ADMINISTRATIVE RULES
AND
CERTIFICATION REQUIREMENTS
FOR
ELDERCHOICES - ADULT FAMILY HOMES

THE PURPOSE OF THIS DOCUMENT IS TO PROVIDE INFORMATION REGARDING THE ADULT FAMILY HOMES SERVICE. IT PROVIDES THE REQUIREMENTS FOR CERTIFICATION AND MUST BE USED AS A GUIDE IN COMPLETING THE ADULT FAMILY HOMES CERTIFICATION APPLICATION.

THIS DOCUMENT IS NOT ALL INCLUSIVE. PROVIDERS ARE RESPONSIBLE FOR FOLLOWING ALL INSTRUCTIONS FOUND IN THIS DOCUMENT AND POLICY ISSUED BY THE DIVISION OF AGING AND ADULT SERVICES AND THE DIVISION OF MEDICAL SERVICES.

CERTIFICATION BY THE DIVISION OF AGING AND ADULT SERVICES DOES NOT GUARANTEE MEDICAID PAYMENT.

100 DEFINITIONS

The following terms are defined for the purpose of these regulations:

ADULT FAMILY HOMES (AFH)
A service available through the ElderChoices Home and Community-Based Waiver Program that offers an alternative to nursing-home placement. When included on the waiver plan of care and authorized by DAAS, a private single-family home, certified by DAAS, may provide AFH in-home services to a waiver participant, who is unrelated to the provider. AFH allows the participant skillful, one-on-one consideration. Services customarily provided include personal care, homemaking, attendant care, supervision, medication oversight and transportation. The services are provided in a home-like environment that includes a private bedroom, semi-private bathroom, home-cooked meals, a common living area and assistance with activities of daily living.

AFH CARE/SERVICES
The provision of services and assistance with activities of daily living, such as assistance with personal care activities: dressing, grooming, toileting, eating, transferring, ambulating, bathing, getting in and out of bed, laundry, room cleaning, managing money, shopping, using public transportation, writing letters, making telephone calls, scheduling appointments and similar activities. AFH care includes 24-hour supervision, awareness of a client's whereabouts and monitoring activities on the premises of the residence to ensure the client's health, safety and welfare. The provision of care is directed toward helping clients improve or maintain their level of functioning.

APPLICANT
The individual who seeks to operate an AFH within his or her primary residence through a completed application for DAAS certification. Corporations, partnerships and individuals intending to hire AFH providers are ineligible.

CARE PLAN
The written service plan signed by the waiver participant and AFH provider describing a client's needs, goals, objectives, capabilities and the service supports needed.

CERTIFICATE
A time-limited, non-transferable document issued by Division of Aging and Adult Services for a maximum period of 12 months authorizing operation of ElderChoices Adult Family Homes to a provider who complies with the AFH regulations.

CERTIFICATION
A process performed by the Department of Human Services, Division of Aging and Adult Services required prior to becoming a Medicaid provider of ElderChoices services.

DEPARTMENT OF HUMAN SERVICES (DHS)
The Arkansas Department of Human Services (DHS) is the largest state agency with more than 7,500 employees working in all 75 counties. Every county has at least one local office where citizens can apply for any of the services the department offers. Some counties, depending on their size, have more than one office. DHS employees work in 10 major divisions and five support offices to provide services to citizens of the state. DHS provides services to more than 700,000 Arkansans each year.

DHS takes care of Arkansans of all ages ranging from infants to senior citizens, using a blend of federal and state Medicaid dollars. DHS is involved in virtually every facet of life in the state. DHS staff oversees the regulation of nursing home and childcare facilities. DHS is also responsible for finding adoptive families for foster children,

protecting abused and neglected children, funding the home-delivery of meals for the elderly and operating the juvenile justice system. DHS oversees services to blind Arkansans and helps develop volunteer programs, which have a profound impact at the community level. The department also protects elderly Arkansans from abuse and neglect and operates human development centers across the state to serve the developmentally disabled. DHS also provides mental health services to nearly 60,000 people each year through its system of community mental health-care centers.

DIVISION OF AGING AND ADULT SERVICES (DAAS)
The division within DHS that develops programs and services to improve the quality of care for older and at-risk adults, and promotes choice, self-directed care and living with dignity in the least restrictive environment.

ELDERCHOICES (OR WAIVER) PLAN OF CARE
A written service plan signed by the ElderChoices waiver participant and the DAAS RN authorizing services according to Medicaid guidelines and the Division of Aging and Adult Services. No waiver service is authorized for Medicaid payment unless included on the ElderChoices plan of care.

IMMINENT DANGER
A danger resulting from abuse, neglect or exploitation which could reasonably be expected to cause death or serious physical harm to the client, and as a consequence, the client is not capable of full independent living.

INDEPENDENTLY MOBILE
The act or ability of an individual to vacate a facility or home under his or her own power, including the capability to ascend or descend stairs that are present in the exit path. Clients who can use canes, wheelchairs, walkers or other assistive devices are considered independently mobile as long as they do not require more than verbal or minimal assistance from another person to vacate, and can do so in two minutes (or as required by local fire code, if more stringent).

MINIMUM ASSISTANCE (as relating to Independently Mobile)
The smallest amount of aide or help offered for a brief time period. “Minimum Assistance” could include such acts as offering support to steady a person upon rising from a chair, steadying assistance to a person walking over an uneven surface, etc.

NURSING CARE
The performance of specific tasks which requires substantial specialized skill and judgment. Nursing care includes, but is not limited to, such services as caring for a skin breakdown, lifting or transferring bed patients, giving injections, changing sterile dressings, tube feeding, inserting and removing catheters and administering medication. A person who requires total bed-care is considered to need nursing care regardless of other care needs. Adult Family Homes providers must not provide nursing care as defined in these regulations.

OFFICE OF LONG TERM CARE (OLTC)
The office within the Division of Medical Services that licenses nursing facilities, intermediate care facilities for the developmentally delayed, residential care facilities, adult day care facilities and adult day health care facilities.

PROVIDER
The individual certified by DAAS to operate Adult Family Homes and to accept nominal fees for the room, board and AFH waiver services of up to three ElderChoices clients. A provider must not be employed by a corporation, partnership or individual to operate Adult Family Homes. Being employed by someone to be a provider is grounds for denial of the certification application.

No individual will be certified to operate more than one AFH concurrently.

CLIENT
The ElderChoices client who enters into a formal written agreement with the certified AFH provider to receive room, board and AFH defined services within the provider's primary residence, when authorized on the waiver plan of care.

STOP PLACEMENT/DECERTIFICATION
The process of stopping placement of new ElderChoices clients in ElderChoices Adult Family Homes, and/or the immediate transfer of ElderChoices clients already in the home due to DAAS determining that the home no longer substantially meets the requirements of this manual, and/or the deficiency jeopardizes the health and safety of the clients or seriously limits the home's capacity to provide adequate care.

200 WAIVER PROVIDER PARTICIPATION

Providers must possess a current certificate to operate an AFH. The AFH certificate must be posted conspicuously in an area of general use that is easily visible by home clients and visitors.

201 APPLICATION TO BECOME AN ADULT FAMILY HOMES PROVIDER

To be enrolled as an Adult Family Homes provider, both the provider and the provider's home must meet the minimum standards outlined in this manual. .

Certification does not ensure selection of a home for residency, placement of waiver participants or Medicaid reimbursement.

201.1 Application

Application materials may be obtained by written request:

Arkansas Department of Human Services
Division of Aging and Adult Services
P.O. Box 1437, Slot S530
Little Rock, Arkansas 72203

Or, by calling: 501-682-2441

The applicant must submit one copy of the completed application and required attachments to the mailing address above at least 60 days prior to the desired date for beginning operations.

201.2 Contents & Completion of the AFH Application & Certification

The DAAS application for AFH certification (Form AAS-9560) must be completed by the prospective provider and submitted to DAAS.

