

# FAMILY & CORPORATE Adult Foster Care Without a 245D-HCBS Program License Licensing Checklist

License Holder's Name: \_\_\_\_\_ AFC License #: \_\_\_\_\_

Program Address: \_\_\_\_\_

Date of review: \_\_\_\_\_ Type of review: ☐ Initial ☐ Renewal ☐ Other \_\_\_\_\_

C = Compliance   NC = Non-Compliance   V = Variance   NA = Not Applicable

<b>I. Application</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The DHS – Family Systems application was completed.	245A.04, Subd. 1					
2. The Workers' Compensation insurance verification form was completed.	MS176.182					

<b>II. Operator Qualifications</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. At application, the following social history information was completed about each household member:*( <b>(please note this is a requirement for family AFC programs only – this is not applicable for corporate AFC programs)</b>	9555.6125, Subp. 3, B					<i>*Initial application only or when adding an additional applicant</i>
<ul style="list-style-type: none"> <li>• education</li> <li>• employment</li> <li>• financial condition</li> <li>• military service</li> <li>• marital history</li> <li>• strengths &amp; weaknesses of household relationships</li> <li>• mental illness</li> <li>• chemical dependency</li> <li>• hospitalization</li> <li>• involuntary termination of parental rights</li> <li>• use of developmental disability services</li> <li>• felony, gross misdemeanor or misdemeanor convictions</li> <li>• arrests or admissions</li> <li>• substantiated reports of maltreatment</li> </ul>						
2. The applicant provided the names of three persons not related to the applicant who can supply information about the applicant's ability to operate an adult foster home.*	9555.6125, Subp. 3, D					<i>*Initial application only or when adding an additional applicant</i>

<b>II. Operator Qualifications</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
3. License-holder (LH)* caregivers, and household members meet the following qualifications:	<i>*Referred to in the AFC rule as "operator"</i>					
A. LHs and caregivers are at least 18 years of age.	9555.6125, Subp. 4, A					
B. LHs and caregivers do not have a diagnosis of a developmental disability and receive services.	9555.6125, Subp. 4, E					
C. Caregivers and household members do not abuse prescription drugs or use controlled substances, or alcohol, to the extent that the use or abuse has or may have a negative effect on the health, rights, or safety of persons receiving services.	9555.6125, Subp. 4, G					

<b>III. Assessment &amp; Adult Foster Care Services</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. A copy of the initial (and any subsequent) mobility assessment for each person served by the program, completed by the person's social worker or placing worker, is in the person's file at the program in order to determine whether accessibility aides or modifications to the residence are needed.	9555.5605, Subp. 2					
2. A person receiving services who is confined to a wheelchair is housed on a level with an exit directly to grade.	9555.5605, Subp. 2					
3. There is a copy of the initial individual resident placement agreement (IRPA)* for each person being served by the AFC program.  The IRPA is updated annually as required.	9555.5705 subp 2 9555.6167 9555.6245 subp 8					* The IRPA is developed by the social worker or placing worker, and agreed upon by the person served, the person's legal representative and the LH. If a person does not have a social worker or placing worker (private pay), the IRPA is developed by the LH, the person served, and the person's legal representative (if applicable). It is the responsibility of the LH to ensure there is a copy of the plan in each person's file.
4. The IRPA contains all of the following information: A) The reason for placement B) What the LH provides in the following areas: <ul style="list-style-type: none"> <li>• lodging</li> <li>• food</li> <li>• protection</li> <li>• household or living skills training or assistance</li> <li>• personal care assistance</li> <li>• assistance safeguarding cash resources</li> <li>• transportation</li> <li>• residence accessibility modifications</li> <li>• medication assistance</li> <li>• supervision</li> </ul> C) Who is financially responsible for the payment of foster care services D) Any other community, health, and social services the program will assist in providing.	9555.5105, Subp. 19					

<b>III. Assessment &amp; Adult Foster Care Services (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
5. Persons receiving services are appropriate for adult foster home placement. Each person: <ul style="list-style-type: none"> <li>• is an adult</li> <li>• is functionally impaired</li> <li>• has requested, or the person's legal representative has requested, foster care placement</li> <li>• has demonstrated a need for foster care based on assessment</li> <li>• does not require continuous medical care or treatment</li> <li>• has been approved for placement if the person has a developmental disability or related condition.</li> </ul>	9555.5605, Subp. 3					

<b>IV. Capacity</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. There are no more than four persons and/or roomers* in placement unless they have one of the following exceptions: <ul style="list-style-type: none"> <li>• <i>License for 5 elderly without DD/MI diagnosis</i></li> <li>• <i>They have a variance to provide crisis services in a 5<sup>th</sup> bed</i></li> <li>• <i>They have a variance to provide respite services in a 5<sup>th</sup> bed</i></li> <li>• <i>They have a capacity of 5 because they met the requirements of 245A.11, subd. 2a (f).</i></li> </ul> * A "roomer" is a household member who is not related to the operator and is not a person receiving services or a caregiver.	245A.11, Subd. 2a (a-f)  9555.5105, Subp. 32 & 33 Subp. 2					
2. If there is a dual license for the program (AFC/CFC or AFC/FCC) a variance has been granted.	245A.16, Subd. 1 (1)					

