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P.O. Box 235, Floyd, Virginia 24091; 540.745.4216; fax: 540.409.5258; [www.wallresidences.com](http://www.wallresidences.com)

**ORIENTATION**  
**to becoming a**  
**SPECIALIZED**  
**FOSTER CARE**  
**PROVIDER**

**Revised June 2013**

**PREPARING TO BE A SPECIALIZED FOSTER CARE PROVIDER**

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## **POLICY 2.10 - MISSION STATEMENT**

The mission and purpose of WALL RESIDENCES is to provide high quality community services to persons who have a primary diagnosis of an intellectual disability, developmental disability, and /or a long-term mental illness. The service is provided in home and community based environments and is designed to provide a high degree of individual attention, emotional support, and opportunity for self-expression and individualized routine.

The success of the service is measured by 1) the level of improved self confidence and personal expression accomplished by the individual, and 2) the level of integration and acceptance into the life of the home and community achieved. How many friends does the individual have? What is the depth of relationships acquired? Is the person respected in the community as a contributing and valued member? Is love a part of the person's life, both giving and receiving? Is the person learning to understand and express their emotions and values and able to relate to the needs and values of others? Is the person developing a spiritual, reverent response to life? Are hopes, dreams and fears explored? Is the person able to have confidence in physical expression through touch, exercise, dance, appropriate diet, careful consideration of medication usage, and other aspects of maintenance of physical, emotional and spiritual health?

The goal of WALL RESIDENCES is to encourage the total health and well being of each person, both the individual who receives support and worker, through a holistic approach to services. All service providers and community support personnel are evaluated to assure that they are emotionally healthy people who have the capacity and desire to respect and learn from the person with the disability label. The goal of the program will be met when all people in the community are able to see past the disability and know that each person is fully functioning when the appropriate supports are made available. The individuals we service have unique strengths and needs just like all other people. Acceptance of diversity will be encouraged through the inclusion of the people we support in normal home and community activity.

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### **I. Introduction**

Wall Residences was begun in late 1995. The Virginia Department of Behavioral Health and Developmental Services approved a set of policies and administrative procedures for Jack Wall's home in the Mount Sidney community of Augusta County to provide residential services. With the approved license came eligibility to contract with the Department of Medical Assistance Services to offer and bill for Medicaid Intellectual Disabilities Community Based Waiver Services. On January 1, 1996 the first client was received into services.

The impetus to develop the new private organization came out of the 25 years of government experience by the founder (see resume attached). The knowledge of the need for fundamental system reform of long-term care services through a managed care or other market driven model has become clear. The demands from the public and from families of people with disabilities for more flexible, person-centered services and for better mechanisms for cost containment so that more people can be served at a reasonable cost are at the core of the argument for system reform. The service model described here is in response to this widely understood need for quality at a reasonable cost to the taxpayer.

The philosophy of Wall Residences is based upon the following principles:

- People with disabilities who require continuous available support often prefer to live in a home rather than a segregated facility or group home.
- Providing services to people with disabilities within a family environment can provide high quality care at a lower cost. This is because some families already possess the resources of a spare bedroom and living space, food preparation and medication assistance capabilities, transportation, people to provide support services and personal attention, stature in and connections to the neighborhood and the community and a recreational and social life which can be modified to support a person with a disability. All of this is available 24 hours a day as part of a flexible, coordinated unit of human service potential.
- The respect that the community grants to a well-established family unit will be naturally extended to a person with a disability who lives with the family. Inclusion into the community can occur naturally without the negative reaction and fear that can be generated when a multiple bed group home is built in a neighborhood.
- Quality client care comes when quality direct services are offered. Time, attention and money are focused on client services. Administrative services are a support function to the family providers so they may be able to do their work well. Administrative expenses are kept to a minimum so that Family Providers receive wages comparable to the importance of the work they do.
- Operation of Wall Residences is team based and principle centered. All workers are respected and included in information sharing and decision-making. Through the shared efforts and expertise of all participants we can lead the way toward better lives for people with disabilities and toward a better appreciation of diversity in our communities.