Full disclosure regarding the following issues is required within the application or in documents that must accompany the application. All certifications, inspection reports, licensures or other required documentation must be renewed as required by the appropriate authority. A provider must not be employed by a corporation, partnership or individual to operate an adult family home, nor have an ownership interest in a home health corporation. Being employed by someone to be a provider is grounds for denial, suspension or revocation of the application for certification.

a. A physician's statement, dated no later than three months prior to submission to DAAS, regarding the applicant's physical capability to provide care for clients, including the absence of communicable disease or precautions that minimize the likelihood that the disease will be transmitted to clients. The statement must also include the date of the applicant's last physical exam, which must be no later than one year from the date of the physician's statement.
b. A financial statement demonstrating that the applicant is not dependent upon income earned from a client or Medicaid to support the household. This statement must include all current income, assets and liabilities. Copies of the applicant's last two tax returns also must be attached.
c. Proof of ownership of the residence that the applicant seeks to certify, or a signed agreement with the applicant's landlord indicating approval for the residence to be used as an AFH for a minimum of two years.
d. Copy of the prospective provider's driver's license and car insurance.
e. A report of the applicant's driving record from the Arkansas State Police listing possible driving violations, such as suspended licenses, speeding tickets, outstanding fines, etc.
f. Proof of homeowner or rental insurance that provides recovery for loss due to fire, theft and natural disasters.
g. A fire safety inspection report completed by the local fire department of the proposed residence conducted within the past three months. The report must verify the possession of adequate smoke and carbon monoxide detectors, fire extinguishers and proper storage of combustible material, as well as a feasible evacuation plan for current and proposed clients.
h. Documentation regarding water supply source. If the home does not have public water supply, the applicant must provide documentation from the local health department indicating that the water supply is safe. If the home has access to the public water supply, the applicant should submit a signed letter from the local water utility company stating so.
i. Confirmation that the residence has access to emergency police, fire and medical response.
j. Confirmation that the residence is equipped with land-line telephone service that is included within the 911 system of the local office of emergency services.
k. Disclosure of criminal conviction(s):
    - An Arkansas State Police criminal background report that identifies any formal convictions of the applicant, all household members who are age 14 and older, and all prospective employees.
    - A national criminal background report that identifies any formal convictions of the applicant, all household members who are age 14 and older, and all prospective employees, if these individuals have resided in another state within the previous five years.

l. Disclosure of formal allegation(s) of maltreatment to a child or senior that have been filed with DHS and/or law enforcement in Arkansas or other states, as well as a statement of the investigatory finding(s).

m. Certification that the applicant is not currently operating an AFH. No provider shall be certified to operate more than one AFH concurrently.

n. Documentation of work and/or real-life experience that supports the applicant's reported work and/or practical experience of:

- At least two years personal experience caring for an individual with significant personal care needs (letters of recommendation) or
- A minimum of six months formal work experience within a licensed home health care agency in a direct patient service role (letters of recommendation) or
- Certification as a nursing assistant (CNA) (copy of certification)

No cost that is incurred while preparing and submitting the AFH certification application, nor cost(s) related to acquiring required accompanying documents, is eligible for reimbursement by DAAS or Medicaid. No cost associated with the AFH certification process may be paid by the prospective or current waiver participant.

202 DAAS REVIEW OF AFH APPLICATION

To assure compliance with the certification requirements, DAAS must conduct a thorough review of:

- the application documents,
- the preparedness of the applicant provider and all prospective AFH employees,
- the home and community, and
- other relevant factors.

The DAAS review will include interviews and other forms of assessment.

The applicant must be willing to cooperate with DAAS and its designees during the review process.

Once DAAS determines that the application is complete, a representative or designee will schedule a face-to-face interview with the applicant and all prospective employees and conduct an inspection of the prospective adult family home.

If the application is deemed incomplete, DAAS will notify the applicant. The applicant will be given 30 days to submit omitted information. If the application remains incomplete beyond 30 days, consideration will cease, and the applicant must re-apply if interested.

203 CERTIFICATION DENIED

DAAS may deny certification to any applicant that:

- does not meet the minimum requirements;
- knowingly or with reason to know failed to provide full disclosure in the application, including required documentation;
- knowingly or with reason to know made a false statement of material fact in the application for certification, including required documentation.

If unable to grant certification, DAAS will communicate the deficiencies found to the applicant and, if possible, give specific instructions for meeting the standards.

Certification denial does not prevent the applicant from re-applying once the area(s) of deficiency are satisfied.

Applicants who are denied certification based on inadequate disclosure and/or the presentation of invalid claims may re-apply; however, DAAS must consider the applicant's previous withholding of accurate and complete information in subsequent application reviews.

204 APPLICANT INTERVIEW

When the application is returned and all required documents are attached, DAAS will schedule a home visit with the prospective provider to meet members of the family who live at the home and to see the home environment. Subsequent home visits, both announced and unannounced, may occur, as needed, to determine the provider's potential for providing care for adults. If the applicant is married, the spouse must also be interviewed. The following issues will be discussed during the interview:

- The purpose and goals of the AFH program
- The applicant's reason for applying and the applicant's preferences for what characteristics of a client are most suited to their home environment and care capabilities
- Life experiences of the applicant, as well as special training, that enhances the applicant's ability to effectively care for the elderly and/or individuals with disabilities
- The characteristics and problems of potential clients
- The responsibilities of an AFH provider
- The applicant's family structure, including a discussion of other household members and their relationships to one another, and how the family structure and individual household members will be affected and impacted by providing the AFH service
- The physical and mental health of all family members
- The family's financial situation and employment
- History of family violence, as well as drug and alcohol use
- The available space for up to three clients, the location of the family's home and the minimum standards that the house must meet
- DAAS's role and responsibility for monitoring the provider and for helping in the selection of a home for the AFH client
- The contractual relationship between the provider and the client regarding room and board, separate from the Provider Services Agreement that the applicant seeks from DAAS
- Service procedures
- Rates of pay and payment procedures

204.1 Contacting References

After the home visit, if the applicant remains interested in pursuing the application, references will be contacted by DAAS. An applicant's family members may not be references. Information obtained through references may include

- the applicant's emotional and financial stability
- prior voluntary or paid work in the field of human services

- criminal record
- employment history
- nature of relationship with the applicant (e.g., neighbor, coworker, etc.)
- knowledge of incidents of family violence or other dysfunctional behavior

The applicant must appreciate that the decisions regarding the applicant's preparedness for client placement and matching clients with the provider are mutually critical to the provider and DAAS; therefore, discussion between the applicant and DAAS must be open and honest, leaving both feeling sure about the arrangement.

205 QUALIFICATIONS OF THE AFH PROVIDERS

An Adult Family Homes provider must:

- Be at least 21 years old and possess at least a high school degree or GED
- Live in the home which is to be certified
- Be willing and able to remain present in the home to meet the needs of the client(s) and to employ qualified substitute caregivers to be present during times when the provider is absent for more than six consecutive hours
- Have a minimum of two years personal experience caring for an individual with significant personal care needs, or possess a minimum of six months formal work experience within a licensed home health care agency in a direct patient service role, or be a Certified Nursing Assistant (CNA)
- Have the understanding, language skills, physical health, emotional stability, personality and other skills suited to meet the physical, mental, emotional and social needs of persons under care
- Be able to provide to DAAS a statement from a physician or other qualified professional, such as a nurse practitioner, doctor of natural medicine, alternative medicine practitioner and others, attesting to the physical, cognitive and emotional capability to provide for the physical, mental, emotional and social needs of persons under care. Applicants with documented history or substantiated complaints involving substance abuse or mental illness must provide evidence satisfactory to DAAS of successful treatment, rehabilitation or references regarding current conditions
- Have communication skills, including the ability to read, write and make brief and accurate oral and written reports
- Have the ability or make provisions for communicating with the client(s) in his or her primary language and is capable of understanding and speaking English well enough to respond appropriately to emergency situations, and to read and understand client care plans
- Have financial resources available to meet the needs of the clients; demonstrate financial stability and responsibility; possess and maintain sufficient liquid resources to pay the costs of operating the home for two months without solely relying on income anticipated from clients for services to ensure that billing delays will not jeopardize the health and safety of those under applicant's care. In calculating home operational costs, the applicant must produce an itemized budget that includes all applicable costs (e.g., utilities, food, debt, taxes and insurances)
- Be able to successfully complete all training required by DAAS prior to accepting admissions and all required continuing education thereafter
- Be willing to accept on-site monitoring of home and records; have the ability and willingness to accept, understand and utilize training, guidance and supervision from DAAS or its designee
- Be willing to allow DAAS authorization to obtain historical documents regarding behavior (i.e., criminal records and substantiated abuse)

- Be literate and demonstrate the ability to effectively communicate in English when communicating with clients, physicians, case managers and others
- Be able to respond appropriately to emergency situations
- Be able to submit claims for Medicaid reimbursement according to instructions required by the Department of Human Services, Division of Medical Services
- Be willing to allow random drug testing on the AFH provider, private-pay AFH clients and all AFH employees by the Department of Human Services
- Have not been convicted of abuse or any crime involving physical harm to another person, or be a perpetrator of substantiated abuse
- Not be related to the client, serve as the client's legal guardian or act as the client's legal guardian. This provision also applies to AFH employees or the AFH provider's family member(s).

