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home, school or neighborhood.

young adult's transition plan.

members, as appropriate.

after-hours or weekends is:

at time of placement.

placement.

Maintain monthly contact with the young adult.

provide the funding consistent with those policies.

accordance with applicable laws and regulations.

provider notification of such underpayments.

SOC 154B (1/12) REQUIRED FORM - NO SUBSTITUTE PERMITTED

of the young adult necessary for effective care. This shall include with the NMD's consent, a social work assessment, medical reports, educational assessment, psychological/psychiatric evaluations identification of special needs and the TILP. This shall be made available to group home within 14 days from date of placement.

Inform the provider, before placement, of this young adult's behaviors and proclivities that might be harmful to others (including pets) in the

Work with the group home staff on discharge planning toward a lower level of care or transition to the appropriate adult system of care.

Work with the provider in the development and progress of a transition plan. The county placing agency will notify and invite the provider to participate in any young adult family team meetings to discuss the

Work together with the provider to develop and maintain positive relationships with the young adult's siblings and other family

Provide a Medi-Cal card or other medical coverage to the young adult

Continue paying for the young adult's care as long as the young adult

remains in placement or, in the temporary absence of the young adult,

when the placing agency asks the provider to retain an open

Inform the provider of the county clothing allowance policy and

Verify and remit/reconcile any underpayments within 45 days of

Notify the provider within 12 months of suspected overpayments, in

Provide assistance with emergencies. Telephone number for

AGENCY - GROUP HOME AGREEMENT Nonminor Dependent Placed by Agency in Group Home

NAME OF YOUNG ADULT	GROUP HOME NAME	
BIRTHDATE DATE PLACED	CASE NUMBER	
Anticipated duration of placement is up to age 19	post-19 medical condition	
The Agency will pay \$ per month in return for the above-nation Code 11460 and other applicable law and regulations. First payment to be	med young adult's care and supervision as defined in Welfare and Institutions within 45 days after placement with subsequent payments to be made monthly.	
If additional amounts are to be paid, the reason, amount and conditions sha	Il be set forth here:	
Special problems: Yes No If yes, explain.		
AGENCY AGREES TO	GROUP HOME AGREES TO	
 The placing agency will obtain from the young adult all appropriate releases of Information relevant to this placement so that it can provide the group home with knowledge of the background and needs 	treatment arrangements and assistance to other life skills and	

2.	Follow admission requirements related to medical screening, physical
	examination, medical testing and immunization.

З.	Develop an understanding of the responsibilities, objectives and
	requirements of the agency in regard to the care of this young adult
	and work with the agency in planning for this young adult.

4.	Notify the placing agency within 24 hours of the provider having
	knowledge (unless there is a separate written agreement with the
	placing agency) by phone followed in writing of significant changes in
	the young adult's health, behavior or location as well as significant
	issues including suspected physical or psychological abuse, death,
	injury, unusual incidents, unusual absence, of young adult, placement
	issues, changes to work or school participation and all items required
	by Title 22. Division 6 regulations.

5.	Work together with the placing agency to encourage the maintenance
	of permanent connections with the young adult's siblings and other
	family members and significant adults, as indicated in the transition
	plan, and/or young adult and family team meetings whenever possible.

- 6. Use constructive alternative methods of harm reduction; not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visit from family, home visits, threat of removal or any other type of degrading or humiliating punishment.
- 7. Respect and keep confidential information given about the young adult.
- 8. Work toward discharge to a lower level of care by the 19th birthday or, if over age 19 with a medical condition, transition to the appropriate adult system of care on a planned basis with maximum involvement of the young adult, and the agency.
- 9. Conduct a staffing or review on this young adult at least quarterly.
- 10. Work with the placing agency and the young adult to develop and submit to them a transition plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this young adult, including the information listed on the next page of this form, within 30 days of placement of the young adult. The transition plan shall be updated with the young adult and placing agency at least every six months.
- 11. Written progress reports on the transition plan progress shall be provided at least every six months or more frequently by mutual agreement.
- 12. Give the agency prior notice of at least 7 days of intent to discharge this young adult unless it is agreed upon with the agency that less notice is necessary. Discharge should be based on a mutual plan developed by the agency and group home.
- 13. Conform to the licensing requirements.
- 14. Provide state and federal agencies access to documentation when documentation is maintained on young adults in their care.
- Follow any requirements associated with the county's clothing allowance policy and procedures.
- 16. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.
- 17. Inform county upon discovery of any apparent overpayment.

Initial transition plan summary shall include:

- A. Medical and dental needs, including the medical condition that requires the group home placement after age 19
- B. Psychological/psychiatric issues identified
- C. Staffing review summaries
- D. Educational /employment assessment
- E. Peer adjustment
- F. Relationship to staff and other adults identified as potential permanent connections
- G. Involvement in recreation programs
- H. Behavior problems impacting house rules
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement and discharge planning
- K. Tasks planned to reach objectives and goals as defined in the young adult's TILP and staff who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of young adult in the transition program

Periodic update of transition plan:

- A. Current status of young adult's physical and psychological health. This includes, as applicable, the reasons(s) why admission to or continuation in a group home is the best alternative available to meet the young adult's special needs
- B. Reassessment of young adult's adjustment to the group home, program, peers, school and staff
- C. Progress toward short-term objectives and long-range goals as defined in the young adult's TILP including tasks which have been performed to reach these objectives and goals. This includes as applicable, tasks which have been performed to reach these objectives and goals and how the placement will contribute to the young adult's transition to independent living and the treatment strategies that will be used to prepare the young adult for a less restrictive, more family-like setting.
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of ttransition plan, tasks to be performed and anticipated length of placement, including the target date for discharge from the group home placement
- F. Involvement of young adult in transition program
- G. Progress of discharge planning

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or when this young adult is removed from the group home.

SIGNATURE OF PLACEMENT WORKER		SIGNATURE OF AUTHORIZED GROUP HOME REPRESENTATIVE	
TITLE		TITLE	
NAME OF AGENCY		NAME OF GROUP HOME	
ADDRESS		ADDRESS	
PHONE	DATE	PHONE	DATE

cc: To group home, young adult's social service record AGENCY -- GROUP HOME AGREEMENT

Confidential in acordance with Penal Code Section 11167.5 and/or WIC Sections 827 and 10850