### **II. Home Study**

Each prospective Family Provider will be evaluated for dependability, motivation, knowledge and the adequacy of the home environment. Information collected during the home study will help verify suitability to care for a person with a disability and will verify that all requirements for licensure have been met.

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- A. Resumes** - A resume' for each adult service provider (18 years old or older) will be required. Included will be the educational and work background plus a listing of other qualifications that pertain to the ability to provide training and support to a person in your care within family and community environments.
- B. References** - Each adult service provider in the home must have at least three letters of reference mailed to Wall Residences. The letters should identify what the person's relationship is to the provider (references from immediate family are discouraged), the length of the relationship, the skills, ability and attitude observed in the person's work and a statement of recommendation as to the person's ability to provide quality human services. **The letters must include the name, address, telephone number and occupation of the person providing the reference. The person writing the reference should mail it directly to Wall Residences to assure authenticity.**
- C. Criminal History Checks** –A Criminal History Record Name and Sex Offender Search as well as a Dept of Social Services Child Protective Services Registry Search must be submitted for all family providers, respite workers, contractors, volunteers, students and live-in family members over the age of 18. Any worker who provides paid services must have a criminal background check submitted and be determined to be free from a criminal record which would indicate a risk for providing appropriate care.
- D. Driving Record Checks** – Each driver in the household must submit a copy of their driving record. These can be obtained through your local Department of Motor Vehicles. The driving record will be evaluated by the person conducting the home study.
- E. Fire Evacuation Plan** – Needs to include a drawn floor plan of your home with the dimensions of each room in feet, escape route marked with arrows, locations of smoke detectors and fire extinguishers, and a list of instructions for evacuation and fire department/emergency personnel notification. A copy of the plan is to be given to the individual in your care and their legally authorized representative at the time of initial orientation. At least four fire drills are to be conducted each year and documented on the fire drill log form.
- F. Emergency Response Plan** - A description of procedures to be followed in the event of an emergency must be developed for each home. This will include a plan for moving to another location or emergency shelter in the event that the home cannot be occupied and whom to call in the case of a medical, psychiatric, weather or terrorist attack emergency. The emergency response plan must include information about how to turn off utilities and any special information provided by the local emergency response coordinator.
- G. Certificate of Occupancy** - Contact the local building inspector to obtain a CO if you do not already have one. In some cases within rural counties or for older homes, there may be no record of a CO. In this case you must ask the building official to certify approval of the home, to verify that no building code violations exist, to their knowledge, at the time of the construction of the home.
- H. Approval of Water and Septic Systems** - No inspection is required if your house is on public water and sewer. Independent water systems require a water test to verify freedom from coliform and fecal bacteria. Water tests must be conducted each year for well water systems. Independent septic systems require verification of approval by

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the Health Department in your area pertaining to the septic system and its capacity (septic permit).

- I. First Aid/CPR/TB Test/Medication Training** - Each service provider must provide documentation of having current First Aid/CPR certification. A record of TB evaluation on each family member and service provider must be completed. Medication training will be provided through Wall Residences. All workers assisting with the dispensing of medications must complete this state-approved training.
- J. Home Safety Inspection** - An initial and annual inspection of the home safety will be required. A fire extinguisher is required on each level of the home with additional extinguishers near potential fire hazards. A minimum of one smoke detector per floor of the home with additional smoke detectors in each bedroom. Locked cabinets or storage areas must be used for medications and poisonous materials. A First Aid kit including bandages, saline solution and thermometer must be available in the home. **No firearms** or illegal substances are permitted in the home. See the copy of the Annual Safety Inspection for information on other items that are included in this inspection.
- K. Financial Resources/Line of Credit** - Licensure requires that financial resources or a line of credit exist to operate the service for 90 days. The potential provider must also obtain a copy of their credit history to submit to Wall Residences. This can be done on-line by accessing Myfico.com or annualcreditreport.com. If the potential provider has a poor credit history, the home study will need to document how this problem will be overcome.
- L. Homeowners/Renters and Automobile Insurance Policies** - Evidence of liability and property damage coverage is required for home and vehicles. Notify your insurance agent of your potential involvement with a foster care placement to assure they will cover you for the risks involved with this paid service.
- M. Parent/Family Providers (only)** – Two letters of recommendation (also referred to as 3<sup>rd</sup> party documentation) are required from professionals (i.e.\* doctors, psychiatrist, case managers) who have worked with the family and feel it is in the best interest of the individual to remain in their care. Family members who provide Residential Support services must meet the same standards as providers who are unrelated to the individual.
- N. Agreement to Provide Medical Services** - Contact a local physician or physician's group to assure that they will provide 24 hours a day, 7 days a week available medical care for a person on Medicaid health insurance coverage. In some cases you may also need to identify a psychiatrist willing to provide services to a person with Medicaid insurance.
- O. Interviews** - The person assigned to do the home study interviews will meet with family members in the home to review the opinions and philosophy of family members about providing services to a person with a disability in their home. Also reviewed will be the capacity of the family to handle special needs and the arrangements to provide backup so that service providers receive adequate breaks from their responsibilities.