205.1 Certification Approval

If it is determined that all AFH requirements are met, a certificate will be issued for a period not to exceed one year. Provider eligibility will be established based on the latter of the date waiver eligibility is established for the client, the date the service agreement is signed by the AFH provider and the client, and the date the provider application is received by DAAS.

The AFH certificate must be posted conspicuously in an area of general use that is easily visible by home clients and visitors.

A certification renewal application will be sent to the provider at least 60 days prior to the expiration date.

205.2 Certificates Are Non-Transferable

The identity of the approved provider is listed on the AFH certificate. The provider is solely responsible for ensuring full compliance with the standards listed in this document, as well as any special conditions deemed necessary by DAAS both before and after the issuance of certification. The provider may employ individuals to perform tasks with the AFH; however, the provider cannot transfer or otherwise assign responsibilities regarding compliance and liability to another.

The location of the AFH is also identified on the certificate. The certificate is nullified in the event there is a change in ownership of the homes or change in location of the provider.

205.3 Application Withdrawal

The applicant may withdraw the application at any time during the application process by notifying DAAS.

206 QUALIFICATIONS OF SUBSTITUTE CAREGIVERS

The provider is responsible for recruiting qualified substitute caregivers for periods of time when the provider will be away from the home, including during respite periods. Hiring, supervising and paying substitute caregivers are the responsibilities of the provider. DAAS must be provided the information referenced below about prospective employees to verify their qualifications and reserves the right to disapprove employment and/or payment with just cause.

Substitute caregivers must be fully informed of the minimum standards established in this manual.

A substitute caregiver is one who is appointed or employed by the provider to care for client(s) for any period of time. The use of substitute caregivers is a choice allowed to the provider; however, such use does not eliminate the liability of the provider in the ultimate care of his/her clients. A substitute caregiver works under the immediate direction and supervision of the provider and is the responsibility of the provider. A substitute caregiver must:

- Be at least 21 years old and possess at least a high school degree or GED
- Be willing to allow DAAS authorization to obtain historical documents regarding behavior (i.e., criminal background checks and substantiated allegations of abuse)
- Be literate and demonstrate the ability to effectively communicate in English with clients, physicians, case managers and others
- Be able to successfully complete all training required by DAAS prior to assignment and all required continuing education thereafter. In addition, the substitute caregiver will receive a full orientation from the provider that includes the scope of job responsibilities, introduction to the client, client care plans and needs, location of fire extinguishers, demonstration of evacuation procedures, clients' records, emergency telephone numbers, location of medications and procedures to ensure the safety and well-being of the clients.
- Be able to respond appropriately to emergency situations
- Have the ability and willingness to accept, understand and utilize orientation, training, guidance and supervision from the provider
- Be willing to allow random drug testing as required by DHS

The provider must maintain files on each substitute caregiver under the provider's employ and document all training, orientation, performance evaluations and incidents that required counseling regarding conduct and/or work performance.

The certified ElderChoices Adult Family Homes provider or other caregiver must not have been convicted of abuse or any crime involving physical harm to another person, or be a perpetrator of substantiated abuse.

No AFH provider, employee or family member of the AFH provider may be related to the client, serve as the client's legal guardian, or act as the client's legal guardian.

207 PROVIDER REQUIREMENTS

- Each person issued an ElderChoices Adult Family Homes certificate by DAAS must provide, through themselves or their substitute caregiver(s), an organized, continuous, 24-hour-per-day program of supervision, care and services. This care must conform to the rules and regulations established in this manual.
- The provider or substitute caregiver must be on the premises at all times.
- The provider/caregiver must afford authorized agents of DHS, or its designee, full access at any time to clients, grounds and building(s).
- The provider/caregiver must afford authorized agents of DAAS, or its designee, full access during normal business hours to all books, files and/or papers relating to clients or the operation of the AFH.
- The provider/caregiver must afford the client's case manager, if applicable, full access at any time to the client.
- The provider/caregiver must inform DAAS when unusual incidents occur involving the home or its clients within one hour of the incident if the incident will require a report to the Communications Director or no later than the second business day following the incident in all other cases. The provider must follow-up on the incident within 24 hours of informing DAAS. Unusual incidents include, <u>but are not limited to</u>, deaths, runaways, any form of abuse, fights

between clients or between clients and providers/caregivers, injuries to clients which require treatment and/or hospitalization, sexual acts between clients and staff, tornado damage, fires, power outages, loss of water, etc.

- The provider, provider's family member(s) and substitute caregiver/employee are prohibited from being named as the beneficiary on any client's life insurance policy.
- The provider must notify DAAS of permanent caregiver changes as they occur. A complete criminal background check and drug test is required of all caregivers.

208 PROVIDER/CAREGIVER TRAINING

Providers and each substitute caregiver must successfully complete a training course that is determined by DAAS to enhance the level of care and achieve the desired home atmosphere for the client.

Successful completion will include comprehensive test(s), both written and interactive, authorized, administered or supervised by DAAS. Participants will be afforded two opportunities per year to receive a passing mark. A passing mark must equal 75% accuracy or above.

Providers taking the exam must show two forms of identification at the time of the exam. One MUST be a picture ID, such as a driver's license.

The examination will cover

- the topics addressed in the training manual
- the topics addressed in this manual (Administrative Rules and Certification Requirements for ElderChoices – Adult Family Homes)
- the DAAS forms that you will use as an AFH provider. These forms are located in the training manual.

208.1 Training Areas

Training areas shall include, but are not limited to, the following:

- Implementation of the care plan;
- Recognition of client disabilities, including problems of aging;
- Recognition of client health care and mental health needs;
- Management of behavioral problems;
- Nutritional, basic hygiene and dental care;
- Home management, administration and recording keeping, including budgeting, shopping, organizing and sanitizing;
- Client rights, including awareness of federal and state laws prohibiting discrimination;
- Identification and use of community resources;
- Fire Safety;
- Activity and exercise for individuals with disabilities, including those developed through aging;
- Mobility and transfer;
- Special skin care needs;
- Reality orientation;
- Death and dying;
- Medications and reactions;
- First aid*;

- Cardiopulmonary resuscitation*;
- The aging process;
- Mental illness and developmental disabilities;
- Behavior management;
- Listening skills and communication;
- Working with difficult clients;
- Stress management;
- Disease/illnesses of the elderly;
- Forming and maintaining a community support network.

* All AFH providers must be certified in First Aid and CPR annually. The AFH training manual does not cover these topics, but there are a number of local organizations and health-care providers in your area that provide this hands-on training. The American Red Cross provides certification training through their local chapters.

208.2 Continuing Education

Beyond initial training, the provider and substitute caregiver(s) are required to complete at least 12 hours of continuing education annually.

If, on the annual survey of the home, an ElderChoices AFH provider is found to be out of compliance with the requirements in this manual, DAAS may immediately decertify the adult family home and work towards the transfer of any Medicaid participant.

