

Who is Ariel?

Ariel was started in 1994 as a therapeutic foster care agency. At that time, we had an individual who was developmentally delayed and was aging out of foster care who needed a host home. So, we became an Adult Services Agency in 2005. The individuals we serve have a wide range of intellectual, developmental, and physical disabilities. We specialize in matching the people we serve to dedicated and caring host home providers.



What does it take to be an Ariel host home?

What Ariel Host home providers are expected to do is:

- Be willing to be a part of a team.
- Open your home and offer a nurturing and family-like environment.
- Assist with personal care, meal planning and preparation, medical appointments, community activities, safety skills, shopping and more.
- Recognize teachable moments and how to learn from them.
- Understand IDD rights so that you can advocate for them.
- Be supportive and find personal strengths.
- Be involved in your community and provide an enriched life.
- Be willing to have a personal relationship with individual and help them nurture positive relationships.
- Be willing to be an independent contractor.

Why choose Ariel?

- There are many reasons to become an Adult Host Home provider with Ariel. We offer competitive pay rates, and continuous training and consistent support.
- We have a full time Behavioral Specialist, Therapist and staff who can assist with challenging behavior management.
- We have a full-time registered nurse who can assist in medical needs of the person receiving services in home.
- Your case managers job is to coordinate care and identify needs, offer support to individual and client.
- The Community Support Services program is to support in the moment community activities and events for person receiving services.
- There are administrative staff to assist with benefits and money management.

Ariel's mission is to provide safe, nurturing and supportive environments for our clients so that they may have the opportunities to develop their strengths, maximize their potentials and fully participate in society.



Requirements for Residential Host Home, Residential Respite & CES Respite

1. Pick up Application:

- ☐ CAPS check, Background Check and DMV Records (For anyone over 18 in the home)
- ☐ Copy of Driver's License (For anyone over 18 in the home)
- ☐ Release of Information and Contractor Non-Disclosure Agreement

2. Potential HHP Application:

- ☐ 5 References (emails)
- ☐ Provider Profile w/3+ Photos (Family photo, Photo of House, Photo of available bedroom)
- ☐ Respite Providers Applied – must meet same qualifications as HHP

3. IT Hardware

- ☐ Laptop/ Desktop Computer
- ☐ Internet
- ☐ Working email address
- ☐ Zoom Account (has to be created prior to training)

4. Schedule Required Trainings or Turn in Certificates:

- ☐ Therap Academy Certification Trainings
- ☐ CPR & First Aid
- ☐ Safety Care or CPI
- ☐ Ariel Agency Training

5. Turn in Copies of:

- ☐ Home/Renters Insurance
- ☐ Auto Insurance and Registration (For any vehicle that will transport a client)
- ☐ Obtain your Trade Name (<http://www.sos.state.co.us/biz/FileDoc.do>)

6. Schedule with Placement Coordinator:

- ☐ HUD (Home) Inspection (completed with Placement Coordinator)
- ☐ Vehicle Inspection (completed with Placement Coordinator, for each vehicle that will transport a client)

Residential Host Home Requirements & Fees:

- Background Check, per adult: \$45.00

Total \$45 (per adult living in the home)

If you do not have the required trainings, Ariel does provide them, the fees are as follows;

Fees:

Trainings	Fee w/Certificate	Fee w/out Certificate
CPR & First Aid	\$75.00	\$30.00
Safety Care	\$50.00	\$30.00
Policies and Procedures	\$15.00	\$15.00
Rules and Regulations	\$15.00	\$15.00
Therap Academy	\$0	\$0

All trainings are nonrefundable with payment due when application is submitted

*We accept cash or checks only. All checks can be made out to Ariel Clinical Services



Notes/Dates

Name:	
Phone Number:	
Host Home Provider Application	
Host Home Profile	
CAPS Background Form (Colorado Adults Protection System)	
Fair Credit Reporting Act Disclosure & Authorization	
Citizenship Affidavit	
Non-Disclosure Agreement	
False Claims Prohibition & Acknowledgement	
HIPPA / Confidentiality	
Reference (3)	
Liability Insurance (explanation insert)	
HUD Home Inspection	
Copy of Home Owners / Renters Insurance	
Copy of Auto Insurance	
Copy of Driver's License	
Resume	
Required Trainings	
Mandatory Reporting	
GER Reporting - Therap	
CPR & First Aid	
Q MAP - Medication Administration	
Safety Care	
Client Specific	



Welcome to Ariel!