### **III. State Intellectual Disabilities Orientation Workbook and Examination**

Each person responsible to provide services to clients (all must be at least 18 years old) must complete the state orientation course and make a satisfactory score on the examination.

### **IV. Licensure Standards and Agency Policy**

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Each provider is responsible for knowing and complying with State licensure standards and agency policy. Each Family Provider will be given a copy of agency policy at the start of services and will receive updates as they occur. Please be aware that State licensure standards require that ceiling height in your home must be at least 7 ½ feet in all areas where services will be delivered. Also, State requirements are that there are no more than four people living in the home for each full bathroom and no more than seven people living in the home. These are minimum requirements. As Wall Residences is working to create quality lives for people with disabilities, we prefer that the individuals we support have individual bedrooms whenever possible. Ultimately the individual receiving services and their families make a choice of where the individual will live. The better quality living environment and better trained staff will be chosen over services without those components.

All people who work for the provider must also comply with all standards and have complete personnel file at the Wall Residences office before they begin services. Review this process with office staff or your regional Program Manager before talking with people you want to hire to provide back up services. We may have information about people who are qualified to do this work.

### **V. Exposure Control for Bloodborne Pathogens**

The Occupational Safety and Health Administration (OSHA) require that all workers who perform duties that could expose them to the blood of a non relative are to be trained in universal precautions and offered Hepatitis B vaccinations. Wall Residences has an approved Exposure Control Plan to give specific information on the universal precautions to be used. We also have procedures to identify and respond to an exposure incident, that is anytime a worker or family member comes in contact with the blood of another or the individual in services is exposed to the blood of someone else. All workers must receive initial training on these procedures with annual updates to review questions or changes in nationally recommended practices. A copy of the Exposure Control Plan will be provided to each Family Provider before they begin services.

### **VI. Human Rights Plan/Behavior Management Manual**

All State licensed programs offering services to people with mental health, intellectual disabilities or substance abuse service needs must comply with Virginia's Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Mental Retardation, and Substance Abuse Services. The Wall Residences human rights policies comply with these Regulations and have been approved by the State Human Rights Committee. Enforcement of the regulations is through the Regional Advocate in the area and through a Local Human Rights Committee (LHRC). Since Wall Residences provides regional services, we are affiliated with several Local Human Rights Committees.

The Wall Residences Behavior Management Manual provides additional guidance for the development of intervention techniques to work with inappropriate behaviors. All restrictive techniques, except in an emergency, must be approved by the LHRC for the area in which services are located. In the event that any emergency physical hold or other restrictive measure is required, the provider is to report the incident to the Directors and/or Program Manager immediately and is to complete an Unusual Incident Report form. Evaluation of the incident shall occur as soon as possible with appropriate measures to be taken as directed. All service providers are to receive training in prevention and gentle physical hold techniques using the TOVA or other approved training program.