Continuing education programs are offered through local community colleges, advocacy organizations, local health-care centers and the Area Agencies on Aging that provide training and information on these topic areas for providers interested in additional training and/or continuing education. The curricula of these trainings and or continuing education must be pre-approved by DAAS.

209 ADMISSIONS, DISCHARGES AND TRANSFERS

209.1 Admissions

An AFH Provider must admit, retain and care for only those eligible ElderChoices clients whose needs require no services beyond those that the provider is permitted by law or regulation to provide and according to an ElderChoices plan of care as authorized by DAAS. In addition, eligible waiver clients considered for Adult Family Home placement must:

- Be independently mobile;
- Be able to self-administer medications;
- Be unable to live independently;
- Not require nursing care, except those services which can be appropriately provided by a Class A Home Health Provider licensed by the Department of Health to provide this care.

As a condition of certification, you will be required to develop an admission agreement that specifies the services to be provided, the client's cost for room and board, and conditions and rules governing Adult Family Home and grounds for the termination of residency. Each adult family home client must be provided a copy of the admission

agreement. As an ElderChoices Adult Family Home provider, you will be required to develop and implement an individualized service plan for each AFH client that accomplishes the tasks specified on the client's plan of care.

209.2 Discharges

A clients or their legal guardian has the right to discharge themselves from the home.

A client of an adult family home may not be discharged without the authorization of the DAAS RN and then for only the following reasons:

- Medical reasons – which must be based on the client's needs and must be determined and documented by a physician. This documentation must become part of the client's permanent record.
- The client's welfare or the welfare of other clients
- The client no longer needs the services provided by the adult family home
- The adult family home is no longer included on the ElderChoices plan of care
- The adult family home ceases operation

In the case of non-emergency involuntary discharges, the decision to transfer or discharge a client must be discussed with the client and/or legal guardian and the DAAS RN. Prior to any discharge, the DAAS RN must receive a request for discharge a minimum of 30 days prior to the written notice being given to the client. Notify the DAAS RN by telephone and complete DAAS form AAS-9511, at the time of discharge of any client (voluntary, involuntary or emergency), giving the exact date of discharge. This telephone notification must be followed by a written notification on form AAS-9511 to DAAS within five working days. The AFH provider must send a copy of the Discharge Notice to the client and to the DAAS RN. A copy of this notice must be maintained in the client's permanent record. At the time of discharge of any client (voluntary, involuntary or emergency), the provider must notify DAAS by telephone, giving the exact date of discharge. The telephone notification must be followed by notification in writing to DAAS within five working days. This written notice is waived in the event of an emergency discharge. A copy of the written notice must be maintained in the client's file.

The client/guardian and DAAS RN must be told the reason(s) for the discharge and the alternatives available, with mediation that is solution-oriented occurring with at least the client, the provider, targeted case manager and the DAAS RN prior to any discharge notice being sent.

209.3 Transfers

If a client develops any of the following conditions, providers are required to immediately arrange for an appropriate professional evaluation of the client's condition, notify the DAAS RN, and if, necessary, transfer a client to a facility providing the appropriate level of care:

- Symptoms of a communicable disease;
- A medical condition that requires nursing care greater than that which can be provided on a short-term basis by a licensed Class A home health provider; and/or
- A mental condition which makes the client a danger to himself or herself or others.

If the client is transferred to another facility, the provider must notify the DAAS RN by the next working day after the transfer. Document the reason for the transfer, all persons notified and action taken, and the location to which the client was transferred in the client's record.

Upon transfer of a client to a hospital or other facility providing the proper level of care, the AFH provider must provide a hand-copied or machine copy of the client's records to accompany the client, except when an emergency situation prevents the provider from copying such information. NOTIFY THE RN in cases where an emergency situation prohibited the required information from being copied at the time of transfer:

- the required information must be telephoned into the receiving facility at the time of the transfer;
- written or copied transfer of the information must be sent within 72 hours;
- documentation must be kept of the telephoned and written/copied transfer of information to the new facility.

If a client remains in a hospital or nursing facility for more than 30 days from the date of admission to the facility, the DAAS RN will notify the county office via form DHS-3330 and action will be taken by the county office to close the waiver case. The DAAS RN is responsible for notifying the ElderChoices providers included on the plan of care, including the adult family home provider, of the pending case closure.

The adult family home provider is required to send the DAAS RN an AAS-9511 any time the client is away from the home for more than 24 hours. Once an ElderChoices application has been approved, waiver services must be provided in the adult family home for eligibility to continue. As stated earlier, if waiver services are not provided for 30 days, action will be taken to close the waiver case.

210 CLIENT INTERVIEW

The AFH provider must hold an interview with all prospective clients and his or her legal guardian prior to or at the time of admission, in order to determine the needs of the prospective client and whether the home can meet these needs.

It is important to remember that the AFH provider plays a vital role in determining if the provider is qualified, willing and able to care for a new client. Gather enough information about the potential client to be as certain as possible that the client is a good fit for the home.

If after a visit to the home and with the information gathered the prospective client appears to meet the admission criteria and is interested in moving into the home, schedule a time to conduct a complete evaluation. The purpose of the evaluation is to obtain more detailed information about the client's condition and care needs, so providers will know what assistance will be needed if the client moves to your home. The provider's evaluation of the client does not replace or change the medical assessment conducted by DAAS to determine medical eligibility for the ElderChoices program or the plan of care (AAS-9503) completed by the DAAS RN.

DAAS requires each adult family home to develop a written service plan for each client describing the client's needs, capabilities and the service supports needed. The service plan developed by the adult family home provider is NOT the same as the waiver plan of care. The service plan is more specific regarding specific tasks and specific types of assistance. The service plan must be based on the plan of care (AAS-9503) developed by the DAAS RN and sent to the AFH provider. The service plan must be signed by the client and the adult family home provider.

Each client's service plan must describe:

- The client's needs and preferences
- The client's capabilities
- The assistance the client requires for various tasks
- The goals and objectives of the client
- By whom, when and how often the needed assistance will be provided.

Providers are required to provide all of the services listed on the client's service plan and plan of care, as agreed to and signed by the provider and client. Any service that is included on the plan of care developed by the DAAS RN for a client (on form AAS-9503) MUST be performed.

212 OCCUPANCY AGREEMENT

Prior to the client taking occupancy, the client or his or her representative, if applicable, and the AFH provider must enter into and sign an occupancy agreement that clearly describes the rights and responsibilities of the client and the provider, as well as a managed risk disclosure statement.

The agreement must be in 12-point type or larger and be written in language using plain, commonly understood terms.

The agreement must include the following information in the body or in supporting documents and attachments:

a. A statement that all client information will be maintained in a confidential manner to the extent required under state and federal law and DAAS instruction.
b. A description of client accommodations and services covered, as well as any optional services
c. A description of all fees, charges and rates for services, including optional services
d. A statement regarding the impact of the fee structure on third-party payments and whether third-party payments and resources are accepted by the provider
e. Policies and procedures for billing and payment procedures
f. The procedure for nonpayment of fees
g. Identification of the party responsible for payment of fees and identification of the tenant's legal representative, if any
h. The term of the occupancy agreement
i. A statement that the AFH Provider must notify the client or the legal representative in writing at least 30 days prior to any change in the occupancy agreement, with the following exceptions

    1) When the client's health status or behavior constitutes a substantial threat to the health or safety of the client, other clients, family or others
    2) When an emergency or a significant change in the client's condition results in the need for the provision of services that exceed the type or level of services included in the occupancy agreement and the necessary services cannot be safely provided by the AFH provider

j. Occupancy, involuntary transfer and transfer criteria and procedures that ensure a safe transfer from the AFH, as well as the process for internal appeal for involuntary transfer.
k. Policies and procedures for addressing grievances between the client and the AFH Provider, family and staff.
l. The emergency response policy
m. The telephone number for filing a complaint with DAAS and Adult Protective Services

The AFH provider is to retain the signed original and any modified version of the occupancy agreement on file and provide a copy of the signed original and any modified version to the client or his or her legal representative.

