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# **ORIENTATION to becoming a Sponsored Residential Service Provider**

**Revised December 2025**

**PREPARING TO BE A SPONSORED RESIDENTIAL SERVICE  
PROVIDER**

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## MISSION STATEMENT

The mission and purpose of WALL RESIDENCES is to provide high quality community services to persons who have a primary diagnosis of a 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 receiving services. The goal of the program will be met when all people in the community know that each person can reach their full potential when the appropriate supports are made available. The individuals we support 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 activities.

### I. Introduction

Wall Residences was founded 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 individual was received into services.

The impetus to develop the new private organization came out of the 25 years of government experience by the founder. 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.
- Providing residential supports in a smaller family environment allows for a high level of consistency of supports to the individual which allows an individual in services to overcome barriers they may have faced in the past in settings where less individualized staff support was available. Provider families learn all aspects of an individual's needs which allows for progress with medical and behavioral support issues over time.
- 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.

**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 individual 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. Reference letters are required of any adult residing in the home regardless of whether they are certified staff for the service. **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/Medicaid Fraud Database search – A Criminal**

Background check as well as a Department of Social Services Child Protective Services Registry Search must be submitted for all family providers, backup staff, volunteers, 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 any barrier crimes which would indicate a risk for providing appropriate care. Providers are also required to provide their date of birth, full legal name, and names of any business owned to complete a Medicaid fraud database check as part of development as well.

**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. A zero or positive driving score is required in order to transport individuals in services.

**E. Fire Evacuation Plan/Floor Plans –** All provider locations shall maintain a floor plan identifying locations of the following: exits, primary and secondary evaluation routes, accessible egress routes, portable fire extinguishers, flashlights, room dimensions, location of smoke detectors, and a list of instructions for evacuation and fire department/emergency personnel notification. Monthly fire drills are to be conducted and documented on the Emergency 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 other related emergency. The emergency response plan must include special information provided by the local emergency response coordinator.

**G. Certificate of Occupancy (CO) -** 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 and to verify that no building code violations exist, to their knowledge, at the time of the construction of the home. Depending on the locality this may or may not require an onsite inspection from the building inspector.

**H. Approval of Water and Septic Systems -** No inspection is required if your house is on public water and sewer. Independent water systems (well water) 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 the Health Department in your area pertaining to the septic system and its capacity (septic permit). The original septic permit can be submitted as part of the provider file, but, depending on the age of the septic system, a current septic inspection will be required as well.

**I. First Aid/CPR/CMRT/Medication Administration Training -** Each service provider and backup worker must provide documentation of having current First Aid/CPR certification. CPR and First Aid must be taken as a hands-on in person class. Completing these certifications online is not an acceptable way of obtaining these certifications. Medication training will be provided through Wall Residences and is a 32 hour (four-day) course that is scheduled periodically throughout the month. All workers assisting with the dispensing of medications must complete this state-approved training. Crisis Management

& Response Training (CMRT) is the required behavioral management course. All providers and backup workers must take the Wall Residences approved CMRT course as part of development.

- J. Tuberculosis (TB) Test** - A record of TB evaluation on each family member and service provider must be completed.
- K. Physical Environment Review/Home Safety Inspection** - An initial and annual safety inspection of the home is required. A fire extinguisher is required to be installed in each kitchen (multiple level homes should consider having one on each level and near the laundry room). A fire extinguisher is required to have a minimum rating of 2A10BC. A minimum of one smoke detector per floor of the home with additional smoke detectors adjacent to the bedrooms. One smoke detector is also required in each bedroom of the home. Smoke detectors should be checked at least monthly. Medications and cleaning products (poisonous chemicals) must be locked in a cabinet or storage area. Controlled medications are double locked. A First Aid kit including bandages, saline solution, and thermometer must be available in the home. Wall Residences provides a list of the required items for the first aid kit. No illegal substances are permitted in the home. Firearms are typically not permitted on site, but specific circumstances can be reviewed during the home study process.
- L. Financial Resources/Line of Credit** - Licensure requires that financial resources or a line of credit exist to operate the service for 90 days. The provider must complete a budget of expenses for a 90 day period then provide proof of resources to support the 90 day expenses. Acceptable forms of resources include a savings account, a retirement account with loan provisions, home equity line of credit, a bank line of credit, or a credit card with an available cash balance. It is important to note that with home equity and retirement accounts these are only acceptable if they allow for immediate release of funds. For those providers who rent, a copy of their lease may be requested as well to show the amount of rent that they are paying each month.
- M. 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.
- N. Parent/Family Providers (only)** – Objective Written Documentation (also referred to as 3<sup>rd</sup> party documentation) is required from professionals (i.e., doctor, psychiatrist, etc) who have worked with the family and feel it is in the best interest of the individual to remain in their care. It is also required that the support coordinator or Wall Residences submit a copy of the Family Members as Sponsor Provider Supporting Documentation Form to justify the parent/family member as the most appropriate provider. Family members who provide Residential Support services must meet the same standards as providers who are unrelated to the individual.
- O. 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.
- P. 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 support so that service providers receive adequate breaks from their responsibilities.