Dear Prospective Host Home Provider:

We are happy that you have chosen Ariel as a possible Approved Service Agency (ASA) Provider to support you in caring for the Intellectual or developmentally disabled population. We take pride in the services we offer our clients and host home providers. We have high respect for those that work with at-risk populations and fully support both clients and host home providers to create the best possible situations for both.

In the application packet you will find a Host Home Checklist that can be used to track all the appropriate forms and information that needs to be completed prior to being eligible as a host home through Ariel.

Please understand that this process takes time. The most important thing for us is to make sure our individuals and their guardians feel good about where their loved one will live and with whom. **Each individual's path toward a Host Home Provider (HHP) will be unique depending on their circumstance, and the steps you may have go through may or may not include the following:**

- It takes approximately two weeks to process your application.
- If we have individuals to place, we try to fit their wishes and needs with the providers we have in place. If you are chosen to meet the family, you will possibly be among 2-4 other potential homes.
- You may be asked to come in and view the file of the individual and have your questions answered.
- A meet-and-greet will be scheduled between you, the parent or guardian, the case manager, and possible advocates at Ariel. The other potential Host Homes may attend as well.
- If the meet-and-greet goes well, we will plan a transition time where everyone can get to know one another.

What to expect after you are approved:

- HUD Home inspection will be done.
- Host Home Provider Training: Independent Contractor, THERAP software, HIPPA Agreement, Mandatory Reporter, CPR/First Aid, Safety Care, QMap. Other specific trainings or certifications may be required.
- Independent Contractor Contract signed.

*If you have already completed any of the following trainings, please provide a copy of certificate. These trainings will most likely come after you have had an individual placed in your home.

We are thrilled that you are considering us to work with and look forward to discussing the possibilities with you in the future.

Sincerely,

The Ariel Team

It's the 'Person First', then the Disability

What is the proper way to speak to or about someone who has a disability?

In speaking or writing, remember that children or adults with disabilities are like everyone else - except they happen to have a disability. Therefore, here are a few tips for improving your language related to disabilities and handicaps:

1. Speak of the person first, then the disability.
2. Emphasize abilities, not limitations.
3. Do not label people as part of a disability group. Don't say "disabled", say "people with disabilities".
4. Do not give excessive praise or attention to a person with a disability. Do not patronize them.
5. Choice and independence are very important. Let the individual speak for himself/herself as much as possible.
6. A disability is a functional limitation that interferes with an individual's ability to walk, hear, talk, learn, etc... Use "handicap" to describe a situation or barrier imposed by society, the environment, or oneself. Example: the person with the disability is handicapped by the inaccessible building.

Say...

Person with a disability
Person with cerebral palsy
Person who has...
Without speech, nonverbal
Developmental delay
Emotional disorder or mental illness
Person who is deaf or hard of hearing
Uses a wheelchair
Person with retardation
Person with epilepsy
With Down Syndrome
Has a learning disability
Nondisabled
Has a physical disability
Congenital disability
Condition
Seizures
Cleft lip
Mobility impaired
Medically involved, or has chronic illness
Paralyzed
Has hemiplegia (paralysis of one side of the body)
Has quadriplegia (paralysis of arms & legs)
Has paraplegia (loss of lower body function)
Of short stature

Instead of...