## **VII. Documentation Systems**

All billable activities with the individual in services are to be documented. Forms will be provided by the organization or family providers may be helped to produce their own comparable forms. Several systems exist to complete documentation requirements:

**A. Individual Notebook** - A complete record of services and reports on the Individual will be kept in a locked area to maintain confidentiality. The Individual notebook is a legal document. All entries are completed in ink and no white out or erasures are allowed in the record. Notebooks for individual service records are provided to each Family Provider. General information to be contained in the notebook are:

1. Emergency Medical Information
2. Face Sheet of Frequently Used Individual Information
3. Individual Support Plan
4. Evaluations and Reports of Previous Services and Assessments
5. Progress Notes
6. Monthly and Quarterly Summaries of Services
7. Data Sheets for Training and Assistance Activities
8. Medical Reports and Copies of Physician's Orders
9. Financial Information
10. Information on Family Contacts and Correspondence

**B. Training/Learning Data Sheets, Activity Schedule & Billing Record and Medications Administration Record**

Records of current ongoing services being delivered can be kept on a clipboard to ease access for ongoing reporting. Refer to sample forms for information about the data to be collected.

## **VIII. Contract for Services**

Wall Residences contract allows providers who may become unhappy with the support provided by the agency to leave after providing 30 days notice. They are free to leave and work with another agency if they so desire. There is no non-compete clause in the Wall Residences contract. We are motivated to provide good services and fair compensation to keep our providers happy.

Each Family Provider is under contract with Wall Residences and the State Medicaid system to deliver the services agreed to in the Individual Support Plan, according to licensure standards and to other agency policy and procedures. Many of the agency's operating procedures are specified in the Contract for Services. Responsibilities of the organization and conditions for compensation and also specified in the Contract. Contracts are renewed each year for Family Providers who have met training requirements for the preceding year.

## **IX. Individual Support Plan**

The Individual Support Plan is developed and revised at least each year at a meeting of all parties including the individual receiving services, natural family of the individual, family providers, Wall Residences representatives, the individual's Support Coordinator and others as appropriate. This plan identifies the training, assistance, treatment procedures and supervision required for the individual and is used to document the reimbursable hours of service. Development of the support plan requires careful review of documents about previous services, meetings with the individual and discussions with family and previous service providers. Activities and supports identified in the Plan are to be in the best interests of the individual to maintain safety and to further his or her opportunities for skill improvement and independence.



## **X. Payment for Services**

New providers can begin providing services at a Level 1, Level II or if they have demonstrated exceptional skill and / or join us from another organization they may begin at a Level III. A Level I contract is typically reserved for an inexperienced new provider (with little professional experience in the field and / or with the agency or anyone who is missing some of the required documentation). These providers are given extra support and supervision until they learn our systems and may also be assigned a peer mentor. When the provider demonstrates good improvement in the basics of care, the contract Level is changed to a Level II (a slightly higher pay rate) per hour. This pay rate will be continued until the providers demonstrate the skills to run a professional service. These skills include: the ability to collect and record meaningful data on training that occurs; the ability to write a quarterly report that meets Wall Residences requirements and the ability to coordinate a comprehensive array of support services. When these performance criteria have been met, the pay rate will be increased to an even higher pay rate (based on the area) per service hour. This is a Level III or “standard contract” level. Wall Residences rewards providers who stay in good standing with the organization for long periods of time, with significant pay increases. When Providers have reached 5 years with the agency they receive a “Gold Contract” and their pay is increased. Providers at 10 years receive a “Platinum Contract” with another significant rate increase. Providers may be moved to a lower contract if they have problems that require a plan of correction – such as an unsuccessful licensure review.

The total payment to the Family Provider is based on the number of approved hours in the service plan. The hours of approved services can range from a low of about 20 hours per week to about 126 hours per week depending on the needs of the person in services. Medicaid reimbursement comes after services have been delivered. For example, if services begin in January, then after documentation of services have been completed for the month of January; billing reports are to be transmitted to Wall Residences on the last day of January or the first day of February. Billing reports are then prepared at the Wall Residences office for invoicing to Richmond at the Department of Medical Assistance Services. Bills submitted during the first few days in the month will be paid in about two weeks. Wall Residences receives checks for payment on a Monday, usually between the 15<sup>th</sup> and the 22<sup>nd</sup> day of the month. Payments to families are sent within a few days of the receipt of the funds, sometimes by direct deposit.