**Q. Compliance with the Home and Community Based Settings (HCBS) rule:** Providers of community residential services must remain in compliance with the HCBS rule. Individuals in services sign a housing agreement as part of their service which outlines the responsibilities of both parties. Individual bedrooms need to have appropriate locks on them to allow privacy. Individuals in services have a key to lock and unlock their door. A key to the front door of the home is also offered to each individual in the home.

### **III. Virginia Direct Support Professional Orientation Workbook and Examination**

Each person responsible for providing services to individuals (all must be at least 18 years old) must complete the DSP Orientation examination and pass with a satisfactory score on the exam.

### **IV: Department of Behavioral Health and Developmental Services competencies**

Each person responsible for providing services to individuals (all must be at least 18 years old) must be deemed knowledgeable of the basic competency requirements for direct care staff. Additionally, depending on the individual supported in the service, there are additional competencies that staff must be deemed knowledgeable in that include medical, behavioral, and autism supports.

### **V. Licensing Standards and Agency Policy**

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 a total of seven people living in the sponsored residential 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 files 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 backup services. We may have information about people who are qualified to do this work.

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

The Occupational Safety and Health Administration (OSHA) requires 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, which 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.

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

All State licensed programs offering services to people with mental health, intellectual disabilities, developmental disabilities, or substance abuse service needs must comply with Virginia's Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental 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 human rights committee. All service providers are to receive training in prevention and gentle physical hold techniques using CMRT or other approved training program.

### **VIII. Documentation Systems**

All billable activities with the individual in services are to be documented. The majority of documentation is completed utilizing the Wall Residences electronic health record called Credible. Several systems exist to complete documentation requirements:

- a. **Individual Notebook** - A record of services and reports on the individual will be kept in a locked area to maintain confidentiality. The majority of the individual documentation is housed in the Credible system with some documentation prior to November 2024 archived in the Lauris system. Certain documentation is required on site at the provider home. The Individual notebook is a legal document. All entries are completed in ink and no white out or erasing is allowed in the record. Notebooks for individual service records are provided to each Family Provider. General information contained in the notebook are:
  - i. Emergency Medical Information
  - ii. Face Sheet of Frequently Used Individual Information
  - iii. Individual Support Plan to include parts I-V. Medical Reports and Copies of Physician's Orders and side effect sheets for all medications.
  - v. Information on Family Contacts and Correspondence

### **IX. 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 Plan for Supports, 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 are also specified in the Contract. Contracts are renewed each year for Family Providers who have met training requirements for the preceding year.

### **X. Individual Plan for Supports**

The Individual Plan for Supports is developed and revised at least annually at a meeting of all parties including the individual receiving services, authorized representative/guardian for the individual, family provider, 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 for Supports 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.

## **XI. 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 contract. A Level I contract is typically reserved for an inexperienced, new provider. These providers are given extra support and supervision until they learn our systems and may also be assigned a peer mentor. A peer mentor is an experienced provider who is contracted to provide support to newer providers. 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 day). 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, complete well documented progress notes for the supports provided, 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 day. 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 are eligible for a “Gold Contract” and their pay is increased. Providers at 10 years are eligible for a “Platinum Contract” with another significant rate increase. Providers at 15 years are eligible for a Diamond contract. While the Diamond contract does not include a pay increase, it is awarded to providers for their long term commitment to their services and Wall Residences. Providers may be moved to a lower contract if they have deficiencies in their service that require an improvement plan or plan of correction – such as an unsuccessful licensure review as an example.