<b>V. Supervision</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. Oversight is provided by a caregiver according to the individual resident placement agreement. Daily awareness of the needs and activities of persons served by the program is maintained.	9555.5105, Subp. 37, A					
2. A caregiver is present in the residence during normal sleeping hours.*  *If the program is using alternate overnight supervision technology, use additional checklist	9555.5105, Subp. 37, B					

<b>VI. Foster Care Training</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. LHs and caregivers must complete three hours of orientation prior to placement of the first person receiving services following initial licensure. The training must include the following: <ul style="list-style-type: none"> <li>• Requirements of the Vulnerable Adults Act (VAA)</li> <li>• General requirements of Rule 203 (AFC rule)</li> <li>• Staff duties related to implementing the policies and procedures of the program</li> </ul>	9555.5505 Subp. 2 9555.6185, Subp. 1 245A.04, Subd. 14					
2. Caregivers with: <ul style="list-style-type: none"> <li>• 0-5 years of licensure or experience must complete 12 hours annual training</li> <li>• 6 or more years of licensure or experience must complete 6 hours annual training.</li> </ul>	9555.6185, Subp. 2, A & B					
3. Training must be completed from any of the following areas: <ul style="list-style-type: none"> <li>• communication skills</li> <li>• roles &amp; relationships in foster care</li> <li>• community services for adults</li> <li>• constructive problem solving</li> <li>• cultural differences</li> <li>• basic first aid and CPR</li> <li>• home safety</li> <li>• self-esteem</li> <li>• medication assistance</li> <li>• human sexuality</li> <li>• death, dying, separation, and grieving</li> <li>• aging process</li> <li>• recreation and leisure time</li> <li>• nutrition</li> <li>• mental health</li> <li>• developmental disabilities</li> <li>• physical disabilities</li> <li>• chemical dependency</li> <li>• abuse &amp; neglect</li> <li>• stress management</li> <li>• assertiveness</li> <li>• eating disorders</li> <li>• behavior problem solving</li> <li>• money management</li> <li>• data privacy</li> <li>• living skills training</li> <li>• other areas as approved by the licensing agency</li> </ul>	9555.6185, Subp. 2 & 4					

<b>VI. Foster Care Training (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
4. All mandated reporters have received orientation within 72 hours of first providing direct contact to persons served by the program on the following: <ul style="list-style-type: none"> <li>Minnesota Statutes, section 245A.65 requirements</li> <li>Reporting requirements and definitions</li> <li>The Program Abuse Prevention Plan</li> <li>All internal policies and procedures related to the prevention and reporting of maltreatment.</li> </ul>	245A.65, Subd. 3					
5. All mandated reporters have received annual training on the areas in item #4 above related to the reporting of maltreatment of vulnerable adults (VA).	245A.65, Subd. 3					
6. All employees, subcontractors, and volunteers are trained about the program's drug and alcohol policy.	245A.04, Subd. 1(c)					
7. If there are any persons receiving services who rely on medical equipment to sustain life or monitor a medical condition, all caregivers have received training on such equipment from a qualified source.*  * A "qualified source" is a health care professional or an individual who provides training on this equipment.	245A.155 Subd. 3 & 4					
8. A record of all completed training for all LHs and caregivers is maintained and made available.	9555.6185, Subp. 2					
9. If services are provided based on a contract, the LH complies with any additional training that may be required in the contract.	9555.6185, Subp. 2, C					

<b>VII. Cooperation &amp; Reporting</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The agency is allowed access to the physical plant and grounds where the program is provided, documents and records, including electronic records, persons served by the program and staff whenever the program is in operation and the information is relevant to inspections or investigations.	9555.6125, Subp. 1  245A.04, Subd. 5					
2. The LH cooperates with the placing worker or social worker in carrying out the provisions of the individual plan for each person receiving services and in developing the individual resident placement agreement.	9555.6175, Subp. 1					
3. A report is made to the licensing agency immediately* after a serious injury* or death of a person receiving services occurs.  *"Immediately" means within 24 hours * "Serious injury" means an injury that requires treatment by a physician.	9555.6175, Subp. 3, C					