At a minimum, the agreement must be reviewed every 12 months and updated as necessary to reflect any change in the services to be provided and/or financial requirements.

A blank copy of the most current occupancy agreement form must be made available to the general public upon request.

213 FINANCIAL MANAGEMENT OF CLIENT'S PERSONAL FUNDS

The client may place personal funds with the provider for safekeeping. Each provider must provide for the safekeeping and accountability, including deposits, withdrawals and current balance of such funds.

Whenever a client authorizes the AFH provider to exercise control over his or her personal funds or allowance, such authorization must be in writing.

The AFH provider must:

- deposit any amount over $200 in an interest-bearing account separate from the provider's personal and home's operating accounts
- deposit any amount less than $200 in either a petty cash account or an interest-bearing account separate from the provider's personal and home's operating accounts
- ensure that all interest earned on funds belonging to the client is credited to the client
- provide the client with access to the client's money at all times and encourage the client to manage his or her own money independently
- limit any purchase on behalf of the client by the provider or a caregiver using the client's funds to only those that are requested by the client and for which a receipt can be produced

The provider shall provide, upon request of the client, a written statement regarding the status of all of the client's property.

The provider shall provide a final accounting and return all of the client's property to the client at the time of permanent transfer or discharge. Upon the death of the client, the provider must release all of the client's property to the individual administering the client's estate.

Any such money shall not be commingled with the funds or become an asset of the home or the provider, but must be segregated and recorded on the home's financial records as independent accounts.

The personal funds or allowance shall, at the discretion of the client, be used in obtaining clothing, personal hygiene items or other supplies, services, entertainment or transportation for personal use not otherwise provided by the home, pursuant to the admission agreement or required by regulation.

The provider shall not charge the client for supplies and/or services that the provider is by law, regulation or agreement required to provide. This also applies to medical supplies or services for which payment is known to be available for the client under Medicare, Medicaid or third party coverage.

At a minimum, the client shall have access to his or her personal funds or allowance account during the hours of 9:00 a.m. to 5:00 p.m., Monday through Friday.

At the time of discharge from the home, the client's personal account shall be reconciled with the client or legal guardian.

213.1 Room and Board

In instances where the client's SSI is being used to pay their room and board, the client is entitled to a monthly allowance equal to an amount determined by DAAS. The amount of the monthly personal allowance shall be the current amount authorized by the Office of Long Term Care for personal allowances of nursing facilities and Residential Care Facilities clients.

For any given year of the ElderChoices waiver, Adult Family Homes shall charge waiver clients no more than 90.8% of the current Individual SSI Benefit Rate amount rounded to the nearest dollar for room and board. For any given year of the ElderChoices waiver, ElderChoices waiver recipients shall receive 9% of the current Individual SSI Benefit amount rounded to the nearest dollar for personal needs allowance. This figure most often increases each January 1st.

214 CLIENT RIGHTS

The AFH shall have written policies and procedures defining the rights and responsibilities of clients. The policies must present a clear statement defining how clients are to be treated by the AFH, its personnel, volunteers and others involved in providing care.

A copy of the synopsis of the *Client Bill of Rights* must be prominently displayed within the home in a general use area.

This agreement must be duly executed, dated and signed by the client or legal guardian at or prior to admission.

Each client admitted to the home is to be fully informed of these rights and of all rules and regulations governing client conduct and responsibilities.

Appropriate means must be utilized to inform non-English speaking, deaf or blind clients of his or her rights.

The AFH shall obtain a signed and dated acknowledgement from the client or the legal guardian that they have read and understand these rights. The signed and dated acknowledgement shall be maintained in the client's file.

Client Rights must be deemed appropriately signed if signed by:

- A client capable of understanding: Client and one witness sign;
- A client incapable because of illness: The attending physician documents the specific impairment that prevents the client from understanding or signing their rights and the legal guardian and two witnesses sign;
- A client is developmentally disabled: Rights read and, if understood by client, he or she and two witnesses sign. One witness must be an outside, disinterested party. If client does not understand rights, legal guardian and one witness sign;
- A client is capable of understanding, but signs with mark other than name: Client signs with a mark (e.g., "X") and two witnesses sign.

214.1 Specific Rights

Each client must be assured of the following rights:

- To temporarily leave and return to the AFH
- To receive visitors at times mutually agreeable to the client and AFH provider
- To have access to a telephone in the home to make local calls in privacy and without charge, and to make long distance calls as specified in the occupancy agreement
- To participate in the family environment and not be confined to a specific area of the home
- To write and send uncensored mail and to receive unopened mail on the date of delivery
- To participate in religious, cultural and community activities according to the client's wishes and abilities
- To enjoy privacy of self and possessions
- To know that his or her wishes will be honored in regard to contacting designated physician(s) and other source(s) of medical care, relatives, designated friends and/or spiritual counselors in the event of an acute illness, nursing facility admission or hospitalization
- To have all personal information maintained and treated in a confidential manner
- To live in an environment where he or she will be treated as an adult, with respect and dignity, regardless of race, color, sex, creed or mental or physical disability
- To be fully informed, prior to or at the time of admission and as need arises during participation in the program, of services available in the AFH, including charges for services
- To be transferred or discharged only for:

    - medical reasons
    - his or her welfare or the welfare of other clients
    - no longer needing the services provided by the AFH
    - AFH no longer included on the ElderChoices plan of care
    - AFH ceasing operation

- To be given reasonable written notice to ensure orderly transfer or discharge:

    - The term "transfer" applies to the movement of a client from one AFH to another home or institution (e.g., nursing home, hospital, etc.)

    - "Medical reasons" for transfer or discharge must be based on the client's needs and are determined and documented by a physician.

    - Documentation for "medical reasons" by a physician must become a part of the client's permanent medical record.

    - "Reasonable notice of transfer or discharge" means the decision to transfer or discharge a client must be discussed with the client and/or legal guardian. The client or legal guardian must be told the reason(s) and alternatives available.

    - In the case of non-emergency involuntary discharge, a minimum of 10 days written notice must be given.

    - A copy of the written notice must become a part of the client's permanent medical record.

    - Transfer for the welfare of the client or other clients may be affected immediately, if such action is documented in the medical record.

- To be encouraged and assisted to exercise all constitutional and legal rights, including:

    - the right to vote;
    - the right to voice grievances or recommend change in policies or services to AFH or outside representatives of their choice;
    - freedom from restraint, coercion, discrimination or reprisal.

- To have the right to free exercise of religion, including the right to rely on spiritual means for treatment
- To retain and use personal clothing and possessions as space and regulations permit
- To be free from mental and physical abuse, chemical and physical restraints (except in emergencies), unless authorized in writing by a physician and only for such specified purpose and limited time as is reasonably necessary to protect the client from injury to himself or others:

    - "Mental Abuse" includes humiliation, harassment and threats of punishment or deprivation
    - "Physical abuse" refers to corporal punishment or the use of restraints as a punishment
    - Drugs must not be used to limit, control or alter client behavior for convenience of the provider/caregiver
    - "Physical restraint" includes the use of devices designed or intended to limit client's total mobility
    - Physical restraints are not to be used to limit client mobility for the convenience of the provider/caregiver, as a means of punishment or when not medically required to treat the client's medical symptoms

- To be assured confidential treatment of his/her personal and medical records
- To approve or refuse the release of such records to any individual except to DHS in case of transfer to another health care institution or as required by law or third party payment contract
- To be assured privacy in treatment and care for personal needs, including toileting and other activities of personal hygiene
- To be assured respect when spoken to, cared for or talked about by AFH provider/caregiver
- To exercise choice in participation of AFH activities, including individual preferences regarding such things as menu, clothing, religious activities, friendships, activity programs and entertainment
- To associate or communicate privately with persons of their choice

215 HOUSE RULES

Each AFH must have a set of house rules that reflect the provider's expectations of clients' (including family members') behavior in the home. At a minimum, the house rules should address the following issues, and must be in place before the client arrives:

- Curfews
- Visitors
- Meal times
- Alcohol and/or drugs use
- Smoking
- Acceptable noise levels

- Kitchen use
- Telephone use
- Emergency drills (i.e., procedures for fire, severe weather and other life-threatening conditions)
- Courtesy and privacy
- Gambling
- Firearms
- Personal hygiene

216 CLIENT RECORDS

Each AFH shall maintain individual records for each client.