The total payment to the Family Provider is based on using a daily rate determined by the Supports Intensity Scale (SIS) of the individual that is placed in your service. 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 Wall Residences submits the billing for January services and the provider is paid around the middle of February.

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 no more than 75% of the anticipated benefit amount 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 patient pay for any excess income over what is allowed, are tracked through this account.

## **XII. Hiring Back-up Support**

When providers hire back up workers there comes a responsibility to follow rules and regulations from several entities – including the Department of Labor, the IRS, and potentially Worker’s Compensation insurance. The information below is from the Department of Labor web site, and we provide it as a courtesy. Wall Residences recommends that the provider work with legal / accounting professionals to determine that they are following all rules and regulations. Employers subject to the Fair Labor Standards Act must make, keep, and preserve records for each employee that is eligible to receive minimum wage and/or overtime pay. The law requires no particular form of records but does require that the records include certain information about the employee and data about the hours worked and wages earned. The obligation to make and keep records, however, is the responsibility of the employer.

Basic records that an employer must maintain include:

- (1) Employee's full name and social security number.

- (2) Home address, including zip code.
- (3) Hours worked each workday and total hours worked each workweek.
- (4) Total cash wages paid each week to the employee by the employer.
- (5) Weekly sums claimed by the employer for board, lodging, or other facilities; and
- (6) Extra pay for weekly hours worked in excess of 40 by the employee for the employer.

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

All families receive supervision or training from the Wall Residences organization at least once per month and weekly for children's sponsored residential services, usually in person but under some circumstances, the supervision could be provided virtually (due to inclement weather for example). The titles of people providing this service are Program Managers. The Program Manager will be a professional with at least a Bachelor's degree and experience in the field who is knowledgeable about your service and documentation requirements. Supervision is usually focused on discussing issues regarding implementation of the Plan for Support 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. These meetings occur approximately once per quarter and are used to compare ideas, documentation systems, and to plan activities and ways to better use back up personnel. Additional training from outside sources may also occur during these meetings. 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, Human Rights Advocates, the Support Coordinator, any additional representatives or contractors of Department of Behavioral Health and Developmental Services, representatives from Department of Medical Assistance, the Department of Justice, and the Medicaid Utilization Review Specialist may also visit you. Sometimes you will receive notification of when these reviews will occur, other times they will be unannounced visits. Licensing specialists and Wall Residences personnel are required to complete unannounced reviews of services.

### **XIV. 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. Families must be financially prepared to handle this potential reduction in income if this should occur. 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 cannot provide legal or tax advice. It is the Family Provider who must take responsibility to resolve these issues.

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

We are an 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 or internet fax, and secure e-mail service will allow providers to submit or receive important documents quickly, particularly when regulatory reviews occur or at the end of the month verification of billable services. Cell phones can help if you have hired workers who could need your assistance when you are away. Radio (audio) 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.

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

Many very well qualified family providers have become 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 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 being able to help individuals we support 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**):

A. The provider shall develop a written emergency preparedness and response plan for all of its services and locations that describes its approach to emergencies throughout the organization or community. This plan shall include an analysis of potential emergencies that could disrupt the normal course of service delivery including emergencies that would require expanded or extended care over a prolonged period of time. The plan shall address:

1. Specific procedures describing mitigation, preparedness, response, and recovery strategies, actions, and responsibilities for each emergency.
2. Documentation of coordination with the local emergency authorities to determine local disaster risks and community-wide plans to address different disasters and emergency situations.
3. The process for notifying local and state authorities of the emergency and a process for contacting staff when emergency response measures are initiated.
4. Written emergency management policies outlining specific responsibilities for provision of administrative direction and management of response activities, coordination of logistics during the emergency, communications, life safety of employees, contractors, students, volunteers, visitors, and individuals receiving services, property protection, community outreach, recovery, and restoration.
5. Written emergency response procedures for initiating the response and recovery phase of the plan including a description of how, when, and by whom the phases will be activated. This includes assessing the situation, protecting individuals receiving services, employees, contractors, students, volunteers, visitors, equipment, and vital records; and restoring services. Emergency procedures shall address:
  - a. Warning and notifying individuals receiving services.