Disabled or handicapped person
Palsied, or CP, or spastic
Afflicted, suffers from, victim
Mute or dumb
Slow
Crazy or insane
Deaf and dumb
Confined to a wheelchair
Retarded
Retarded epileptic
Mongoloid
Is learning disabled
Normal, healthy
Crippled
Birth defect
Disease (unless it is a disease)
Fits
Hair lip
Lame
Sickly
Invalid or paralytic
Hemiplegic
Quadriplegic
Paraplegic
Dwarf or midget

Host Home Provider Signature

Date

Definitions

Deficit-based language	Strength-based, recovery-oriented language
A schizophrenic	A person diagnosed with schizophrenia who experiences...
Suffering from	Experiencing, living with, working to recover from...
Minimize risk	Maximize growth
Denial, unable to accept illness	Pre-contemplative stages, does not agree with diagnosis
Acting out	Use of alternative coping strategy...
Resistant, non-compliant	Not open, chooses not to, has own ideas about...
Frequent flyer	Utilizes services and supports as needed
Manipulative	Resourceful, really trying to make needs known, self-advocate
Hopeless	Unaware of opportunities
Maintaining stability	Sustaining recovery
Helpless	Unaware of capabilities
Low functioning	Experiencing difficulty
High functioning	Capable, able to incorporate learning
Has issues	Has the fear of the unknown
Weakness	Barrier to change, needs...
Patient is at baseline	Patient is functioning as well as possible for them
Refused	Declined
Unmotivated	Patient is not interested in...
Entitled	Aware of one's rights

Trauma-Informed Language

Be aware of how we say it

Explain why

Be aware of situation/feelings (Theirs and yours.)

Presentation of information and how behaviors are trying to be corrected

Mindset, awareness, being mindful

"Most behavior is a call to love or for love."

Being aware of where they come from and the things, we take for granted

Language of inclusion, not separation

Finding ways to work with the ones that tip us over, burn us out, etc.



Host Home Application

Full Name of Prospective Provider: _____

Complete Address: _____

Address of Proposed Host Home (if different): _____

Length of time at this Residence: _____

Please list any other previous residences for the last 5 years (**bold area is required**):

Dates	Street Address	City	State	Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Educational Background (High School, College, Graduate, Other):

Name of School	Location	Field of Study	Graduation Date

Employment History (most recent or current employer first):

Name of Employer:	Address/Phone:
Dates of Employment:	Position Held/General Duties:
Reason for Leaving:	Name/Title of Direct Supervisor:

Name of Employer:	Address/Phone:
Dates of Employment:	Position Held/General Duties:
Reason for Leaving:	Name/Title of Direct Supervisor:

Name of Employer:	Address/Phone:
Dates of Employment:	Position Held/General Duties:
Reason for Leaving:	Name/Title of Direct Supervisor:

Have you ever been convicted of a felony or misdemeanor? YES ☐ NO

If yes, please explain and give date: _____

Have you ever been charged with or convicted of any benefit program abuse or fraud? YES ☐ NO

If yes, please explain and give date(s): _____

Have you ever been accused or convicted of an Abuse Allegation in the IDD System? YES ☐ NO

If yes, please explain and give date(s): _____

How did you become aware of the host home program? Why do you desire to become a host home provider? _____

Have you ever been a host home or foster care provider before? If so, please identify the agency with whom you contracted. _____

What is your understanding of the role of the host home provider? _____

Please describe your prior experience, if any, working with individuals with developmental disabilities as well as any other qualifications or training that might prepare you to be a host home provider (include any current licensures or certifications): _____

Have you identified a specific individual that you would like to provide a host home for? If so, identify the individual and describe your current relationship with him/her (i.e., how you came to know him/her, activities that you currently engage in together, present involvement with your family, etc.)

If you have not identified a specific individual, describe in detail the type of individual that you think would fit well in your home. Please note if you are willing to serve individuals with high needs (i.e., behavioral, medically fragile, and non-ambulatory.) _____

Identify the other members of your household (include ages, occupations):

Briefly describe your home. List features such as stairs, ranch style, wheelchair accessibility, special amenities such as spare room, fenced yards, recreational areas, etc. _____

Total number of rooms: _____ Bedrooms: _____ Bathrooms: _____

The agency is required to conduct a criminal background check on all individuals in the host home eighteen (18) years of age or older. What (if anything) will such a check show?

Have you used any illegal drugs in the last 6 months? Does any member of your household use illegal drugs? Have you ever allowed illegal drugs in your household?