AFH shall provide a locked file cabinet or room for client's medical, social and/or financial records. All records must be protected from loss, damage and unauthorized use.

Each client or legal guardian shall have the right to inspect his or her records.

The AFH shall maintain these records in an accessible manner for a period of six years following the death or discharge of a client.

The AFH shall not disclose any client's record to any person or agency other than personnel of the AFH, authorized agents of DAAS or its designee or the client's case manager, unless the disclosure is required by state or federal law, except upon expressed written consent of the client or his or her legal guardian.

A copy of the written consent shall be maintained in the client's file.

The following information is required by DAAS to be retained in each client's record:

- AAS-9503 (Plan of Care) – this form lists the waiver services, non-waiver services, and chosen providers for each service, including Adult Family Home. The form must be signed by the DAAS RN and the waiver participant (client); the DAAS RN will provide you with a copy of the AAS-9503. You must have a separate AAS-9503 for each ElderChoices waiver participant for whom you are providing Adult Family Home services. Without this form, you are not authorized to bill Medicaid for the services provided to any Medicaid recipient.

- AAS-9510 (Start Services Form) – the DAAS RN will send an AAS-9510 with each waiver plan of care to verify that the client's plan of care has been received and services have begun. You are required to return this form to the DAAS RN, indicating the date Adult Family Home services began.

- AAS-9511 (Change of Client Status) – this form must be used to report any unusual incidents or changes in the client's condition to the DAAS RN, such as hospitalization; keep copies of all AAS-9511s sent to the DAAS RN

- Advance Directives – if the client has an advance directive (i.e. living will); record should include copies of these documents.

- Documentation of Legal Representation – if the client has a power of attorney, guardian, conservator or other legal representative; record should include copies of these documents.

- Evacuation and Shelter Plan – you are required to review the evacuation plan and shelters with new clients within 24 hours of move-in; you must have the client (or representative) acknowledge this review via their signing; include a copy of this plan in the record.

- Evaluation & Service Planning Form – a detailed service plan must be developed for each client; include the plan in the record.

- Copies of Financial Records tracking all expenditures from client's personal allowance account, room and board payments, and patient liability payments.

- Occupancy Agreement - a complete copy of each occupancy agreement entered into with the client.

- Physician's Report Form – DAAS requires that the following information be maintained in the client's record: Any allergies or, if none, the statement "No Known Allergies"; documentation of the client's medications, both prescribed and over-the-counter; and a general description of the client's condition at the time of admission.

- Client Activities & Interests – this form is a helpful tool in planning client activities.

- Client Bill of Rights - a signed and dated acknowledgement that the client or legal guardian has read and understood the Client Bill of Rights.

- Client Information Form – the following information must be included on this form:
    - the client's name, last mailing address, date of admission;
    - the name, address and telephone number of the client's next of kin, legal guardian, responsible party and any other person the client indicates should be notified in the case of an emergency;
    - identifying numbers including Medicare, Medicaid, supplemental medical insurance, social security and/or VA;
    - the name and telephone numbers of each physician who treats the client.

The following information must be obtained at or prior to admission and must be retained in the client's records:

- A complete copy of each occupancy agreement entered into by the client and the AFH Provider
- A copy of the client's power of attorney, guardianship, conservatorship letters of appointment or other documentation of a legal representative, as necessary
- Client's name
- Client's last mailing address
- Date of the client's admission
- Name, address and telephone number of the next of kin, legal guardian, responsible party and any other person the client indicates should be notified in case of an emergency
- Identifying numbers, including Medicare, Medicaid, Supplemental Medical Insurance, Social Security and/or VA
- Name and telephone numbers of each physician who treats the client
- Any allergies or, if none, the statement "No Known Allergies"
- Documentation of the client's medications, both prescribed and over-the-counter
- A general description of the client's physical condition at the time of admission

- Written acknowledgement that the client's rights were explained to the client and/or legal guardian prior to or at the time of admission

Signed authorizations for permission to release medical information, photos and other media information, as necessary.

Signed authorization for the client to receive emergency medical care, if necessary.

When appropriate, medical information sheet, documentation of health care professionals' orders, treatment, therapy, medication and service notes.

The following information must be recorded AS REPORTED TO DAAS RN, AS REQUIRED IN POLICY:

- falls
- illness
- changes in condition
- unusual incidents, including any injury sustained, whatever the circumstance
- hospitalizations
- physician visits
- changes in medication or physician's orders for care
- changes in the client's physical condition from that recorded at admission
- Deaths
- Runaways
- Abuse
- Fights between clients or between clients and caregivers
- Injuries to clients requiring treatment and/or hospitalization
- Sexual acts between clients and staff
- National disaster damage
- Fires
- Power outages
- Loss of water

Adult family home providers are required to immediately inform the DAAS RN when unusual incidents occur involving the home or the clients who reside in the home.

In these special circumstances, the provider or caregiver (if present in absence of the provider) must immediately notify the DAAS RN, via form AAS-9511. As such, DAAS or its designee must be afforded full access at any time to clients, grounds and building as part of the process of oversight.

The AFH provider is responsible for notifying the DAAS RN by the next work day when the client is away.

217 DIETARY

Food service must be planned to meet the needs of clients, taking into consideration the clients' ages, doctor's orders, developmental and physical capabilities, caloric needs, cultural backgrounds and any physical condition which may make food intake difficult. The following is required:

- To develop a social AFH-like environment, clients and provider/caregivers should be encouraged to sit together at meal times.
- The same foods should be made available to the client and the provider/caregivers unless a special diet is prescribed. The provider/caregivers must take into consideration individual preferences of the client(s).
- Meals must follow the guidelines developed by the U.S. Department of Agriculture
- Three nutritious meals a day, which follow the recommended daily dietary allowance, must be scheduled and served at approximately the same time each day.
- Evening or bedtime snacks should be available.
- Nutrient concentrates, supplements and modified diets (therapeutic, reduction or allergy diets) must be served only on the written approval of the client's physician.
- In the event a client is unable or unwilling to consume regular meals served to him/her for more than two consecutive days, the AFH provider must immediately:
    - notify the client's personal physician
    - act on the physician's instructions
    - notify DAAS
    - notify the client's next of kin or legal guardian
    - document the calls and instructions in the client's personal record
- A 24-hour supply of perishable foods must be maintained on the premises at all times.
- A three-day supply of non-perishable foods must be maintained on the premises at all times.
- Each AFH must comply with regulations relating to food service for sanitation, safety, and health.
- Care providers must ensure that all food is:
    - prepared;
    - cooked;
    - served; and
    - stored in a manner that protects against contamination and spoilage.
- Food preparation areas and equipment must be clean and in good repair.
- The kitchen and dining room area must be cleaned after each meal.
- Food scraps should be placed in garbage cans with tight-fitting lids and bag liners.
- Each AFH must have adequate refrigeration and storage space.
- The refrigerator temperature must not exceed forty-five degrees (45˚) Fahrenheit.
- Freezer temperatures should be at least zero degrees (0˚) Fahrenheit.
- There must be an adequate supply of eating utensils (i.e., cups, saucers, plates, glasses and flatware) for each client.

218 LAUNDRY / LINENS

An adequate supply of linens must be available to meet the needs of the clients.

- Bed linens must consist of:
    - both a bottom and top sheet;
    - at least one standard-size bed pillow;
    - enough pillow cases for all pillows in use;
    - blankets suitable for the weather.

- Changes of bed linens must occur at least once a week and more often, as needed.
- Clients must be provided with individual towels and wash clothes.
- Each home must provide laundry services for its clients as part of the per diem rate. Laundry services must be provided by the home, by contract with an outside linen service or permitting the client to do his or her own personal laundry with supervision.
- Soiled linens and clothing must be pre-soaked and stored in covered container(s) and separated from food storage, kitchen and dining areas.
- Ensure the laundry room or area has proper ventilation, working appliances and fixtures, and locked storage for household cleaning products that could be hazardous to clients.