- b. Communicating with employees, contractors, and community responders.
- c. Designating alternative roles and responsibilities of staff during emergencies including to whom they will report in the provider's organization command structure and when activated in the community's command structure.
- d. Providing emergency access to secure areas and opening locked doors.
- e. Evacuation procedures, including for individuals who need evacuation assistance.
- f. Conducting evacuations to emergency shelters or alternative sites and accounting for all individuals receiving services.
- g. Relocating individuals receiving residential or inpatient services, if necessary.
- h. Notifying family members or authorized representatives.
- i. Alerting emergency personnel and sounding alarms.
- j. Locating and shutting off utilities when necessary; and
- k. Maintaining a 24 hour telephone answering capability to respond to emergencies for individuals receiving services.

6. Processes for managing the following under emergency conditions:

- a. Activities related to the provision of care, treatment, and services including scheduling, modifying, or discontinuing services; controlling information about individuals receiving services; providing medication; and transportation services.
- b. Logistics related to critical supplies such as pharmaceuticals, food, linen, and water.
- c. Security including access, crowd control, and traffic control; and
- d. Back-up communication systems in the event of electronic or power failure.

7. Specific processes and protocols for evacuation of the provider's building or premises when the environment cannot support adequate care, treatment, and services.

8. Supporting documents that would be needed in an emergency, including emergency call lists, building and site maps necessary to shut off utilities, designated escape routes, and list of major resources such as local emergency shelters.

9. Schedule for testing the implementation of the plan and conducting emergency preparedness drills. Fire and evacuation drills shall be conducted at least monthly.

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

Floor plans 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 additional 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, primary and secondary evacuation routes, accessible egress routes, location of portable fire extinguishers, and flashlights MUST BE ATTACHED TO THIS DOCUMENT.**

Provider:

Program Manager:

Name:

First Date of Service Delivery:

## **BACK-UP PERSONNEL FILE CHECKLIST**

Required documentation for all back-up personnel prior to beginning services:

- Resume or Application for Employment**- must list education, employment history, names, phone numbers and addresses of three possible contacts.
- References** – 3 required before employment – Provider completes Telephone Reference Check forms before sending to the office unless it is a relative of the provider. If a relative, they will need to obtain written references. Either need to be employment related and should include information such as company, position, duties and why they would work well with Individuals.
- Personnel Job Position Description** – review & signed by both personnel & provider for *each* home worker is employed. Be sure to include pay amount of at least a minimum of \$12.41
- Personnel Orientation Checklist** – review with Backup Worker and have them check boxes, showing they understand. It should be signed by both personnel & provider for *each* home worker is employed.
- Program Procedure Manual for Back-Up Personnel** – only return signed Acknowledgment Page
- Confidentiality Agreement** – review, sign, and date
- Mandated Reporter Acknowledgment** – review, sign, and date
- Criminal History Background Check** – They will need to complete a Disclosure Statement that is sent in with other documentation before fingerprinting appointment can be made. The appointment for electronic fingerprinting will be made at time they take the Waiver Exam.
- Child Protective Services Registry Search** – Provider sends email to [buw@wallresidences.com](mailto:buw@wallresidences.com) - Place "CPS Processing" in Subject Line. Email to state: provider is hiring a new BUW, include BUW's full name and email address (please double check info) Please note: the CPS form is completed electronically at a later date. BUW can start once CPS form has been completed and submitted for processing.
- CPR / First Aid** –Current certification (must have before being alone with Individuals). Needs to be a full-hands-on class
- Hepatitis B Waiver or Proof of Vaccination** (Least expensive place to get vaccine is the Health Dept.)
- TB Test/ Screening documentation** – either of the attached forms is acceptable
- CMRT/Human Rights/ Blood Borne Pathogens/Cultural Competency/Med Admin** - must complete a Wall Residences CMRT class. Per Licensure, we can't accept from other Agencies.
- Medication Training** (32 hr Virginia class) and a 3yr Refresher, if needed. (Must have before giving medications). In order to start, they need to have or be registered and take next class available.
- DSP Assurance Waiver Exam** – you need to coordinate this with your Program Manager
- Driving Record from DMV** (must have before transporting individuals). Need to have a minimum of 3 yrs licensed driving experience and that they are at least 21 years of age. Must have a 0 or higher on Point Score.
- Proof of Auto Insurance** – current, showing policy period and name of Backup Worker. (If using providers vehicle, you do not need to supply this, but must let the office know).
- HIPAA Backup Worker Agreement** – review, sign, and date
- Business Associate Agreement** – Backup Worker only reviews, signs, prints and dates on right side of 3<sup>rd</sup> page. No other signatures needed on form.

