

1-2 BED ADULT FAMILY HOME (AFH) CERTIFICATION – REVIEW TOOL AND CORRECTIVE ACTION PLAN

Instructions: Providers will not be certified or recertified until all areas needing correction, as identified below, are successfully remediated.

Name of AFH	Contact Person
Reviewer Name	Date of Onsite Visit
Number of Beds to be Certified <input type="checkbox"/> 1 <input type="checkbox"/> 2	Is AFH certified to provide respite care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Populations Served by AFH	
<input type="checkbox"/> Intellectually/Developmentally Disabled (IDD) <input type="checkbox"/> Frail Elders (FE) <input type="checkbox"/> Physically Disabled (PD) <input type="checkbox"/> IDD/FE <input type="checkbox"/> IDD/PD <input type="checkbox"/> FE/PD <input type="checkbox"/> IDD/FE/PD	

HOME AND COMMUNITY-BASED SERVICES, AND 1-2 BED AFH STANDARDS REQUIREMENTS

SECTION I – PRELIMINARY REQUIRED DOCUMENTATION		
MET	UNMET	Setting must complete and submit the following forms to the Wisconsin Department of Health Services (DHS) prior to their review:
<input type="checkbox"/>	<input type="checkbox"/>	1-2 AFH Application F-02601
<input type="checkbox"/>	<input type="checkbox"/>	Completed Documentation Checklist accompanied by supportive documents submitted in strict accordance with the Supportive Documentation Submission Instructions. Several of these documents are further outlined in Section II.
<input type="checkbox"/>	<input type="checkbox"/>	Verification from DHS of any standard for which setting has been granted an exception (if applicable). See page 9 -10 of 1-2 Bed AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	Setting must submit written evidence that the waiver agency provided information allowing the person to select the AFH from among setting options.
		All of the above documents must be received before a desk review, onsite visit, or certification can occur.
Proceed To Review	Do Not Proceed to Review	Reviewer Comments
<input type="checkbox"/>	<input type="checkbox"/>	The reviewer checks the appropriate box and explains in the space above if the decision is not to proceed with review. The reviewer must explain what documents are missing and what steps were taken to obtain the required documentation. Proceed to Section II only if above standards are met.
SECTION II (a)– ADDITIONAL DOCUMENTATION PERTAINING TO APPLICANT(S) AND EMPLOYEES		
MET	UNMET	Background Check Documentation - (page 16-17, and 33 in the AFH Standards)
<input type="checkbox"/>	<input type="checkbox"/>	Up to date Caregiver and Criminal background checks conducted in accordance with Wis. Admin. Code Ch. DHS 12. Sponsor/Operator conducts background checks on all employees and persons in household who are over 18 years old. DHS conducts the background check on the sponsor/operator, and where applicable, the co-applicant. Background checks are required for initial certifications and on new employees at the time of hire; not less than every 4 years, thereafter.

		The reviewer conducts criminal background checks through DOJ WORCS and caregiver background checks through DHS Caregiver Registry. May also check the status of credentials and licensing of the Sponsor/Operator through the Dept. of Regulation and Licensing.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	IRIS Provider Education - Health and Safety - Incident Reporting - Signed Agreement. (F-01203) Completion of this form is an IRIS program requirement for each sponsor/provider.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Documentation of 30-day Operating Fund (page 33 of AFH Standard) Evidence of having, or having access to, sufficient financial reserves to operate the home and meet the needs for all residents and household member for whom the provider is financially responsible, and to ensure the adequate functioning of the home for a period of at least 30 days without receiving payment for services rendered to/for any resident.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Program Statement (page 17 of AFH Standards) All AFHs must have a program statement that describes the following: <ul style="list-style-type: none"> a. Target group(s) the applicant is willing to serve b. Whether the house is physically accessible to individuals who require such assistance c. Physical features of the AFH, such as grounds and community resources d. Services and skills offered by the AFH to the resident(s) e. Operator’s intentions for licensing or certification under other standards for adults or children. f. Operator’s intentions for respite care, including a statement as to the maximum number of temporary adult or child residents that may be in the home at any one time <p>Any other information the AFH deems appropriate to help prospective residents or placement agencies make decisions related to use of the AFH.</p>
		Reviewer Comments
		AFH Corrective Action Plan
SECTION II (b) – ADDITIONAL DOCUMENTATION PERTAINING TO: PHYSICAL EXAMINATION AND COMMUNICABLE DISEASE STATUS OF APPLICANT(S) AND EMPLOYEES		
MET	UNMET	See page 34 of the AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	The applicant for an initial certification must submit a statement from a physician, physician’s assistant, or nurse practitioner certifying that the applicant or sponsor, operator, all staff and all members of the household have had a physical examination, and that these individuals do not have an illness or condition that would threaten the health, safety or welfare of residents or interfere with any person’s capacity to provide services. The statement may not be dated more than 1 year prior to the date of the application. The sponsor shall obtain documentation from a physician, physician’s assistant, clinical nurse practitioner, or licensed registered nurse indicating the sponsor and all household members over 18 years of age have been screened for clinically apparent communicable diseases, including