219 HOUSEKEEPING

Each provider must keep all areas of the home clean and free from:

- offensive odors;
- insects;
- rodents; and
- trash.

219.1 Equipment

All equipment and furnishing must be maintained in good operating condition.

219.2 Clients Cleaning Their Own Rooms

Clients are encouraged to keep their own rooms clean with supervision from care providers.

- If the client is unable or unwilling to keep his or her room clean, the provider is responsible for the task.
- An accumulation of clutter (old newspapers and magazines, rags, etc.) should be discouraged.
- Corridors must be free from clutter.
- An accumulation of refuse, old newspapers and discarded or unused furniture and similar items must not be stored on the premises of the AFH.
- Throw or scatter rugs must have non-skid backing.
- For each client's use, there must be an adequate and available supply of:
  - soap;
  - toilet tissue.

220 SAFETY STANDARDS

The provider must establish and conduct a maintenance program to ensure the continued upkeep of the home, to promote good housekeeping procedures and to ensure safety and sanitary practices throughout the home.

The home shall be free from physical hazards which could endanger physical safety. This will be verified by inspection of the entire dwelling, the yard surrounding the house, the basement, the attic, the garage/carport and storage area. Specific qualities that will be checked include:

- The home must be reasonably clean and sanitary.

- The home must have adequate light, heat, ventilation and plumbing for safe and comfortable living. Bedrooms must have windows that provide natural light and ventilation. All light bulbs must be protected from breakage or removal with appropriate covers. Electrical, plumbing, ventilation, heating and air conditioning systems, as well as applicable fixtures, cords, switches and related devices must be in good condition. Gas systems must be inspected at least every 12 months by a licensed contractor to assure safe operation. Inspection certificates, where applicable, must be maintained for review.

- The home must have a continuous supply of clean drinking water. Water supplied by any source other than a city water department must be tested yearly by the Arkansas Department of Human Services, Department of Health to ensure that it is safe for human consumption. If a water supply is found to be unsafe, an alternative compliance of the water supply must be agreed upon, put in place and maintained.

- Windows used for ventilation must have screens in good repair.

- The home must have at least two unrestricted exits.

- All program clients must be housed on the ground floor.

- Interior and exterior stairways must have handrails of a circumference, length, texture, strength and stability that can reasonably be expected to support the client.

- Doors in clients' rooms may be locked the by client, provided such doors can be unlocked from the outside with keys which are available to the caregiver at all times.

- Chain locks, clasps, bars, padlocks and similar devices must not be used in any area of the home used by program clients.

- All door locks, interior and exterior, must work properly. Adjust all doors, including sliding and bi-fold doors, for optimal performance. Remove clutter and obstruction from doorways.

- The home must have a minimum of one flush toilet, one wash basin with running water and one bath or shower with hot and cold water.

- Grab bars must be provided at the toilet and tub/shower in the client's bathroom.

- Medicines, cleaning supplies, insecticides, gasoline, hazardous tools, knives, etc. must be stored in locked closets or drawers.

- Guns must be unloaded and stored in a secure, locked location separate from ammunition.

- Heating devices, such as radiators, fireplaces, wood stoves, gas or electric heaters, steam and hot water pipes must be screened or otherwise protected. Open-faced space heaters must be avoided as they have a greater chance of causing a fire hazard than central heat or gas.

- The home must have a safe sewage system. All garbage and other wastes must be kept in a suitable covered receptacle and disposed of in such a way as to not constitute a health hazard or nuisance.

- The home must contain at least two approved fire extinguishers, one located in the kitchen and the other readily accessible to other sections of the house. The extinguishers must be in working condition. The provider, staff and clients must be trained in its proper use.

- All cooking areas must contain a chemical fire extinguisher, readily accessible and in working condition. All individuals who cook must be trained in its proper use.

- Smoke and carbon monoxide detectors must be installed within 10 feet of the kitchen and each bedroom and be maintained in good working order at all times. The provider must document that each smoke detector is checked on a monthly basis to ensure that the battery is charged and functioning. Regular testing and maintenance of smoke detectors and fire extinguishers must be part of the fire safety plan.

- Fire hazards (e.g., dangerous or defective heating equipment, appliances, electrical cords and flammable materials) must be eliminated or corrected.

- Exterior and interior doors and hallways must be wide enough to accommodate wheelchairs and walkers and be free from clutter and blockage that could impede quick evacuation.

- The provider must implement effective evacuation and shelter plans for natural, weather-related and manmade emergencies/disasters. Each client and staff must be informed of the evacuation and shelter plans within the first 24 hours of their arrival at the home and following any modifications made. Practice drills must be performed quarterly, at a minimum.

- The provider must post a drawn escape plan that clearly depicts the home's exits. The print size and style of the plan must accommodate the needs of each client.

- The provider must maintain an accurate record of employee and client trainings on the evacuation/shelter plans, as well as on all drills conducted, including the date and time of the drill, the persons who were present in the home at the time and the amount of time it took.

- The home must have a working telephone. A list of emergency numbers must be posted near each telephone, including emergency numbers for physicians, poison control center and the regulatory staff for the adult family home, as well as fire, ambulance and law enforcement, if a 911 service is not available in the area. The print size of the list must accommodate the needs of each client.

- Yards shall be free from dangerous debris, trash, uncovered cisterns, etc. The yard, fire exits and exterior steps must be free from obstructions and must be fully accessible and appropriate to the condition of clients. Grounds must be maintained in a safe and orderly condition. Ice, snow and other hazardous material must be kept off exits, steps and outside walkways.

- Accommodations must be made to remove garbage and refuse on a weekly basis, at a minimum. Garbage must be suitably stored in rodent-proof containers pending removal. The garbage container must have a tight-fitting lid and be kept clean. All garbage must be bagged for proper disposal.

- Mobile, manufactured and modular homes used for Adult Family Homes must have at least two exits from the structure and be properly installed, tied down and stabilized.

- Cabinet doors must open and close easily and stay closed to reduce any accidents (e.g., bumping your knee on the bathroom cabinet.)

- Be sure that electrical cords in use are in good condition – no fraying or splices on the cord. Cords can be a tripping hazard and must be kept out of the way. Never place cords under carpeting or rugs. Never use extension cords in a permanent fashion as that is a fire hazard. Instead, use power strips with a built-in circuit breaker if extension is absolutely necessary.

- All carpeting must be securely fastened to the ground. If using rugs, add a non-slip resistance backing, double-sided carpet tape or rubber matting to reduce movement.

- As with all areas of the home, entryways, hallways and stairs must be free from any obstructions and floor objects that could cause falls or block passage (for a fire escape, for instance). Emergency exits must be clearly marked.

- All kitchen appliances and physical fixtures must be securely fastened and in working order.

- Each home must stock the following items for use in such emergency situations:
  - Adhesive bandages (various sizes)
  - Adhesive tape
  - First Aid book
  - Gauze
  - Hydrogen peroxide
  - Soap
  - Rubbing alcohol
  - Safety pins
  - Scissors
  - Splinting materials
  - Thermometer
  - Tweezers

221 MAINTENANCE / PHYSICAL STANDARDS

Each adult family home must meet applicable local business license, zoning, building and housing codes, and state and local fire and safety regulations. It is the duty of the provider to check with local government to be sure all applicable local codes have been met and to provide documentation that codes have been met.

221.1 Home Structure and Environment

- The home, including floor and walls, must be kept clean, in good repair and appropriate for clients.

- The home design must adequately provide for clients on the ground floor.

- The home design must provide for a first-floor common living space and sufficient furniture to accommodate the family and clients at one time. There must be a sitting room other than the kitchen/dining area available to clients,

family and guests for recreation and socialization. The sitting room must be available to clients and his or her guests at all times.

- All interior and exterior doorways used by clients must be wide enough to accommodate wheelchairs and walkers.