<b>VII. Cooperation &amp; Reporting (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
4. A report is made to the licensing agency within 24 hours of: <ul style="list-style-type: none"> <li>the occurrence of a fire that causes damage or requires services of the fire department</li> <li>repairs or changes requiring a building permit are made to the residence</li> <li>a change in the health status of a caregiver that could affect the ability of the caregiver to care for persons receiving services.</li> </ul>	9555.6175, Subp. 3, B & D					
5. A report is made to the licensing agency within 5 days of: <ul style="list-style-type: none"> <li>any change in the regular membership of the household</li> <li>a caregiver's employment status.</li> </ul>	9555.6175, Subp. 3, A					
6. A report is made to the placing worker or social worker if the person has one, within 5 days when a person receiving services shows the need for additional community health or social services.	9555.6175, Subp. 4, A					
7. A report is made to the licensing agency within 7 days of the transfer or voluntary discharge of a person receiving services who does not have a placing worker or social worker (private pay).	9555.6175 Subp. 3, G					
8. Notification is made at least 30 days before the involuntary discharge of a person receiving services: <ul style="list-style-type: none"> <li>to the placing worker or social worker</li> <li>to the licensing agency for a person who does not have a placing worker or social worker (private pay).</li> </ul>	9555.6175, Subp. 3, F & 4, B					
9. Notification is made within 3 days to the placing worker or social worker for person who has one, when a person receiving services wants to voluntarily leave the AFC home.	9555.6175, Subp. 4, B					

<b>VIII. Physical Environment</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The residence was inspected by a fire marshal within 12 months before they were first licensed.	9555.6125, Subp. 2					
2. At relicensing - the DHS home safety checklist was completed before the license was renewed.	9555.6125, Subp. 2					
3. Any condition cited by a fire marshal, building official or health authority as hazardous or creating an immediate danger of fire or threat to health and safety was corrected before a license was issued or renewed.	9555.6125, Subp. 2					

<b>VIII. Physical Environment (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
4. The home is free of plumbing, electrical, ventilation, mechanical, or structural hazards that would threaten the health or safety of any person living in the home.	9555.6205, Subp. 1					
5. Each person receiving services has free access to and use of the living room.	9555.6205, Subp. 2					
6. The dining area has furniture that allows for meals to be shared by all persons living in the home.	9555.6205, Subp. 3					
7. A person must have a choice of roommate. <ul style="list-style-type: none"> <li>Each roommate must consent in writing to sharing a bedroom with one another.</li> <li>The LH is responsible for notifying a person of their right to request a change of roommate.</li> </ul>	245A.11, Subd. 9 (a)					
8. Single occupancy bedrooms have at least 80 square feet of floor space with a 7-1/2 foot ceiling. Double occupancy rooms have at least 120 square feet of floor space with a 7-1/2 foot ceiling.	9555.6205, Subp. 4, A (1)					
9. Bedrooms are separated from halls, passage ways, and other rooms in the home by floor to ceiling walls containing no openings except doorways. Bedrooms are not used as a passage way to another room.	9555.6205, Subp. 4 A (2)					
10. The personal possessions and items of persons receiving services are the only items stored in their bedroom.	9555.6205, Subp. 4 A (3)					
11. When possible, a person is allowed to have their own personal furniture in their bedroom, unless doing so would interfere with safety precautions, violate a building or fire code, or interfere with another person's use of the bedroom.	9555.6205, Subp. 4 A (4)					
12. Each person receiving services must be provided with the following items: <ul style="list-style-type: none"> <li>A separate, adult size single bed or larger with a clean mattress in good repair.</li> <li>Clean bedding appropriate for the season for each person receiving services.</li> <li>An individual dresser and closet for storage of personal possessions and clothing.</li> <li>A mirror for grooming.</li> </ul>	9555.6205, Subp. 4 B					
13. A lock must be provided for each person's bedroom door, unless otherwise indicated for the person's health, safety, or well-being. If restricted, it must be documented and justified in the person's Individual Abuse Prevention Plan (IAPP).	245A.11, Subd 9 (b)					

<b>IX. Food and Water</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. Water from privately owned wells is tested every year by a Department of Health-certified laboratory to make sure the water is safe. The health authority may require retesting and corrective measures if results exceed state water standards.	9555.6215, Subp. 1					
2. Three nutritionally balanced meals a day are served and available to persons, and nutritious snacks are available between meals. Food served meets any special dietary needs of persons served by the program.	9555.6215, Subp. 2					
3. Food is obtained, handled, and properly stored to prevent contamination, spoilage, or a threat to the health of a person.	9555.6215, Subp. 3					

<b>X. Pets</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. Pets housed within the home must be maintained in good health.	9555.6225, Subp. 7					
2. Before a person is admitted to the program, the person and the persons' legal representative are notified that there are pets in the home.						

<b>XI. Sanitation, Health &amp; Safety</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The home is clean.* The home is free from accumulations of dirt, rubbish, peeling paint, vermin, or insects.  *“Clean” means the absence of dirt, grease, rubbish, garbage, and other offensive, unsightly, or extraneous matter.	9555.6225, Subp. 1					
2. Chemicals, detergents, and other toxic substances are not stored with food products.	9555.6225, Subp. 2.					
3. The home has readily available first aid supplies including: <ul style="list-style-type: none"> <li>• bandages</li> <li>• sterile compresses</li> <li>• scissors</li> <li>• an ice bag or cold pack</li> <li>• an oral or surface thermometer</li> <li>• mild liquid soap</li> <li>• adhesive tape</li> <li>• a first aid manual.</li> </ul>	9555.6225, Subp. 4					