- Disclosure of Rights HCBS (Staff)** – Staff reviews, signs, prints and dates.
- Annual Evaluation** – after one year. Required yearly regardless of hours worked.

**Once all documents are in, we check file for accuracy and then BUW is added to your Service. An Approval to Start email along with a copy of their documents will be sent. Contact [buw@wallresidences.com](mailto:buw@wallresidences.com) with questions.**

Once all documentation is at the office, the file will be checked for accuracy, then they are added to your Caseload. You then receive an Approval to Start email along with a copy of their documentation.

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

Additionally, you will need to ensure compliance with Department of Labor requirements for your employees. You will need tax forms for your back-up worker, as you are responsible for the tax issues. Seek professional guidance from a CPA or an attorney.

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.

	<b>Provider Compliance Checklist</b>	<b>Provider Names:</b>		
1.	<b>Confidentiality Agreement</b> - for each adult in home			
2.	<b>Mandated Reporter Acknowledgment</b> - for each adult in home			
3.	<b>Tuberculosis (TB)</b> - screen or test for each person living in the home			
4.	<b>Hep B Waiver</b> – for each provider			
5.	<b>90 Day Budget</b> - complete the budget form provided			
6.	<b>90 Day Resources</b> - Finances to cover your 90-day budget (savings, retirement, credit)			
7.	<b>Emergency Response Plan</b> – please use template provided by Wall Residences			
8.	<b>Floor Plans</b> - label rooms, dimensions, windows and doors marked, smoke detector, fire extinguishers & flashlight locations marked and fire evacuation course			
9.	<b>Child Protective Services Registry Search</b> - for each adult living in the home. The form is completed electronically at a later date.			
10.	<b>Criminal Background check</b> –To be completed electronically with assistance at a later date			
11.	<b>Resume</b> - for each adult who will participate in providing care			
12.	<b>Letters of reference</b> – 3 employment related letters for each provider and co-provider			
13.	<b>Character Reference Letters</b> -3 reference letters for other adult residents living in the home			
14.	<b>First Aid</b> - Hands on- Instructor training required for Adult 1st Aid. Check your local American Red Cross for classes			
15.	<b>CPR</b> - Hands on-Instructor training required for Adult CPR. Check your local American Red Cross for classes			
16.	<b>CMRT</b> - Crisis Management and Response–Register at: <a href="http://www.wallresidences.com/trainingcalendar/">www.wallresidences.com/trainingcalendar/</a>			
17.	<b>Medication Administration Training</b> -32 hr. State approved training for each provider Register for trainings at: <a href="http://www.wallresidences.com/trainingcalendar/">www.wallresidences.com/trainingcalendar/</a>			
18.	<b>Orientation to Intellectual Disabilities</b> - DSP Assurance Exam. To be completed with your program manager			
19.	<b>Certificate of Occupancy</b> - for the home from city or county building inspector			
20.	<b>Home Insurance</b> - Current policy – showing policy period/expiration date			
21.	<b>Auto Insurance</b> - Current policy showing policy period/expiration date			

22.	<b>DMV Record</b> - Department of Motor Vehicles driving record check		
23.	<b>Back-Up Workers</b> - Providers are required to have 1 fully certified backup worker who is neither a relative nor a current provider. <b>Family/Parent Providers</b> are required to have 2 fully certified backup workers, 1 who is neither a relative nor a current provider. The required documents will be emailed to you at a later date from the Back-Up Worker Files Department.		
*	<b>Swimming pool</b> - Compliance policy & questionnaire. Request forms if you have a pool		
*	<b>Water supply test results</b> - required for homes with private well water - must lab test for E-Coli & Total Coliforms, both must be negative.		
*	<b>Septic system inspection approval</b> – Required for homes with private septic. Original septic permit needed along with current inspection/pumping.		
*	<b>Pets</b> - current vaccination records		
*	<b>Third party documentation –For Parent/Family Providers Only.</b> 2 letters from professionals (case manager, medical doctor, psychiatrist) who has worked with the individual and family and feel it is in the best interest of the individual to remain in the family's care. DBHDS case manager checklist can be accepted.		