**Progress ECF Family Model Yearly Service Agreement**

Family Model Provider:

Providers Address:

Individual:

This is an agreement between Progress Inc. and as an ECF Family Model Provider for . This agreement is effective beginning Click or tap here to enter text. and ending Click or tap here to enter text.. If during the period of this agreement the makeup of the home changes, or a change is made to the agreement, a new agreement will need to be completed. *(If changes to individuals funding changes a new Agreement must be put in place)*

**The Family Model Residential Services provider agrees to:**

1. Take responsibility for the individual’s care during the time that the individual lives in the home. Provider also agrees to discuss any issues, ideas, or concerns regarding the well-being of this individual with Progress and/or the Program Manager assigned to your home.
2. Consider the individual as a member of the family and provide care to this person
3. Notify management if there is any attempt by any party to remove the individual either temporarily or permanently from the home.
4. Notify PROGRAM MANAGER in the event of serious illness or accident (or other significant occurrence) with the individual or primary caregiver.
5. Notify PROGRAM MANAGER prior to taking the individual on a vacation, weekend trip, out of state, etc.
6. Notify PROGRAM MANAGER prior to any change in place of residence.
7. FMP agrees not to take any other persons into the household for ongoing residence without consulting with Progress, the COS and getting written approval from the Program Director.
8. FMP will secure routine and emergency medical and dental care for individual supported using their TennCare, Medicare, or other medical insurances.
9. Comply with the rules of confidentiality as defined by state and federal law.
10. Maintain and submit to Progress, as required, in terms of completeness and timeliness, records on each individual served with includes but is not limited to;
	1. Annual physical, dental exams, follow-up medical documentation and other medical reports.
	2. Financial records/receipts as required
	3. Medication documentation
	4. Monthly fire drills and a tornado drill in February every year.
	5. Staff communication notes must be completed in accordance with the funding level.
	6. Record of significant events including contacts with natural family
	7. Property list for individual
	8. Other monthly documentation as is required or requested.
	9. All vital information
11. Allow/encourage appropriate contact between the individual and his/her natural relatives.
12. Use positive behavior management approaches in/when necessary, this will not include corporal punishment, verbal abuse, o chemical restraint or denial of a nutritionally adequate diet.
13. All individual free use of the living areas in the home, allowing for privacy for all family members and expectations of respecting each person’s personal possessions.
14. Ensure attendance at school or day program including transportation to and from if necessary or have alternate provision for day support as approved by the individuals COS and documented in the ISP.
15. Participate in the development and review of individual’s ISP.
16. Complete all training as required for compliance purposes including medication administration, CPR/FA, Relias training, annual refreshers and any specialized training for an individual’s specific needs.
17. Ensure that supervision requirements are maintained as outlined in the ISP. The standard expectation is that the person served will not be left in the care of someone untrained and not approved by the COS team or Progress.
18. Maintain an acceptable standard of cleanliness in the home.
19. Assist the individual in achieving good personal hygiene and appearance by providing the support necessary.
20. Safeguard the individual’s discretionary funds and assist as needed In using these funds according to the person’s desires.
21. Allow Program Manager, Quality assurance and Program Directors to make unannounced home visits as required.
22. Accept as room and board 70% of the maximum monthly SSI income as set for the year.
23. Provider agrees to conduct himself/herself as a professional at all times when dealing with the individuals, family, Progress, etc.
24. Provider understands that, “time off” under the terms of the FMRS program, is the responsibility of the provider to arrange, using only approved family members or supports who are approved by Progress. If the person(s) providing these supports require reimbursement, that is the responsibility of the provider, NOT Progress! Approval by Progress requires that a background check must be completed.
25. Provider understands that if they experience dissatisfaction with Progress it is their responsibility to address these issues directly with their supervisor, the Program Director, Human Resources, or the Executive Director. The provider may NOT attempt to obtain a different provider agency for the person receiving FMRS as a means for the person supported and themselves to leave Progress. Doing so is considered exploitation by ECF and will be handled as such.
26. Provide daily documentation showing services provided. This may include peak staff notes if the individual is a level 3 or higher.
27. **The FMP will provide Progress the names of all individuals living in the home. 1 month prior to anyone turning 18 you must contact Progress Human Resources and request that a background check be completed. Others non-client individuals living in the home:**
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
28. Provide Progress Inc with at least 2 natural supports names, address and phone numbers, who will provide emergency care and cover peak hrs. Peak hours are to be paid by you to the person you hire. It’s understood that his comes from your daily rate. You as the FMP must ensure they are fully trained. Progress will provide training, but we will NOT pay them for attending.
29. In the event care is provided by an unapproved natural support, the FMP will not receive reimbursement for the services provided that day.
30. It is the family model provider’s responsibility to inform progress of any changes in supports (natural support, family member, etc.).
31. Define Natural Support (unpaid staff)
32. Define what is required for paid staff.
33. Jay Campero email RE abuse/PFH falling to them instead of progress as the provider. They are responsible

Progress Inc. Agrees to:

1. Provide the daily payment rate of () per day level (). *(If client’s funding level changes during this agreement period whether increase or decrease, this agreement becomes void on the day the new level starts. A new agreement will need to be put in place.)* Payment amounts will be based on attendance records and the level of services approved by ECF. If the individuals service level changes the daily rate will change accordingly, and a new agreement must be completed. Any 24-hr period of time that the person served is not in the home may not be billed. (Please note and understand that provider payment rates are recommended by the State Department ECF and are completely separate from that which Progress, Inc. controls. An addendum to this contract will be made at any time that ECF determines that a FMRS rate is to be changed)
2. Consult with service & healthcare providers regarding the individuals care & health on a regular basis and be available to the provider for consultation as needed.
3. Plan for contact with natural relatives when indicated/desired with due regard for all parties.
4. Conduct all regular training and design/implement specialized training in as a convenient a manner as possible. Communicate all relevant agency and ECF policy and practice to the provider and any changes that occur over time.
5. Be available for conflict resolution or problem solving for the individual and family in a timely manner.
6. Advise the provider when there are concerns about the care of the individual and work with the provider to resolve these concerns and to notify the provider in advance if the individual is going to remove unless there are circumstances which require immediate removal.
7. Remove the individual within 90 days should the provider determine that he/she can no longer be cared for in the home. Every effort will be made to accommodate the provider and the desired schedule for removal in this case. Provider understands that ultimately if Progress Inc feels the individual is not being adequately served in your home and the issues cannot be resolved satisfactorily, that the individual may be removed.
8. Coordinate respite for emergency care services only.

**Documents that must be returned with agreement**

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| --- | --- |
| Received | **Home Owners or rental insurance** |
| Received | **Car Insurance** |
| Received | **Yearly TB test** |

|  |  |
| --- | --- |
| **Natural support contact info #1** | **Natural support contact info #2** |
| Name:Address:Phone#:Relation type: | Name:AddressPhone #:Relation Type: |

FM Provider Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_