<b><i>XI. Sanitation, Health &amp; Safety (continued)</i></b>						
<b><i>Requirement</i></b>	<b><i>Rule/Statute</i></b>	<b><i>C</i></b>	<b><i>NC</i></b>	<b><i>V</i></b>	<b><i>NA</i></b>	<b><i>Comments</i></b>
4. Individual clean bed linens, towels, and wash cloths are available for each person served.	9555.6225, Subp. 6					
5. Weapons* and ammunition are stored separately in locked areas that are not visible or accessible to persons receiving services.  *“Weapons” means firearms and other instruments or devices designed for and capable of producing bodily harm.	9555.6225, Subp. 10					

<b><i>XII. Emergencies</i></b>						
<b><i>Requirement</i></b>	<b><i>Rule/Statute</i></b>	<b><i>C</i></b>	<b><i>NC</i></b>	<b><i>V</i></b>	<b><i>NA</i></b>	<b><i>Comments</i></b>
1. The home has the following items that are working and readily available in case of an emergency: <ul style="list-style-type: none"> <li>• A non-coin operated telephone</li> <li>• A flashlight</li> </ul>	9555.6225, Subp. 5 A					
2. The telephone numbers of each person’s legal representative (if applicable), physician, and dentist are readily available.	9555.6225, Subp. 5 B					
3. The following telephone numbers are posted or available in an easily seen location: <ul style="list-style-type: none"> <li>• Local fire department</li> <li>• Police department</li> <li>• An emergency transportation service</li> </ul>	9555.6225, Subp. 5 C					
4. Prior arrangements are made for a substitute caregiver to provide care during emergencies.	9555.6225, Subp. 5 D					
5. Each person served by the program is informed of a designated area within the home to go to during severe storms and tornadoes.	9555.6225, Subp. 5 E					
6. Fire drills are conducted at least once every three months.	9555.6225, Subp. 5 F					
7. The following items are on file and available in the home: <ul style="list-style-type: none"> <li>• A written fire escape plan</li> <li>• A log of quarterly fire drills</li> </ul>	9555.6225, Subp. 5 G					

<b>XII. Emergencies (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
8. There is a written fire escape plan for the program that includes the following: <ul style="list-style-type: none"> <li>• emergency phone numbers</li> <li>• a place to meet outdoors for roll call</li> <li>• smoke detectors and fire extinguisher locations</li> <li>• plans for quarterly fire and tornado drill sessions</li> <li>• escape routes to the outside from the levels used by persons served in the program.</li> </ul>	9555.6225, Subp. 5 H					
9. In buildings with three or more dwelling units, the floor plan identifies the location of enclosed exit stairs.	9555.6225, Subp. 5 H					
10. There is an emergency escape plan* for each person served by the program.	9555.6225, Subp. 5 H					
*The plan may be posted or readily available to staff and persons served by the program.						

<b>XIII. Medications</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. If a person receiving services is not capable of administering their own medications, caregivers may administer the medication only if the procedures in items A to G are followed:						
A. There is a written statement from the person's physician stating the name of the medication prescribed and whether the person is capable of taking the medication without assistance.	9555.6225, Subp. 8 A.					
B. The LH has written permission from the person receiving services or the person's legal representative for a caregiver to administer the medication.	9555.6225, Subp. 8 B					
C. There are written instructions for administration of medications from the person's physician. A prescription label may be considered as written instructions from a physician.	9555.6225, Subp. 8 C					
D. Each person that receives medication assistance has a medication record containing: <ul style="list-style-type: none"> <li>• the information on the prescription label</li> <li>• the consequences if the medication is not taken as directed</li> <li>• the adverse reactions to the medication that must be reported to the person's physician</li> <li>• instructions from the person's physician indicating when the physician must be notified if the medication is not taken as prescribed</li> <li>• documentation of any reports made to the person's physician whenever the person does not take medication as prescribed or if there are any adverse reactions to a medication.</li> </ul>	9555.6225, Subp. 8 D					

<b>XIII. Medications (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
<p>E. A report must be made to the person's physician and legal representative of the following:</p> <ul style="list-style-type: none"> <li>any adverse medication reaction</li> <li>a person's refusal or failure to take medication as prescribed</li> </ul>	9555.6225, Subp. 8 E					
<p>F. A report must be made immediately to the licensing agency whenever a person's physician is notified because medication is not taken as prescribed and the physician determines that the refusal or failure to take medication as prescribed creates an imminent threat to the person's health or safety or the health or safety of other persons receiving services or household members.</p>	9555.6225, Subp. 8 F					
<p>G. Caregivers may administer injectable medication only if they comply with the following:</p> <p>The caregiver:</p> <ul style="list-style-type: none"> <li>is a registered nurse (RN) or a licensed practical nurse (LPN) with a current Minnesota license</li> <li>is authorized to do so in writing by the person's physician, <b>and</b></li> <li>is covered by professional liability insurance</li> </ul> <p><b>or</b></p> <p>There is an agreement specifying what injections may be given, when and how, and that the physician retains the responsibility for caregivers to give injections. The agreement must be signed by:</p> <ul style="list-style-type: none"> <li>the caregiver</li> <li>the person's physician</li> <li>the person receiving services and/or the person's legal representative</li> </ul> <p>A copy of the agreement must be maintained on site in the person's personal record.</p>	9555.6225, Subp. 8 G					
<p>2. Schedule II controlled substances in the home are stored in a locked storage area. Only persons served by the program that are authorized and/or caregivers that are authorized are permitted access to these medications.</p>	9555.6225, Subp. 9					

