

## Individual/Member and Provider Agreement

Individual/Member Name		Social Security No.	Medicaid No.
Provider Name		Address	
<b>Period Covered:</b>	From	To	

Adult Foster Care (AFC) is a community-based service offering 24-hour supportive, family oriented care to aged and disabled adults in a private residence. Adult Foster Care individuals/members are unable to live alone but do not require extensive nursing care. Services include assistance with personal care, protective supervision, meal preparation, housekeeping and laundry.

### Rights And Responsibilities

#### Provider

- The provider must comply with the minimum Standards for Adult Foster Care.
- The provider must provide services according to authorization for CCSE Services (Form 2101) and Approval of Adult Foster Care (Form 2330), and for STAR+PLUS Home and Community Based Services (HCBS) program (Form H1700-1 and Form H1700-2).
- The provider must provide or arrange transportation for the individual/member (place of worship, physician and recreational activities).

The provider understands that Texas Health and Human Services Commission (HHSC) or the managed care organization (MCO) may make other arrangements for care of the individual/member when these other arrangements would best serve the interest of the individual/member.

- The provider must allow HHSC/MCO representatives to monitor or inspect the provider's home at reasonable hours.
- The provider must allow the individual/member to bring appropriate personal possessions to the foster home.
- The provider must reimburse the individual/member for any unused room and board days within 30 days after the individual/member moves out of the home.
- The provider agrees to abide by Title VI of the Civil Rights Act of 1964, which states, "No person in the United States shall, on the ground of race, color or national origin be excluded from participation, be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."

#### Individual/Member

- The individual/member agrees to pay the provider for room and board. The case worker or MCO representative may assist the individual and provider in renegotiating a new rate due to a cost-of-living increase.
- The individual/member has a right to privacy. He or she must be allowed to send and receive mail and have personal telephone conversations, as well as the right to visit outside the home and receive visitors.

#### Monetary Agreement

1. The individual/member and provider agree to the following monthly amount of room and board:

\_\_\_\_\_

This is due by

\_\_\_\_\_

2. The initial amount of

\_\_\_\_\_

is due to the provider by the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

3. Monetary responsibilities assumed by the individual/member include, but are not limited to, the following: payment of room and board, purchase of personal items, clothing, burial expenses, medications and medical expenses. Additional responsibilities include:

**Miscellaneous Arrangements**

1. Other special arrangements (if any):

2. Special conditions or rules agreed upon by individual/member and provider.

3. Personal items are to be disposed of in the following manner if the individual/member is no longer a resident and cannot be located:

4. In case of an emergency, the following individuals will be contacted, if necessary, on the same day of the emergency:

Name	Relationship	Telephone No.
Name	Relationship	Telephone No.
Name	Relationship	Telephone No.

5. Funeral Arrangements:

6. Inventory of individual's/member's items brought from home:


\_\_\_\_\_  
Signature – Individual/Member, Authorized Representative, Responsible Party or Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Case Worker/MCO Representative

\_\_\_\_\_  
Date