Additional funds are available to the family through the assessment of room and board charges to the individual’s personal funds. All individuals in services will receive Supplemental Security Income or Social Security Disability Income. Typically, the room and board charge is \$500 per month with the remainder of funds available to the individual for personal purchases of clothing, entertainment costs, dental bills or other needs. All of the individual’s income must be tracked separately to give full accounting of where the money is spent. A separate checking account is kept in the individual’s name or in the name of the representative payee as trustee for the individual. All income and expenses for the individual, including room and board payments and co-pay for any excess income over what is allowed, are tracked through this account. Cancelled checks and cash register receipts are kept to document purchases and payments made.

## **XI. Supervision of Services/Peer Review**

All families receive supervision or training from the Wall Residences organization at least once per month, usually in person but under some circumstances, the supervision could be provided over the telephone. The titles of people providing this service are Quality Assurance Specialists or Regional Program Managers. The Quality Assurance Specialist or Program Manager will be a professional with at least a Bachelor’s degree and experience in the field who is knowledgeable

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about your services and documentation requirements. Supervision is usually focused on discussing issues regarding implementation of the Individual Support Plan and any needs to modify the plan. This time can also be spent to discuss any difficult training issues, needs for additional support for the provider, ideas about how to find new community training opportunities for the individual in services, or any new information about regulatory procedures, upcoming meetings or staff training opportunities. We also have regional family provider meetings where providers from a region get together to review selected cases. These meetings are used to compare ideas, documentation systems and to plan activities and ways to better use back up personnel. We are always looking for ways to improve our services. We strive to continually develop new opportunities for individuals with disabilities to actively participate in all aspects of community life.

In addition to internal reviews, the Licensure Specialist, the Support Coordinator, the Department of Behavioral Health and Developmental Services, and the Medicaid Utilization Review Specialist will also visit you. Sometimes you will have warning of when these reviews will occur; you will also receive unannounced visits from licensure or Wall Residences personnel.

### **XII. Accountability/Responsibility/Liability**

The Family Provider is an independent contractor for the services they deliver. As part of a licensed organization, the Family Provider has access to many sources of advice and support. However, Family Provider accountability for performing within the regulations and policy are vital to the survival of our organization and each family based service. If a serious problem occurs, such as a serious allegation of abuse or a failure to follow appropriate procedures and to maintain appropriate records, the reputation of all of our services and the sponsored residential care model, as a whole can be impaired. We are only as good as our weakest link. In addition to issues of maintaining a reputation for quality, we must also be aware of the potential for financial loss. If we do not comply with documentation requirements for Medicaid, we can have retroactive funding penalties involving denial of funds for days when service documentation is not in compliance. Requirements to return funds will be assessed to families in the same proportion as are the assessed penalties. Also, if a placement fails or the individual needs an extended stay in the hospital or a state institution, no funding will be received for those days when the individual is out of your services. Families must be financially prepared to handle this potential reduction in income. Liability and taxation issues are also to be reviewed and planned for by each Family Provider. You will need to have access to good insurance, legal and accounting advice to guide you through these decisions. Wall Residences can not provide legal or tax advice. It is the Family Provider who must take responsibility to resolve these issues.

### **XIII. Technology: Computer, Fax, E-mail, Cell Phone, and Radio Monitor**

We are a decentralized organization with needs to keep in touch as well as to meet many care-giving responsibilities. Technology can help us do our jobs better. Computers allow us to develop more professional and readable letters, forms and reports. A facsimile machine and secure e-mail service will allow providers to submit or receive important documents quickly, particularly when regulatory reviews occur or at end-of-month verification of billable services. Cell phones can help if you have hired workers who could need your assistance when you are away. Radio monitors in bedrooms are a good way to know if your assistance is needed during the night. We will help you to develop these systems that are a requirement for your continued participation in the Wall Residences organization.