<b>XIV. Safeguards for Assistance with Cash Resources</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
If the program assists with safeguarding the cash resources of persons served by the program, items A-E below must be followed:						
A. When a person's cash resources or other property is received or disbursed, the transaction is documented immediately and the person, or the person's conservator or payee (if applicable) provides a signature of the transaction.	245A.04 Subd. 13 c (1)					
B. No more than \$300 plus resources sufficient to meet one month's cost of care for a person served are maintained by the program.	9555.6265 Subp. 2 B					
C. The person served by the program and the person's legal representative must have access to the written records involving the person's funds.	9555.6265 Subp. 2 C					
D. A written account of financial transactions made on behalf of the person is provided quarterly to the person and the person's legal representative.	9555.6265 Subp. 2 D					
E. An itemized receipt must be exchanged in the following circumstances: <ul style="list-style-type: none"> <li>If a person receiving services leaves the program, the cash resource must be given to the person or the person's legal representative.</li> <li>If a person receiving services dies, the cash resources must be given to the person's legal representative (if applicable) or to the executor or administrator of the estate.</li> </ul>	9555.6265 Subp. 2 E					

<b>XV. Personal Record of Persons Served by the Program</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. There is an individual record maintained in the adult foster home for each person receiving services.	9555.6245, Subp. 1					
2. The individual record includes the following information: <ul style="list-style-type: none"> <li>name</li> <li>birthdate</li> <li>sex</li> <li>race</li> <li>marital status</li> <li>next of kin</li> <li>social Security number</li> <li>medical assistance number</li> <li>name, address, phone number of an emergency contact or the person's legal representative</li> <li>date the person was admitted to the program</li> <li>place or address from which the person was admitted</li> <li>if the person moves, the date of moving and the place or address where the person has moved</li> </ul>	9555.6245, Subp. 2					

<b>XV. Personal Record of Persons Served by the Program (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
3. The individual record contains the following medical information: <ul style="list-style-type: none"> <li>the name, address, and phone number of the person's physician, dentist, clinic, and other sources of medical care</li> <li>a health history and information on any health risks, allergies, and currently prescribed medication</li> <li>any emergency treatment that may be needed or provided while the person resides in the home</li> <li>the medication record as required under 9555.6225, subp. 8</li> </ul>	9555.6245, Subp. 3					
4. The record contains all incident reports* which must be written for the following: <ul style="list-style-type: none"> <li>when a person receiving services requires emergency care</li> <li>when a police report has been made of an incident involving a person receiving services</li> <li>when a complaint has been filed under the VAA</li> </ul> <p>*Incident reports must be entered into the person's individual record within 8 hours after knowledge of the occurrence.</p>	9555.6245, Subp. 5					
5. The record contains an individual abuse prevention plan.	9555.6245, Subp. 6					
6. When a person is transferred or discharged for any reason a note must be made in the individual record showing the date of discharge, forwarding address, and reason for discharge or transfer.	9555.6245, Subp. 10					
7. Records for persons served by the program must be maintained and stored for a minimum of five years following discharge or termination of service.	245A.041, Subd. 3 (1)					

<b>XVI. Record on the Residence</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
A record for the licensed adult foster care home must be maintained by the licensing agency and contain: <ul style="list-style-type: none"> <li>1) a list of persons currently receiving services</li> <li>2) a list of persons served in the home in the past five years.*</li> </ul>	9555.5515 H & I					*This is a Rule 13 requirement for the licensing agency. Information should be obtained from the LH records.

<b>XVII. Adult Foster Home Program Plan</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
The LH must develop and implement a written plan approved by the licensing agency that allows persons served by the program to share in the privileges and responsibilities of the home. The plan must include the information in items A to C:	<i>This is to be developed @ initial application. Please review at renewal to determine if it is still accurate and complete.</i>					
A. The type of functionally impaired adults the program will serve.	9555.6235 A					
B. The foster care that will be available to persons served within the home including: <ul style="list-style-type: none"> <li>• Lodging</li> <li>• Food</li> <li>• Protection</li> <li>• Personal care</li> <li>• Household/living skills assistance or training</li> <li>• Opportunities to participate in community, recreation and religious activities, and events of the person's choosing</li> <li>• Opportunities for the person to have contact with family and friends</li> <li>• Assistance with cash resources of persons served by the program such as banking, reporting the person's earnings as required, keeping records of financial information and accounting of any funds of the person that are overseen by the program</li> <li>• Supervision</li> <li>• Transportation</li> <li>• Assistance with other community, social, or health services as named in the person's individual plan, if any</li> <li>• Medication assistance</li> </ul>	9555.6235 B					

