (~~\$150~~75) dollars. ~~(3-21-12)~~( )

02. **Certification Fees.** A certified family home provider is required to pay to the Department a certification fee of ~~twenty-five~~ thirty (~~\$25~~30) dollars per month. This amount will be billed to the provider quarterly, and is due and payable within thirty (30) days of date of the invoice. Failure of the provider to pay certification fees when due may cause the Department to take enforcement action described in Section 913 of these rules. ~~(3-21-12)~~( )

03. **Basic Medication Awareness Course Fee.** A “Basic Medication Awareness for Certified Family Homes” course is provided by the Department at a cost of sixty dollars (\$60). This course is approved to meet the medication assistance requirement in Section 100 of these rules. A certified family home provider may elect to take the Department’s course, in place of the “Assistance with Medications” course available through the Idaho Professional Technical Education Program. The fee for the Department’s “Basic Medication Awareness for Certified Family Homes” course must be paid at the time the provider or substitute caregiver takes the course. ( )