

## Appendix P: Agreement to Accept Services Form

# Bridges to Health Agreement to Accept Services

**INSTRUCTIONS:** This form may be used to inform the foster parent/group home staff/caregiver of their role(s) and

CHILD'S NAME (LAST, FIRST, M.I.)		DATE OF BIRTH (MM/DD/YYYY)
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CHILD'S CIN #	WAIVER TYPE : <input type="checkbox"/> SED <input type="checkbox"/> MEDF <input type="checkbox"/> DD

responsibilities relevant to B2H and should be signed and witnessed.

The Bridges to Health (B2H) Home and Community-Based Medicaid Waiver Program is designed to provide children in foster care who have qualifying diagnoses of Serious Emotional Disturbance (SED), Developmental Disability (DD), or Medical Fragility (MedF), with necessary services that will enable them to reside in the community. In this program children are served in the least restrictive, most home-like setting possible.

The involvement of the foster parent/group home staff/caregiver in B2H remains crucial throughout enrollment in the B2H Waiver Program. Foster parents/group home staff/caregivers are strongly encouraged to participate with the medical consentor, whenever possible, to express their preferences and program goals over the span of the child's enrollment in the B2H Waiver Program. It is recognized that there may be instances when participation is not possible. However, their active involvement and cooperation is critical to maximizing the B2H Waiver Program benefits for the child.

### Role and Responsibilities

- ◆ Participate in initial meeting with child, medical consentor, and Local Department of Social Services (LDSS) or Division of Juvenile Justice and Opportunities for Youth (DJJOY) staff.
- ◆ Support necessary services for the child, including allowing B2H service providers access to the residence for provision of all home-based services, and providing transportation to or facilitating the child's attendance at appointments for community-based services. Participate in and allow any other persons or children residing in the home who are involved with the B2H child to participate in B2H services, as appropriate, which may include:
 

*Health Care Integration	*Family/Caregiver Supports	*Skill Building
*Day Habilitation	*Prevocational Services	*Special Needs Community Advocacy
*Supported Employment	*Planned and Crisis Respite	*Crisis Avoidance, Management and Training
*Immediate Crisis Response	*Intensive In-home Supports	*Adaptive and Assistive equipment
*Accessibility Modifications		
- ◆ Actively participate in Individualized Health Plan (IHP) reviews and team meetings.
- ◆ Promptly notify the Health Care Integration Agency (HCIA) if the child is hospitalized, detained, incarcerated, returned to a DJJOY or other residential facility or absent without consent (AWOC).
- ◆ Promptly notify the HCIA if there are any problems or concerns with service provision or with a Waiver Service Provider (WSP), such as the child not receiving the services specified in the IHP.

I have read the above list of responsibilities and understand what is requested of me. I agree to fulfill these responsibilities. I understand that there may be instances in which I am asked to undertake additional roles and/or responsibilities with respect to the B2H program. Furthermore, if I am unable to fulfill any of these responsibilities, or if I have any questions regarding my role, I will promptly notify the Health Care Integrator (HCI) and LDSS/DJJOY worker. I understand that my roles and responsibilities as a foster parent/group home staff/caregiver for a child enrolled in the B2H program will not affect my rate of reimbursement or pay.

SIGNATURE OF FOSTER PARENT//GROUP HOME STAFF /CAREGIVER	DATE
PRINTED NAME / RELATIONSHIP TO CHILD	FOSTER PARENT/ GROUP HOME STAFF /CAREGIVER PHONE NUMBER
WITNESS NAME	DATE

Copy-Foster Parent/Group Home Staff/Caregiver, B2H File