<b>XVIII. Protection</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The LH ensures persons served by the program are protected from abuse & neglect by complying with the VAA.	9555.6195, Subp. 1					
2. Caregivers immediately report any suspected maltreatment of a person served by the program as required.	9555.6175, Subp. 2					
3. The program complies with non-discrimination practices.	9555.6195, Subp. 2					

<b>XIII. Protection (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
<p>4. There is an IAPP for each VA receiving services from the program. The IAPP must:</p> <ul style="list-style-type: none"> <li>include an assessment of the person's susceptibility to abuse by other individuals, including other VAs, and the person's risk of abusing other VAs.</li> <li>include statements of specific measures to be taken to minimize the risk of abuse, including self-abuse, of the person and other VAs.</li> <li>include specific actions the program will take to minimize the risk of abuse within the scope of the program, and identify referrals that will be made when the VA is susceptible to abuse outside the scope or control of the program, if specific measures are not identified in the program abuse prevention plan.</li> <li>document if no additional measures are needed in addition to those identified in the program abuse prevention plan.</li> </ul> <p>An IAPP must be developed for each new person admitted to the program as part of the initial individual program plan or service plan required under the applicable licensing rule. Review and evaluation of the IAPP must be done as part of the review of the individual plan. The VA must participate in developing the IAPP to the full extent of their abilities. If applicable, the VA's legal representative must be given the opportunity to participate with/for the person in developing the plan.</p>	<p>9555.6245, Subp. 6 &amp; 626.557, Subd. 14 &amp; 245A.65 Subd. 2 (b)</p>					
<p>5. The interdisciplinary team must document the review of all abuse prevention plans at least annually, using the individual assessment and any report of abuse relating to the VA. The plan must be revised to reflect the results of this review.</p>	<p>245A.65 Subp. 2 (b) 2</p>					
<p>6. There is a program abuse prevention plan (PAPP)* with specific measures to be taken to minimize the risk of abuse to persons receiving services. The scope of the PAPP is limited to the population, physical plant, and environment within the control of the LH and the location of the home.</p>	<p>9555.6235 C &amp; 626.557, Subd. 14 &amp; 245A.65, Subd. 2</p>	<p><i>*The PAPP is a general written plan about the licensed program. It should not include identifying information about specific/individual persons served by the program.</i></p>				

<b>XIII. Protection (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
<b>The PAPP must include items A – E below:</b>						
(A) The assessment of the population includes an evaluation of the following factors: <ul style="list-style-type: none"> <li>• age</li> <li>• gender</li> <li>• mental functioning</li> <li>• physical and emotional health or behavior of the persons receiving services</li> <li>• the need for specialized programs of care for persons receiving services</li> <li>• the need for training of staff to meet identified individual needs</li> <li>• knowledge a LH may have regarding previous abuse that is relevant to minimizing the risk of abuse for all persons receiving services in the home</li> </ul>						
(B) The assessment of the physical plant where the licensed services are provided includes an evaluation of the following factors: <ul style="list-style-type: none"> <li>• condition and design of the building</li> <li>• difficult areas to supervise as it relates to the safety of persons receiving services</li> </ul>						
(C) The assessment of the environment where the home is located includes an evaluation of the following factors: <ul style="list-style-type: none"> <li>• the location of the home in a particular neighborhood or community</li> <li>• the type of grounds and terrain surrounding the building</li> <li>• the type of internal programming</li> <li>• staffing patterns in the home</li> </ul>						
(D) Persons receiving services have received an orientation to the PAPP and if applicable, the person's legal representative is notified of the orientation. Orientation is provided within 24 hours of admission, or within 72 hours if the person would benefit from a later orientation.						
(E) The plan is reviewed at least annually using the assessment factors above and any substantiated maltreatment findings that occurred since the last review. The plan is revised, if necessary, to reflect the review results.						
7. A copy of the program abuse prevention plan is posted or available in an easily seen location in the home and is available upon request to mandated reporters, persons receiving services, and legal representatives.						



<b>XIX. Reporting Maltreatment of Vulnerable Adults</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. There are written policies and procedures related to suspected or alleged maltreatment of VAs. Persons served by the program and staff have received orientation to these procedures and they are enforced by the LH.	245A.65, Subd. 1(a)					
2. There is a policy allowing, but not mandating internal reporting of alleged or suspected maltreatment. The policy meets the requirements identified for optional reporting in Minnesota Statutes, section 626.557, subd. 4a. The policy: <ul style="list-style-type: none"> <li>identifies the primary and secondary person or position to whom internal reports may be made</li> <li>identifies the primary and secondary person or position responsible for forwarding internal reports to the common entry point (CEP)</li> <li>states that the secondary person must be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment.</li> </ul>	245A.65, Subd. 1 (a) & 245A.65 Subd. 1 (a)(2)					
4. There are policies and procedures that ensure that an internal review is completed within 30 calendar days and that corrective action is taken when the program/facility has reason to know that an internal or external report has been made. The internal review must include the following: <ul style="list-style-type: none"> <li>An evaluation of whether related policies and procedures were followed</li> <li>Whether the policies and procedures were adequate</li> <li>Whether there is a need for additional staff training</li> <li>Whether the reported event is similar to past events with the VAs or the services involved</li> <li>Whether there is a need for corrective action by the LH to protect the health and safety of VAs.</li> </ul> The policy must identify the primary and secondary persons or positions that will ensure those internal reviews are completed. The secondary person must be involved when there is reason to believe the primary person was involved in the alleged or suspected maltreatment.	245A.65, Subd. 1 (b) (1) & 245A.65, Subd. 1 (b)(2)					
5. The internal review policy must include that internal reviews are accessible to the commissioner upon request.	245A.65, Subd. 1 (b)(3)					
6. Orientation to the internal and external reporting procedures was provided to persons served by the program and the person's legal representative within 24 hours of admission, or within 72 hours if the person would benefit from a later orientation.	245A.65, Subd. 1(c)					