List three (3) professional references with phone numbers, include at least one supervisor, who would be able to speak about your qualifications as a host home provider:

I certify that the information provided herein is true and complete to the best of my knowledge. I understand that any provider agency considering contracting with me as a host home provider may make inquiries to verify the facts set forth in this form and to establish my qualifications to provide the services required within the contract. This includes (but may not be limited to) conducting reference and criminal background checks. I understand that any false statements, omissions, or misrepresentation may result in my being further considered as a host home provider and, if a contract has been entered into, the voiding or termination of said contract.

Applicant Signature: _____

Printed Name: _____ Date: _____



Ariel Host Home Provider Profile

Name:
Phone #:
Email:
Address of Home:
Major Cross Streets of Home:
Describe your neighborhood:

Type of Home: ☐ House ☐ Apartment ☐ Townhome ☐ Other

Is your home wheelchair accessible? ☐ Yes ☐ No

Do you have a wheelchair accessible vehicle? ☐ Yes ☐ No

How many available bedrooms? _____

On what level are the available rooms (basement, ground, second, etc.)? _____

Do you have outdoors space available to clients (yard, nearby park, etc.)? _____

Are you able to work with clients that are:

(Circle your answers)

Male / Female / Both

Children / Adults / Both

Number pets in the home:

___ Dogs

___ Cats

Other (please identify): _____

Will you allow a client to bring a pet into your home? ☐ Yes ☐ No

Describe your weaknesses:

Is there any other helpful information to match you with clients? (Interests, skills, experience, etc.):

Are you able to serve medically fragile individuals (G-tube, non-verbal, etc.)? ☐ Yes ☐ No

Are you able to serve Sex Offenders? ☐ Yes ☐ No

Are you able to serve individuals with High Behaviors? ☐ Yes ☐ No

Can you provide Line-of-Sight supervision? ☐ Yes ☐ No

Does your family eat dinner together every night or separately? _____

Do you practice a particular religion in your home? (If yes, please explain) _____

Do you or other members of the household smoke? ☐ Yes ☐ No

Would clients be able to smoke in the home or in a designated area? ☐ Yes ☐ No (If no, please explain)_____

Clients currently in the home:

First Name or Initials	Age	Sex

Do you and other members of the household have other jobs? If so, what are they and are they full-time, part-time, etc.?

Describe a typical weekday in your home:

Describe a typical weekend in your home:



AFFIDAVIT

**for the Colorado Department of Human Services
and the Department of Health Care Policy and Financing
as Proof of Lawful Presence in the United States**

I, _____, swear or affirm under penalty of perjury
under the laws of the State of Colorado that (check one):

- ☐ I am a United States citizen, or
- ☐ I am a legal Permanent Resident of the United States, or
- ☐ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under *Colorado Revised Statute 18-8-503* and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date



Non-Disclosure Agreement

ARIEL CLINICAL SERVICES has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their records.

In the course of my contract at ARIEL CLINICAL SERVICES, I may come into possession of confidential client information, even though I may not be directly involved in providing client services. I understand that such information must be maintained in the strictest confidence.

As a condition of my contract, I hereby agree that, unless directed by my case manager or another Ariel employee, I will not at any time during or after my contract with ARIEL CLINICAL SERVICES, disclose any client information to any person whatsoever or permit any person whatsoever, to examine or make copies of any client reports or documents, other than as necessary in the course of my contract.

When client information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's care.

I understand that violation of this agreement may result in corrective action, up to and including discharge.

Signature

Date



2938 North Avenue, Suite G
Grand Junction, CO 81504
PHONE 970-245-1616
FAX 970-241-8722

4660 Wadsworth Blvd.
Wheat Ridge, CO 80033
PHONE 303-703-9351
FAX 303-703-4500

2145 Academy Circle
Colorado Springs, CO 80909
PHONE 719-260-6110
FAX 719-260-6107

Reference Checks

Name _____

Please provide five (5) email addresses below. Each recipient will receive a Survey Monkey link to complete your reference check.