### **XIV. Professionalism and Marketing of Services**

Many very well qualified family providers are becoming a part of what we do. We represent many different skills and experiences and also have many individual weaknesses to overcome. To be fully effective as an organization and as individual families we must be able to be a

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bridge between two systems or paradigms of service. We must respond to the requirements of a highly regulated, top-down and bureaucratic Medicaid system while at the same time be able to help individuals we support to be accepted as regular, valued people in their community. This means we must learn to understand the jargon spoken by professionals but also be able to speak in plain language about what we do to other citizens and neighbors. Many opportunities exist to get our message across. We will meet periodically to discuss the planning of our work, to educate ourselves about how to do our jobs better and learn about how to share our skills and resources with each other. We are professional workers who must never stop trying to do our work better. We must work at our craft and show others a professional attitude through our knowledge and our actions.

## ***EMERGENCY RESPONSE PLAN REQUIREMENTS***

Each service location must have a written emergency response plan that contains the following elements (**regulation #: VAC 12 VAC 35-105-530**):

1. Description of how communications with employees, contractors and community responders will occur,
2. Warning and notification of individuals receiving services (no client identifying information should be included in this document- write in generalities).
3. Providing emergency access to locked areas
4. Conducting evacuations to emergency shelters or alternative sites and accounting for all individuals receiving services
5. Relocating individuals receiving residential services
6. Notifying family members or legal guardian
7. Alerting emergency personnel and sounding alarms
8. Locating and shutting off utilities

### **Supporting documents that must be part of the plan:**

Building and site maps that show emergency evacuation routes and *locations of utilities, direction on how to shut off utilities*, emergency call lists, and a list of local emergency shelters.

A schedule for testing the plan, conducting emergency preparedness drills and special evacuation procedures for individuals with special needs (i.e.: deaf, blind, non ambulatory) is also required.

### **Information that must be kept current by telephones:**

- Telephone number and location of nearest hospital
- Ambulance service
- Rescue squad
- Poison control center
- Fire station
- Police department
- Mental health crisis services

**A FLOOR PLAN OF THE HOME WITH DIMENSIONS OF EACH ROOM AND THE ROUTES OF EXITS MUST BE ATTACHED TO THIS DOCUMENT.**

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### **OPERATIONS – HIRING BACKUP SUPPORT PROVIDERS**

Each family provider must have certified available back-up support providers available for emergencies and breaks. (Other identified family providers can meet this requirement).

**Background Checks, CPR/First-aid Certification, application and reference checks must be completed before someone starts to work.** A file containing the following information must be kept at the Wall Residences office. ***THIS IS A LICENSURE REQUIREMENT.***

- Criminal History Record Name and Sex Offender Search Forms AND Child Protective Services Registry Search forms** must be completed and received at the Wall Residences office **before** the employee begins to work.
- Date of Hire – needs to be clearly identified. This date is the first day that someone delivers services to a client without assistance from another certified worker.
- Resume /or completed application
- Two References
- Signed Job Description
- Program Procedure Manual for Back-Up Personnel – Acknowledgement Page
- Personnel Orientation Checklist – Review each topic identified and sign
- CPR/First Aid Certification
- TOVA or other behavior management training
- Driving Record from D.M.V. (if transporting clients)
- Copy of car insurance ( if using own car for transportation)
- T.B. Test results
- Hepatitis B Vaccination or signed Waiver (Least expensive place to get vaccine is the Health Dept.)
- Medication Training (required before giving medications)
- Waiver Orientation Exam – Must be given within 30 days of day of hire
- Human Rights Review
- Confidentiality Agreement

**NOTE: SEND ALL OF THE ITEMS LISTED ABOVE TO *Wall Residences*  
AT THE SAME TIME**

Additionally, you may need tax forms for your back-up worker, as you are responsible for the tax issues. Check with your accountant.

Back-up workers are required to be knowledgeable about Wall Residences Mission and Policies and need to know where your policy notebook is located.

Wall Residences has a reputation for quality services that will be maintained by good training of our back-up personnel. Family providers will do most of the training with their hourly staff, using the Policy Manual, “Best Practices Manual,” the Human Rights and Behavior Management Plans, and other resources. Wall Residences will also provide training on an as-needed basis.