- Furniture must be clean, in good repair, durable and safe for the client to use. Furniture must be arranged to accommodate maneuverability of walkers and wheelchairs.

- Furnishings (including appliances) must be clean, in good repair and used according to their intended functions.

- Areas of the home used by clients must be maintained at a comfortable temperature. Recommended minimum temperatures are no less than 68º Fahrenheit during the day and 60º Fahrenheit during the sleeping hours. During times of extreme summer heat, the provider will make reasonable efforts to make the clients comfortable using available ventilation or fans.

- Windows must be kept clean, in good repair and supplied with curtains, shades or drapes.

221.2 Client's Bathroom

- For each six household occupants (including client, provider and provider's family), there must be at least one toilet, sink and tub and/or shower.

- Bathrooms must be able to accommodate people with wheelchairs

- Grab bars must be provided at the toilet and tub/shower in client's bathroom.

- Provide seating in the shower or tub for clients.

- Non-skid floor surfaces must be provided in tubs and showers.

- Each toilet must have a sink in the room or located nearby outside the room.

- A raised toilet seat is required on all toilets used by the AFH clients, regardless of individual needs.

- Clients' bathrooms must:
    - provide individual privacy;
    - have a finished interior;
    - have a door which opens to a hall or common use room;
    - contain a mirror; and All mirrors must be free from chips or cracks
    - have an open window or other means of ventilation. If a window is used for ventilation, it must have a covering for privacy.

- There must be hot and cold water in sufficient supply to provide for:
    - Personal hygiene of caregivers and clients,
    - Kitchen cooking and cleaning, and
    - Household cleaning and laundry needs.
    - Hot water temperatures in bathing areas must be supervised for persons unable to regulate water temperatures.

    - Hot water temperatures in clients' areas should not exceed 110º Fahrenheit.

- Shower enclosures must have non-porous surfaces. Glass doors must be tempered safety glass. Shower curtains must be clean and in good condition.

- Clients must be provided with appropriate racks or hooks for drying bath linens.

- If hand towels are not provided, roller-dispensed hand towels or paper towels in a dispenser must be provided for clients', guests' and caregivers' use.

221.3 Clients' Bedrooms

Clients' bedrooms must:

- Have been constructed as a sleeping area when the home was built or remodeled according to local permit;
- Be finished with walls or partitions of standards which go from floor to ceiling;
- Have a door which opens directly to a hallway or common-use room without passage through another bedroom or common bathroom;
- Be ventilated and lighted with at least one window that will open freely and remain open from the inside without special tools;
- Be heated and/or cooled with temperature ranges meeting the above criteria;
- Be at ground level;
- Have at least 70 square feet of usable floor space for each client;
- Have no more than two persons per client room;
- Contain sufficient closet space for each occupant's clothing and supplies;
- Contain a dresser for each occupant; and
- Contain an individual bed for each of the room's occupants.
- The bed must be at least 36 inches wide, with a mattress and springs in good condition. Cots, trundle beds, couches and folding beds must not be used for clients.

- From the bed, clients must be able to access a light or light switch. Feet must be able to touch the floor to ease getting in and out of bed. Sufficient space around beds, approximately 18 inches from walls and 36 inches between beds (if applicable), makes care giving and general housekeeping easier.

- Providers, caregivers or family members must not:
    - sleep in areas designated as common-use areas;
    - share rooms with clients.

- Clients' bedrooms must be in close enough proximity to alert providers of nighttime needs or emergencies.

- If house pets or other domestic animals are kept in the home, sanitation must be maintained to prevent odors and health hazards.
    - If there are household pets, proof of rabies and other required vaccinations administered by a licensed veterinarian must be maintained on the premises.
    - Pets not confined to enclosed areas must be under control and must not present a danger to clients or guests.

222 MEDICATIONS

Medications are to be self-administered, unless the client's attending physician determines that the administration of the medication can be safely performed by the caregiver, in accordance with Ark. Code Ann. §17-87-103 (*The Consumer Directed Care Act of 2005*).

A client may be supervised in self-administration of his or her medication, as necessary. The provider may remind the client to take the medication, the medication regimen as indicated on the container label may be read to the client, and the provider may open the cap of the container for the client. The provider/caregivers or other clients may not administer the medications unless authorized by the client's attending physician.

Changes in dosage or schedule of any medication must be made only upon the written authorization of the client's attending physician.

Clients' medications supervised by the Adult Family Home provider must be:

- stored in a locked cabinet, drawer, etc.;
- separate from the medications used by the caregivers and family members.

Medications of clients who are deemed capable of administering their own medications without supervision or reminding by the Adult Family Home staff may be kept in the client's own room.

Prescription medications must be properly labeled, in accordance with current applicable laws and regulations (Act 511 of 1983, as amended). Any medication which has been prescribed but is no longer in use by the client must be destroyed or disposed of in accordance with state law.

Non-prescription or over-the-counter medications must be:

- individually labeled;
- kept in the original container;
- prescribed by the client's attending physician.

Stock supplies of any medication are prohibited.

Under no circumstances shall a provider/caregiver or client share his or her medication with another client.

DAAS requires that the provider obtain the following medical information prior to or at the time of a client's admission:

- Any allergies or, if none, the statement "No Known Allergies"
- Documentation of the client's medications, both prescribed and over-the-counter
- A general description of the client's physical condition at the time of admission

Copies of written medication orders must be maintained in the client's record.

223 SUSPENSION, REVOCATION AND REFUSAL OF RENEWAL

DAAS may suspend, revoke or refuse to renew a certificate in any case in which it finds the provider:

- knowingly or with reason to know made a false statement of material fact in his/her application for certification, including attached documentation;

- knowingly or with reason to know made a false statement of material fact in any matter under investigation by DAAS;
- refused to allow representatives or agents of DAAS to inspect material related to the operation of the AFH, including books, records and files required to be maintained;
- refused to allow representatives or agents of DAAS to inspect any portion of the premises of the adult family home;
- refused to allow representatives or agents of DAAS to inspect or visit the AFH client(s);
- willfully prevented, interfered with or attempted to impede in any way the work of representatives or agents of DAAS, law enforcement or other enforcement agent;
- failed to report client abuse or neglect;
- has knowledge of habitual intoxication or addiction to controlled substances by the provider, household members or staff;
- secured the devise or bequest of property owned by the client by threats, coercion or undue influence.

DAAS may also suspend, revoke or refuse to renew a certificate in any case in which it finds the provider no longer substantially meets the certification requirements. (See Stop Placement process below)

DAAS will notify the client(s) of the denial, suspension, revocation or non-renewal of a certificate and assist in making alternative living arrangements, as possible.

224 STOP PLACEMENT/DECERTIFICATION

If DAAS determines that the AFH is deficient in a required area that immediate corrective action cannot address, a Stop Placement order must be enacted.

Stop Placement calls for the immediate transfer of the AFH client(s) and/or the cessation of placement of client(s) in the home and Medicaid reimbursement.

DAAS will notify the provider of the action to Stop Placement through the most expedient means and followed in writing by certified mail. The written notification will provide:

- the grounds for the action,
- whether corrective actions can be taken to reverse the Stop Placement, and
- the process for contesting the Stop Placement.

If DAAS indicates that corrective action can remedy the Stop Placement, the notification will:

- specify the corrections that must be made by the provider, and
- the timeframe that DAAS will allow for corrective action to occur.

A Stop Placement order is effective immediately upon written or verbal notification, whichever occurs first.

224.1 Termination of Stop Placement

DAAS will reconsider the Stop Placement if the provider notifies DAAS that all cited deficiencies have been corrected.

Upon the provider's notification that corrective measures have occurred, DAAS or its designee will conduct a reassessment in a timely manner (15 days or less).

If prescribed corrective action is confirmed, as well as the restoration of the provider's certification standards, DAAS will terminate the Stop Placement order.

The provider is not entitled to payment for room, board or any other AFH cost during the Stop Placement period. If necessary, the provider must reimburse the client for any advanced payment he/she received from the client for room and board prior to the Stop Placement action and will not seek reimbursement from public funds and/or the client or his/her family.