1. _____

2. _____

3. _____

4. _____

5. _____

Signature

Date

False Claims Prohibition and Acknowledgment

The purpose of this policy is to comply with the Deficit Reduction Act of 2005 by ensuring that employees of Ariel Clinical Services and of Ariel Clinical Services contractors and agents provided detailed information about the False Claims Act, 31 USC s 3729-s 3733, administrative remedies for false claims and statements established under chapter 38 of title 31, United States Code, and any State laws pertaining to civil or criminal penalties for false claims and statements, and whistleblower protections under such laws, with respect to the role of these laws in preventing and detecting fraud, waste and abuse of federal health care programs.

1.0 COMPLIANCE WITH FALSE CLAIMS LAWS REQUIRED

1.1 Federal Law Prohibits False Claims. The Federal False Claims Act, 31 USC 3729-3733 (FCA), prohibits the submission of false or fraudulent claims for payment to Medicare, Medicaid or other federal health programs. They are as follows:

1.1-1 Under the FCA, a person is civilly liable if he or she:

1.1.1.1 Knowingly presents, or causes to be presented, to an officer or employee of the United States Government a false or fraudulent claim for payment or approval;

1.1.1.2 Knowingly makes, uses or causes to be made or used, a false record or statement to get a false or fraudulent claim paid or approved by the Government;

1.1.1.3 Conspires to defraud the Government by getting a false or fraudulent claim allowed or paid;

1.1.1.4 Has possession, custody, or control of property or money used, or to be used by the Government, and intending to defraud the Government or willfully to conceal the property, delivers or causes to be delivered, less property than the amount for which the person receives a certificate or receipt;

1.1.1.5 Authorized to make or deliver a document certifying receipt of property used, or to be used, by the Government and, intending to defraud the Government, makes or delivers the receipt without completely knowing that the information on the receipt is true;

1.1.1.6 Knowingly buys, or receives as a pledge of an obligation or debt, public property from an officer or employee of the Government who lawfully may not sell or pledge the property; or

1.1.1.7 Knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.

1.1.2 A civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages which the Government sustains because of the act of that person can be awarded.

1.1.3 The terms "knowing" and "knowingly" mean that a person, with respect to information -

1.1.3.1 Has actual knowledge of the information;

1.1.3.2 Acts in deliberate ignorance of the truth or falsity of the information; or

1.1.3.3 Acts in reckless disregard of the truth or falsity of the information, and no proof of specific intent to defraud is required.

1.1.3.4 "Claim" - includes any request or demand, whether under a contract or otherwise, for money or property which is made to a contractor, grantee or other recipient if the United States Government provides any portion of the money or property which is requested or demanded, or if the Government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

1.1.3.5 Exclusion - This does not apply to claims, records, or statements made under the Internal Revenue Code of 1986, which has its own statutes and regulations.

1.1.3.6 The FCA allows individuals who have first-hand knowledge of such misconduct to sue the entity that submitted the false claim on behalf of the United States. If the suit results in recovery of funds for the Government, the individual can share in a percentage of the recovery. If the suit is found to have been for the purpose of harassing the employer, and/or the case has no merit, the individual may have to pay the defendant for its legal fees and the costs of its defense.

1.1.3.7 The FCA protects employees who act as whistleblowers from retaliation by their employers. An employee may not be discharged, demoted, suspended, threatened, harassed or discriminated against in the terms and conditions of employment because of lawful actions taken by the employee in connection with an action under the FCA. If the employee can demonstrate that he or she was the victim of such retaliation, the

employee is entitled to reinstatement, double back pay, plus interest and reimbursement of other costs and damages.

1.2 Federal Administrative Remedies for False Claims, 31 USC 3801-3812

1.2.1 This federal law is similar to the FCA and creates a penalty for submitting a false claim of up to \$5,000 per claim and twice the amount of the claim. This law is violated when a false claim is submitted, not when it is paid. Under this statute, investigations and recoveries are handled by federal agencies, not the courts. Although private individuals may report violations to the government, there is no option for the whistleblowers to share in the amounts recovered.