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### **HOME STUDY/LICENSURE COMPLIANCE CHECKLIST**

	<b><u>Items Needed From Prospective Providers</u></b>	Name	Name
	<i>Please refer to Part II of the Orientation Manual for a detailed explanation of documentation requirements.</i>		
•	<b>Resume</b> for each adult who will participate in providing care		
•	<b>Letters of reference</b> - three for each adult providing care that are employment related.		
•	<b>Criminal History</b> Record Check for each adult living in the home (and for Back-up workers)		
•	<b>Child Protective Services</b> Registry Search for each adult living in the home (and for Back-up workers)		
•	<b>DMV</b> - Department of Motor Vehicles driving record check		
•	<b>TOVA, MANDT</b> - Current Behavioral Management Training (TOVA training is provided by Wall Residences)		
•	<b>First Aid</b> - current certification for each service provider		
•	<b>CPR</b> – current adult level certification for each service provider		
•	<b>Medication Administration</b> - State approved training for each service provider (training provided by Wall Residences)		
•	<b>Orientation to Intellectual Disabilities</b> (ID Medicaid Waiver Exam) for each service provider		
•	<b>Human Rights and Blood-borne pathogens</b> (Infection Control) Test Documentation for each service provider		
•	<b>Blood-borne Pathogens Test</b> – Documentation for each service provider		
•	<b>Tuberculosis</b> (TB) screen or test for each person living in the home		
•	<b>Confidentiality Statement</b> - signed		
•	<b>Mandated Reporter</b> -signed		

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•	<b>Credit Report</b> (one per household and credit score is sufficient)		
•	<b>90 Day Operating Budget + documentation</b> that you have cash or credit to cover the amount		
	<b><u>Requirements for the Home</u></b>		
•	<b>Certificate of Occupancy</b> for the home from County building official		
•	<b>Emergency Response Plan</b> <u>including</u> floor plan with room dimensions and fire evacuation routes marked		
•	<b>Water supply test results</b> for independent water systems, only.		
•	<b>Septic system inspection approval</b> – report from the building inspector pertaining to the septic system and its capacity (unless is on a public sewer system).		
•	<b>Home Insurance</b> - Documentation of Liability Insurance for home (current policy – showing policy period/expiration date)		
•	<b>Auto Insurance</b> - Documentation of Liability Insurance for autos (current policy– showing policy period/expiration date)		
•	<b>Backup support provider</b> – name (s) and contact information for at least one back up support provider.		
	<b><u>Additional Requirements for Parent/Family Providers</u></b>		
•	<b>3<sup>rd</sup> party documentation</b> – 2 letters from professionals (doctors, psychiatrists, case managers) who have worked with the family and feel it is in the best interest of the individual to remain in their care.		
	<b><u>Additional Requirements for Group Home Status</u></b>		
•	Staffing Plan for DBHDS		
	<b><u>To Be Completed by Wall Residences</u></b>		
•	Home Study Report		
•	Provider Orientation Checklist for each service provider		
•	Home Safety Checklist (Completed by Director or Program Manager)		
•	Family Provider Contract – Level?: I II III Date? _____		
•	Family Provider Position Description Supervisor? _____		

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**RESUME' FOR JOHN (JACK) H. WALL, III**

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Born February 12, 1949 in Boston, Massachusetts. Resident of Virginia since 1974.

## **EDUCATION**

Virginia Polytechnic Institute and State University - Received a Masters Degree in Educational Administration from the Special Education Department, May 5, 1989.

Babson College, Wellesley, MA - Bachelor of Science Degree in Business Administration, Summer of 1971.

## **EXPERIENCE**

Wall Residences - Owner/Director of the organization that became licensed by the Department of Behavioral Health and Developmental Services in December 1995. Residential services are provided to individuals with disabilities in family, home and community settings through a network of family adult foster care providers. Reimbursement is through a provider agreement with the Virginia Department of Medical Assistance Services for Medicaid Waiver residential support services.

