

## **Document Guide**

This flow sheet provides an overview of the documents needed for county licensure and the minimum review timelines.

RLS – Sourcewell Regional Licensing Specialist

| Document   | When to review   | Responsibility to  | Posting  | Licensing  |
|--|--|--|--|--|
| Name   |  | complete   |  | Oversight  |
| Program Plan  Think of this like an amenities list. What do you offer and what can someone expect? | At least at time of relicensing, for a change of premise, or when there are significant changes to the programming or items in the plan  | License holder   | No,<br>maintain<br>with<br>policies.                               | Reviewed and signed<br>by RLS  |
| Program Abuse Prevention Plan (PAPP)  Identify potential risks generally related to your home.     | At least annually, for a change of premise, or when there are significant changes to the programming or items in the plan  | License holder   | Yes Posted or in an easily accessible location (small binder, etc) | Reviewed by RLS  Must give a copy to residents/guardians annually. Document in resident files the date the guardian received the PAPP. |
| Workers<br>Compensation<br>Verification  | Verification form completed at least at time of relicensing  | License holder License holder is also responsible to renew policy as indicated | No,<br>maintain<br>with<br>policies.                               | Reviewed by RLS  |
| Emergency Response, Reporting and Review Policy  Drug and Alcohol Policy                           | At least at time of relicensing, for a change of premise, or when there are changes to the policies and/or procedures  For programs with a HCBS/245D license – please follow the 245D policy and procedure review timeline | License holder   | No,<br>maintain in<br>an easily<br>accessible<br>location.         | Reviewed by RLS  Reviewed by 245D  licensing for programs with an HCBS/245D  license   |
| Internal and External Maltreatment Reporting Policy  | At least at time of relicensing, for a change of premise, or when there are changes to the   | License holder   | Yes Posted or in an easily accessible                              | Reviewed by RLS  |

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| I                   | nolicios and/or           |                | location     |                     |
|---------------------|---------------------------|----------------|--------------|---------------------|
| Cuiovanas Dalias    | policies and/or           |                | location     |                     |
| Grievance Policy    | procedures                |                | (small       |                     |
|                     |                           |                | binder, etc) |                     |
| Emergency Escape    | For programs with a       |                |              |                     |
| Plan                | HCBS/245D license –       |                |              |                     |
|                     | please follow the 245D    |                |              |                     |
|                     | policy and procedure      |                |              |                     |
|                     | review timeline           |                |              |                     |
| Notice of Privacy   | At least annually         | License holder | No,          | Reviewed by RLS     |
| Practices           |                           |                | maintain in  |                     |
|                     |                           |                | resident     | Must give a copy to |
| Vulnerable Adults   |                           |                | files        | residents/guardians |
| Act Summary         |                           |                |              | annually            |
| Service Termination | Reviewed at least         | License holder | No,          | Reviewed by RLS     |
| Policy              | annually.                 |                | maintain     |                     |
|                     |                           |                | with         | Must give a copy to |
|                     | For programs with a       |                | policies.    | residents/guardians |
|                     | HCBS/245D license –       |                |              | annually            |
|                     | please follow the 245D    |                |              |                     |
|                     | policy and procedure      |                |              |                     |
|                     | review timeline           |                |              |                     |
| Fire Drills         | Must be completed at      | License holder | No,          | Reviewed by RLS     |
|                     | least once every 90 days  |                | maintain     |                     |
|                     | within the license        |                | with         |                     |
|                     | anniversary.              |                | policies.    |                     |
|                     | Highly encouraged to be   |                |              |                     |
|                     | completed on a different  |                |              |                     |
|                     | day of the month and at   |                |              |                     |
|                     | varied times.             |                |              |                     |
| Smoke and carbon    | Highly encouraged to be   | License holder | N/A          | Reviewed by RLS     |
| monoxide            | tested with each drill to |                |              | -                   |
| detectors           | ensure functionality.     |                |              |                     |
|                     | Replace according to      |                |              |                     |
|                     | manufacturer guidelines   |                |              |                     |
|                     | or at least every 10      |                |              |                     |
|                     | years.                    |                |              |                     |
|                     | -                         |                |              |                     |
|                     | Hardwired alarms MUST     |                |              |                     |
|                     | be replaced with          |                |              |                     |
|                     | hardwired alarms.         |                |              |                     |
| Training            | All AFC programs:         | License holder | No,          | Reviewed by RLS     |
| _                   | Annual Vulnerable Adult   |                | maintain     |                     |
|                     | Maltreatment Training     |                | with         |                     |
|                     | Ü                         |                | policies.    |                     |
|                     | AFC without 245D:         |                |              |                     |

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| AFC with 245D –<br>follow 245D<br>training<br>requirements                             | Caregivers with 0-5 years of experience: 12 hours of annual training  Caregivers with 6+ years of experience: 6 hours of   |  |   | Programs with 245D:<br>training reviewed by<br>245D licensing   |
|--|--|--|---|---|
| Individual Resident Placement Agreement (IRPA) Individual Abuse Prevention Plan (IAPP) | annual training  Reviewed and updated at least annually  IAPP should be updated as appropriate for updates with potential risks for abuse, neglect, and/or maltreatment  | License holder, case<br>manager, resident,<br>and guardian   | No,<br>maintain in<br>resident<br>files | Reviewed by RLS  Both must be reviewed and signed by LH, resident/guardian, case manager at least annually. |
| Fire extinguishers   | Must service annually  Must document on tags that fire extinguishers were checked monthly  | License holder   | NA                                      | Reviewed by RLS   |
| Well water   | Must be tested annually<br>by a MN Health<br>Department certified lab<br>for coliform and nitrates   | License holder   | No,<br>maintain<br>with<br>policies.    | Reviewed by RLS   |
| Background studies   | Complete for all new employees, volunteers, contractors, etc. or children turning 13.  If the person needing a background study will not be providing 245D services (i.e. a minor between 13 and 17), you can run the study under your AFC license | For programs with a 245D license: ensure to affiliate with both licenses in NETStudy2                | No,<br>maintain<br>with<br>policies.    | Roster reviewed by<br>RLS   |
| For programs without a 245D license: Resident files                                    | Ensure the following items are in place and updated with any changes:  Resident demographic information  | License holder – may<br>need to collaborate<br>with case manager,<br>guardian, doctors, or<br>others | No,<br>maintain in<br>resident<br>files | Reviewed by RLS   |

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| Resident emergency and   |  |  |
|--|--|--|
| provider contact   |  |  |
| information  |  |  |
| Medication<br>administration record,<br>permission to administer<br>medication, and<br>medication policy               |  |  |
| Cash resource record and permission to manage funds  |  |  |
| Mobility Access  |  |  |
| Assessment – reviewed  |  |  |
| unless there were  |  |  |
| changes  |  |  |
| Release of Information (ROI) signed by resident/guardian for provider for all needed outside individuals/organizations |  |  |