2.0 PROCEDURE FOR HANDLING ALLEGED FALSE CLAIMS

2.1 Duty to Report - to assist Ariel Clinical Services with its commitment to appropriate and legal conduct in relation to federally funded programs, employees of Ariel Clinical Services and of contractors have a duty to report any violations of the above laws that come to their attention. For example, if an employee believes that a representative or contractor of Ariel Clinical Services is billing for services that were not actually provided, were improperly coded, were medically unnecessary, or were provided in a significantly substandard manner, the employee or contractor should immediately contact the Human Resources Director, the Director of Finance, or the Executive Director of Ariel Clinical Services. The report should be in writing and contain details of the nature of the violation, date, time, location, identity of person engaging in the conduct, identity of any witnesses and relevant documents. The person receiving the report shall immediately notify the Compliance Officer (Director of Finance) of Ariel Clinical Services of the reported violation.

2.2 Investigation. Ariel Clinical Service's Compliance Officer, or the Compliance Officer's designee, shall conduct an investigation of the alleged misconduct. Employees and contractors must cooperate with the investigation.

2.3 Confidentiality and Retaliation Issues. Ariel Clinical Services can not promise confidentiality in conducting its investigation, although it will endeavor to keep the investigation as confidential as possible while not jeopardizing the investigation. No employees shall be retaliated against for making a good faith report of a suspected violation to the managers identified above, or to any state or Federal agency authorized to receive such report, or for participating in the investigative or legal process. There are specific precautions under the laws for employees and contractors who act as "whistleblowers" when they believe false or fraudulent claims are being submitted.

2.4 Penalty. In addition to the civil penalties and damage awards that an individual may suffer for violating the Federal laws prohibiting False Claims and retaliation for reporting false claims, any employee of Ariel Clinical Services who violates this policy will also be subject to discipline or discharge for the first offense. Contractors and agents who violate this policy shall be in breach of their contract and subject to cancellation as well as monetary liability to Ariel Clinical Services for any damages Ariel Clinical Services suffers as a result of the Contractor's or agents violations.

3.0 DISSEMINATION OF POLICY

3.1 Ariel Clinical Services shall disseminate this policy to all employees at the time they are hired and to contractors and agents at the time they enter into a contract with Ariel Clinical Service and shall require the contractors and agents to make their employees and subcontractors aware of the policy. This policy shall also be included in Ariel Clinical Service's Policy Manual that is available to all Board Members, Managers and Employees. It shall be reviewed periodically with employees to ensure awareness and compliance.

FALSE CLAIMS ACKNOWLEDGEMENT

I have read and understand the False Claims Prohibition Policy developed by Ariel Clinical Services.
A copy of the False claims prohibition policy has been provided to me.

Signature

Date

Printed Name

Ariel Clinical Services

HOST HOME CONFIDENTIALITY AGREEMENT

Ariel Clinical Services has a legal and ethical responsibility to safeguard the privacy of all individuals and to protect the confidentiality of their records. In the course of my being a host home with Ariel Clinical Services, I may come into possession of confidential client information, even though I may not be directly involved in providing client services.

I understand, that such information must be maintained in the strictest confidence. I hereby agree that I will not, at any time during or after my agreement with Ariel Clinical Services, disclose any individual's information to any person whatsoever or permit any person to examine or make copies of any reports or other documents prepared by me, unless directed by Ariel.

When individual's information must be discussed with other professionals involved in the care, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's care. This includes but is not limited to restaurants, community activities, shopping centers, etc.

I understand that it is a breach of confidentiality to post any information pertaining to an individual, an individual's family, history, or case on the web. This includes photos, names, and any other content about the individuals on any social media sites such as Facebook, Twitter, etc.

I understand that violations of this agreement may result in immediate closure of my home.

Signature

Date

Signature

Date



Preparing for a HUD Inspection

One of the steps in becoming an approved Host Home Provider is to pass a HUD inspection.

To prepare for this you will need:

- A house in good repair – no broken windows, holes in walls, exposed wiring.
- A current fire extinguisher(s). One on each floor and near the kitchen.
- Windows that are easy to open.
- Doorways and passages with clear access.
- Bedroom doors with locks for the rooms of the person being serviced.
- Bedrooms with a window, closet, and a minimum of 80 square feet for the rooms of the person being serviced.
- Adequate heating and cooling equipment.
- Approved water supply.