<b>XIX. Reporting Maltreatment of Vulnerable Adults (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
7. There is a copy of the internal and external reporting policies and procedures regarding maltreatment of VAs, including the telephone number of the common entry point, posted or available in an easily seen location in the program. Mandated reporters, persons receiving services, and the person's legal representatives may request a copy of the policies and procedures.	245A.65, Subd. 1 (d)					

<b>XX. Background Studies</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. Background studies have been submitted for all LHs, caregivers, and household members over the age of 13, employees and volunteers who have direct contact with persons receiving services in the adult foster home.	9555.6125, Subp.3, A & Subp.4, C 245C.03 Subd. 1					
2. LHs, caregivers, and household members are not disqualified, or have been granted a variance or a set-aside of a disqualification.	9555.6125 Subp. 4, D & 245C.03					<i>*If a variance was issued remember to address at license renewal</i>
3. A new background study must be submitted when: <ul style="list-style-type: none"> <li>an individual requiring a background study following an absence of 120 or more consecutive days returns to the program</li> <li>a program that discontinued providing licensed direct contact services for 120 or more consecutive days begins to provide these services again.</li> </ul>	245C.04, Subd. 1 (i)					
4. The program documents and maintains the following information: <ul style="list-style-type: none"> <li>the date the background study is submitted</li> <li>the date the subject of the study first has direct contact with persons served by the program</li> <li>the date of the notice that the study was completed</li> </ul> If the LH has not received a response from DHS within 45 days of submission of a study, the LH must contact DHS to inquire about the status of the study.	245C.20					
5. Criminal conviction data and substantiated reports of maltreatment of adults and/or minors of an individual subject to a background study must be provided to the commissioner.	245C.05, Subd. 6 (a)					
6. Any subsequent information received about the possible criminal or maltreatment history of an individual subject to a background study must immediately be provided to the commissioner.	245C.05, Subd. 6 (b)					

<b>XXI. Corporate Requirements</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
The following information regarding the adult foster care program must be maintained and made available: <ul style="list-style-type: none"> <li>names and addresses of owners and board members</li> <li>an organization chart</li> <li>personnel policies</li> <li>personnel records for employees</li> <li>job descriptions for employees</li> <li>the staffing pattern for the program</li> </ul>	9555.6125, Subp. 3 C Subp. 4					

<b>XXII. Policies</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
1. The LH must develop program policies and procedures necessary to maintain compliance with licensing requirements.	245A.04, Subd. 14 (a)					
2. The LH must monitor implementation of policies and procedures by program staff.	245A.04, Subd. 14 (b) (3)					
3. There is current alcohol and drug policy for the program.	245A.04, Subd 1 (c)					
4. There is a current grievance procedure for persons served by the program.	245A.04, Subd. 1(d)					
5. All program policies and procedures are readily accessible to staff.	245A.04, Subd. 14(c)					
<b>For adult foster care programs that provide services to persons funded by the Elderly Waiver (EW):</b>						<i>* Mark "NA" in this section if the program does not serve persons on EW</i>
1. A LH must establish policies and procedures for service termination that promote continuity of care and service coordination with the person, the case manager, and with another licensed caregiver, in any, who also provides support to the resident.	245A.11, Subd. 11 (b)					
2. The service termination policy must include the following:  The LH must allow the person to remain in the home and cannot terminate services unless: <ul style="list-style-type: none"> <li>the termination is necessary for the person's health, safety, and well-being and their needs cannot be met in the home</li> <li>the safety of the person or another person receiving services is endangered and positive support strategies were attempted and have not achieved and effectively maintained safety for them.</li> <li>the program was not paid for services.*</li> <li>the program ceases to operate;* or</li> <li>the resident was terminated by the lead agency from waiver eligibility.</li> </ul>	245A.11, Subd. 11 (c)					