Valley Community Services Board - Director of Mental Retardation Services from August 1993 to December 1995

Mount Rogers Community Services Board -

- Director of Residential Services - April 1985 to August 1993
- Facility Manager, Carroll House ICF/MR Group Home - November 1980 to April 1985
- Case Management Coordinator for a regional, grant funded program - April 1980 to November 1980

Southwestern Virginia Training Center, Hillsville, VA

- Family Training Evaluator for a grant funded project - April to November 1979
- Team Leader and direct service positions from September 1975 to May 1978

Western Carolina Center, Morganton, North Carolina - Live-in teaching parent in a five bed group home for children with intellectual disabilities and an emotional disturbance - June 1978 to April 1979

Catawba Hospital, Catawba, VA - Psychiatric Aide to psycho-geriatric patients - April to August 1975

Farming, Floyd County, VA - Worked for several farmers from June 1974 to August 1975

Erich Lindemann Mental Health Center, Boston, MA - Mental health worker for an acute care psychiatric hospital - December 1973 to May 1974

Metropolitan State Hospital, Waltham, MA

- Attendant Nurse for people with a chronic mental illness and intellectual disabilities - November 1971 to October 1973
- Volunteer Case Aide Worker assisting Hospital patients to develop community contacts and to find community living arrangements - July to November 1971



## **RESUME' FOR KAMALA LEE BAUERS, LCSW**

**P.O. Box 235, Floyd, Virginia 24091**

**Telephone: (540) 745-4216 Fax: (540) 409-5258 E-mail: kbauers@wallresidences.com**

### **Education**

Licensed as a Clinical Social Worker – November 22, 2002

Radford University, Radford, VA 24141

**Masters Degree in Social Work, May 1999**

**BSW, Radford University, May 1997**

\* Magna Cum Laude

New River Community College, Dublin, VA

\* Magna Cum Laude

### **Experience**

**1996 – Current**

**Wall Residences**

**Floyd, VA**

#### **Quality Assurance Director / Owner**

Responsible to train and orient new family providers. Also responsible to conduct home studies to determine suitability of potential providers. Supervision to family providers to assure compliance with state licensure standards and Medicaid Waiver requirements. Provide support and consultation to families working through behavior management difficulties with client(s). Licensed/certified to provide therapeutic consultation and service facilitation for Development Disabilities Waiver.

Provide supervision to Program Managers and to office staff including overseeing accounting, billing, and record-keeping practices. Assist in troubleshooting problems and maintaining relationships with professional support services; CPA, lawyer, and Information Technology Support.

**1995 – 2001**

**Wall Residences**

**Floyd, VA**

#### **Specialized Foster Care Provider**

Provided a family living environment and community living skills training to adults with a history of long term institutionalization. These individuals had a primary diagnosis of intellectual disability or were dually diagnosed with a mental illness and intellectual disability.

**July 1995 – March 1996**

**Tekoa Adolescent Group Home, Floyd, VA**

Supervisor, Susan Duncan (540) 745-3887

#### **Relief Youth Counselor**

Provided direct supervision to 10-13 emotionally disturbed adolescents in a group home setting. Responsible for skills training, behavior management, conflict resolution, meal preparation, and medication administration.

*ORIENTATION MANUAL – JUNE 2013*

**March 1987 – February 1996    New River Community Action, Head Start  
Family Service Worker**

Provided case management services to Head Start children and families.  
Organized and facilitated parenting classes and support groups. Worked with families on developing plans to meet personal goals during monthly home visits.

**September 1985 – May 1986    Blue Mountain School                    Floyd, VA**

**Teacher, Fourth Grade**

Taught fourth grade in a private, parent-cooperative elementary school. Responsibilities included preparing lesson plans that met the Virginia Standards of Learning.

**Internship                                    January 1997 – May 1997            Pulaski County Schools            Pulaski, VA**

**School Social Work**

Worked with the alternative education program, the Title IV Reading program, and families identified by the school system as needing support. I wrote social histories and made a presentation to the Family Assessment and Planning Team.

**Professional                                    National Association of Social Workers                                    1996 – Current**  
**Memberships                                    Floyd Multi-Disciplinary Team for Child Abuse Prevention                                    1987 – Current**

**Skills/Training**  
Medicaid Waiver Billing / Documentation Requirements  
CPR / First Aid  
Medication Administration  
Computer Skills  
Co-wrote a grant for a mentor program that was fully funded  
Direct care staff trainer