

Room and Board in Enhanced Family Care/Shared Living Homes

On an annual basis, the State of New Hampshire determines the amount of Room and Board, or Residential Fees that are required to be paid by individuals residing in Enhanced Family Care or Shared Living homes. This fee is determined by the monthly Social Security benefits amount received by individuals and is expected to be paid monthly by the individual or their Representative Payee directly to the agency providing the residential services (Northern Human Services). This monthly amount is then passed on directly to the Home Provider providing the support services in their home in the form of a monthly stipend.

The individual or Representative Payee will receive an invoice each month from Northern Human Services and payments will be due within 30 days of receipt, payable to _____.

Failure to pay Room and Board could jeopardize the individual's living situation and could result in collection actions and/or reporting of the Representative Payee to Social Security.

This monthly amount is to be used to provide room, board and basic life necessities for the individual as a full member of the home.

Note: In all cases "Reasonability Factors" apply. The home provider is expected to utilize the room and board portion of their stipend to provide for all of the basic needs of the individual within a reasonable standard. The home provider is not expected to pay for expensive or luxury items over and above what is necessary and reasonable for the safety, comfort and wellbeing of the individual.

Expectations for what is covered by Room and Board include, but are not limited to the following:

1. Shelter, including all utilities and a private bedroom with locking door. a. The room must be set up as a bedroom with appropriate furnishings (minimum: bed with bed frame, dresser, closet or wardrobe) and window coverings.
2. Food and Beverages: three (3) balanced, nutritious meals a day, plus snacks and beverages. The provider will follow any nutritional guidelines set forth by the PCP or other professionals such as a dietitian or nutritionist, and as approved by the guardian if applicable.

NOTE ON FOOD: It is expected that the Home Provider adhere to the following:

- a. Minimum structure of meals above.
- b. Foods need to be those that the individual prefers.
- c. Must provide the foods/supplements that are needed for the individual whether by preference or by health care management.
- d. If the home provider chooses to take the individual/household members out to eat, they must cover the cost for reasonable meal options while eating out. If the individual chooses to eat out or prefers more expensive/lavish meal choices, they will be expected to pay the difference themselves.

3. Personal Needs/Basic Hygiene Items:

- a. Shampoo/Conditioner
- b. Soap/Body Wash
- c. Deodorant
- d. Toothpaste/Brush, Floss etc.
- e. Feminine products as needed
- f. Shaving Items
- g. Any other personal hygiene items as needed

Note: if the individual prefers higher end/specialty items they will be expected to pay for the extras themselves.

4. Nonfood/Hygiene items: a. Access to Laundry and Laundry Supplies (detergent, fabric softener etc.)
- b. Toilet paper, Paper towels, Cleaning supplies
 - c. Bedding
 - d. Towels/Face cloths
 - e. Basic Everyday Clothing: tops, bottoms, underwear, socks, pajamas, shoes, outerwear etc. (if the individual needs or wants more expensive items e.g. winter coat, boots, high end clothing etc. this will

be paid for from their own funds or if they need further assistance the Service Coordinator will help them with access)

f. Ready Access to a Telephone at all times, Cell Phone is OK provided the individual has ready and immediate access and does not need to borrow a phone and is never without a phone during any alone time

g. Access to Basic Television/Cable. Premium channels or additional streaming is the responsibility of the individual

h. The need for Internet Access will be reviewed and discussed with the team in accordance with the individual's needs and any applicable behavior plans

i. Furnished Bedroom (minimum: bed with frame, dresser, closet/wardrobe, window coverings)

j. Lock on Bedroom Doors

k. Key to Home

l. Medication Copays, Over the Counter Meds **under \$10.00**. If co-pays or medical items are more than \$10 and the individual does not have the money available, the provider is expected to purchase them and seek reimbursement by submitting receipts to individual's Representative Payee or Coordinator. Prior approval of Payee for the expense may be required.

5. Activities

a. If the household goes out for an activity together (movies, bowling etc.), the home provider is expected to pay. If the individual wants extra things during the activities or goes out on an activity on their own, they will use their own money.