XXII. Policies (continued)						
Requirement	Rule/Statute	C	NC	V	NA	Comments
<p>3. Before giving notice of service termination, the LH must document the action taken to minimize or eliminate the need for termination. The action taken by the LH must include, at minimum:</p> <ul style="list-style-type: none"> <li>• Consultation with the person's interdisciplinary team to identify and resolve issues leading to a notice of service termination.</li> <li>• A request to the case manager or other professional consultation or intervention services to support the person in the program. This requirement does not apply to a notice of service termination issued under * above.</li> </ul>	245A.11, Subd. 11 (d)					
<p>4. If, based on the best interests of the person, the circumstances at the time of notice were such that the LH was unable to provide the actions in #3 above, the LH must document the circumstances and the reasons why they were unable.</p>	245A.11, Subd. 11 (e)					
<p>5. The LH must notify the person or the person's legal representative and the case manager in writing of the intended service termination. The notice must include:</p> <ul style="list-style-type: none"> <li>• the reason for the action</li> <li>• except for not being paid for services or the program ceasing to operate, a summary of the action taken to minimize or eliminate the need for termination and the reason the action failed to prevent termination</li> <li>• the person's right to appeal the service termination</li> <li>• the person's right to seek a temporary order staying the service termination</li> </ul>	245A.11, Subd. 11 (f)					
<p>6. Notice of the proposed service termination must be given at least 30 days before service termination.</p>	245A.11, Subd. 11 (g)					
<p>7. After the person receives a notice of service termination and before the services are terminated, the LH must:</p> <ul style="list-style-type: none"> <li>• work with the support team or expanded support team to develop reasonable alternatives to support continuity of care and to protect the person</li> <li>• provide information requested by the person or case manager</li> <li>• maintain information about the service termination, including the written notice, in the person's record.</li> </ul>	245A.11, Subd. 11 (h)					
<p>8. A copy of the service termination policy must be provided annually.</p>	245A.04, subd. 14 (d)					

<b>XXIII. Rights of Persons Served by the Program</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
At admission, the person receiving services and the person's legal representative were given the following: <ul style="list-style-type: none"> <li>• A copy and explanation of the person's rights</li> <li>• A written summary of the VAA</li> <li>• The name, address, and telephone number of the licensing agency where a complaint may be submitted</li> </ul>	245A.11 Subd. 10 (a)					
A person receiving services include the right to:						
1. Daily, private access to and use of a working non-coin operated telephone for local or long distance calls.*	245A.11 Subd. 10 (b) 1					
2. Receive and send, without interference, uncensored, unopened mail, electronic correspondence or communication.*	Subd. 10 (b) 2					
3. Use of and free access to common areas in the home and the freedom to come and go at will.*	Subd. 10 (b) 3					
4. Privacy for visits with spouse, next of kin, legal counsel, religious advise or others, including privacy in their bedroom.*	Subd. 10 (b) 4					
5. Keep and use personal clothing and possessions as space permits, unless it interferes with the health, safety, or rights of other persons receiving services or household members.	Subd. 10 (b) 5					
6. Choose their visitors, time of visits and to participate in activities without interference if the activities do not infringe on the rights of another person in the household.*	Subd. 10 (b) 6					
7. If married, privacy for visits by their spouses. If both spouses are receiving services in the adult foster home, they have the right to share a bedroom and bed.	Subd. 10 (b) 7					
8. Privacy, including use of the lock on their bedroom or living unit door. Privacy must be respected by the LH, caregivers, household members and volunteers by knocking on the door of the person's bedroom or bathroom and seek consent before entering except in an emergency.*	Subd. 10 (b) 8					
9. Furnish and decorate their bedroom or living unit.	Subd. 10 (b) 9					
10. Engage in chosen activities and have an individual schedule supported by the LH that meets the person's preferences.*	Subd. 10 (b) 10					
11. Freedom and support to access food at any time	Subd. 10 (b) 11					
12. Have personal, financial, service, health, and medical information kept private, and be advised of disclosure of this information by the LH.	Subd. 10 (b) 12					

<b>XXIII. Rights of Persons Served by the Program (continued)</b>						
<b>Requirement</b>	<b>Rule/Statute</b>	<b>C</b>	<b>NC</b>	<b>V</b>	<b>NA</b>	<b>Comments</b>
13. Access records and recorded information about the person according to applicable laws and rules.	Subd. 10 (b) 13					
14. Be free from maltreatment.	Subd. 10 (b) 14					
15. Be treated with courtesy and respect and receive respectful treatment of their property.	Subd. 10 (b) 15					
16. Reasonable observance of cultural and ethnic practice and religion.	Subd. 10 (b) 16					
17. Freedom from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation.	Subd. 10 (b) 17					
18. Be informed of and use the LH's grievance policy and procedures.	Subd. 10 (b) 18					
19. Assert their personal rights, or have their rights asserted by their family, authorized representative, or legal representative without retaliation.	Subd. 10 (b) 19					
20. Give or withhold written informed consent to participate in any research or experimental treatment.	Subd. 10 (b) 20					
A restriction of a person's rights of specific clauses identified in statute (* above) is allowed only if determined necessary to ensure the health, safety and well-being of the person. Any restriction is justified in the person's IAPP.	245A.11 Subd. 10 (c)					

Licensors Name: \_\_\_\_\_ Date: \_\_\_\_\_