		but not limited to tuberculosis (TB). The statement may not be dated more than 90 days prior to the date of the application. Note: <i>The reviewer must view these statements for each of the individuals below</i>
<input type="checkbox"/>	<input type="checkbox"/>	Provider(s)/Owner(s)/Sponsor(s) <ul style="list-style-type: none"> • Statement of Health • Statement Regarding Communicable Disease
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Staff (Each person working in the home) <ul style="list-style-type: none"> • Statement of Health • Statement Regarding Communicable Disease
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Other individuals living in the home <ul style="list-style-type: none"> • Statement of Health • Statement Regarding Communicable Disease
		Reviewer Comments
		AFH Corrective Action Plan
SECTION II (c) – ADDITIONAL DOCUMENTATION PERTAINING TO RESIDENTS		
MET	UNMET	Copy of Letters of Guardianship with date of court action (if applicable) or copy of Power of Attorney for Healthcare and evidence of activation (if applicable).
<input type="checkbox"/>	<input type="checkbox"/>	
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Eviction Protection All residents are provided with a signed lease or other legally enforceable admission or service agreement that provides protection from eviction.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	AFH Service Plan for each resident (page 4 of the AFH Standards) The AFH Service Plan includes the written details of the supports, activities, and resources required for the individual to achieve personal goals. Provide a copy with resident's name redacted.
		Reviewer Comments
		AFH Corrective Action Plan

<input type="checkbox"/>	<input type="checkbox"/>	<p>Service Agreement between the AFH and either a Placement Agency or the IRIS Participant (page 46 of AFH Standards) The agreement that the unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforcement agreement by the person receiving services and that the person has, at a minimum, the same responsibilities and protection from eviction that tenants have under the landlord/tenant law, county, city or other designate entity.</p>
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Medication Administration Records (MARS) (page 50 of AFH Standards) Records shall be kept by the sponsor, operator or staff of all prescription medications controlled or administered by the sponsor, operator or staff and they shall document the following:</p> <ol style="list-style-type: none"> a. Name of the resident, b. Name of the medication, c. Date and time the medication was given, d. The dose taken, e. The initials of the sponsor, operator or staff that indicate that the medication was given, and f. Any refusal by the resident to take the medication.
		Reviewer Comments
		AFH Corrective Action Plan
SECTION III – HCBS REQUIREMENTS FOR THE HOME		
MET	UNMET	Community Integration (page 25 of AFH Standards)
<input type="checkbox"/>	<input type="checkbox"/>	<p>Setting is integrated in and supports full access of people receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving Medicaid HCBS.</p>
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Location and Access to the Community (page 25 of AFH Standards) Confirm that the setting is not:</p> <ul style="list-style-type: none"> • Institutional in nature and does not have the effect of isolating Medicaid HCBS residents from the broader community • In a publicly or privately owned facility providing inpatient treatment (including a SNF) • On the grounds of, or adjacent to, a public institution
		Reviewer Comments
		AFH Corrective Action Plan
SECTION IV – HCBS RESIDENT RIGHTS, GRIEVANCES, AUTONOMY AND INDEPENDENCE		
MET	UNMET	Resident Rights, Responsibilities and Grievance Procedures (page 56-61 of AFH Standards)
<input type="checkbox"/>	<input type="checkbox"/>	<p>Residents of AFHs retain all of their civil, legal and human rights.</p> <ul style="list-style-type: none"> • Residents receive a copy of their Rights (may be copied from 1-2 Bed AFH Standards) • Residents receive a copy of the House Rules & Responsibilities • Residents receive a copy of the Grievance Policy & Procedure

		<ul style="list-style-type: none"> AFH ensures individual rights of privacy, dignity and respect, and freedom from coercion and restraint. (Reviewer confirms that this is reflected in the resident rights and in practice within the setting).
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Resident Privacy and Confidentiality Setting must keep all resident records confidential in accordance with Wis. Stat. § 51.30 and Wis. Admin. Code ch. DHS 92 and any other applicable state or federal law, rule, or program statement.</p> <ul style="list-style-type: none"> Setting has a locked area for resident records including MARS; Person-Centered-Plans; financial information; and any records containing PII or PHI.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Resident Autonomy and Independence: All residents, unless exceptions are outlined in their person-centered plan, are afforded autonomy, and opportunities to make independent choices.</p> <ul style="list-style-type: none"> Exercising all rights outlined in pages 56-61 of AFH Standards Individuals have the freedom and support to control their own daily schedules and activities including paid employment in community integrated settings Individuals are able to have visitors of their choosing at any time Unrestricted access to food and liquids that take into account their special, physical and religious dietary needs Individual has choice of services and supports and who provides them Laundry facilities Access to telephone and ability to make reasonable number of calls in private. Note: <i>Setting must post Emergency Numbers next to phone or provide resident with list of Emergency Numbers.</i> Management of personal belongings and finances Note: <i>Reviewer should look for evidence of the above bullet points listed in AFH's Resident Rights document.</i> Setting does not require resident to perform work for the AFH unless resident chooses to do work that is reflected in their service plan. Unless it provides a resident with the opportunity to work, the AFH is not used for any commercial, production, retail business or any other enterprise that regularly brings customers/clients or support service personnel to the AFH (page 27 of the AFH Standards).
		Reviewer Comments
		AFH Corrective Action Plan
SECTION V – PHYSICAL PLANT AND SAFETY		
MET	UNMET	Floorplan with room dimensions, exits and usage (pages 28 and 30 of the AFH Standards)
<input type="checkbox"/>	<input type="checkbox"/>	AFH provides these to DHS upon initial certification and with any approved modifications made to AFH after initial certification. Note: <i>The reviewer should require the floor plan to also include location of all fire extinguishers, smoke detectors and carbon monoxide detectors in the home.</i>
		Reviewer Comments
		AFH Corrective Action Plan

<input type="checkbox"/>	<input type="checkbox"/>	<p>Resident access to and within the building (page 25 of the AFH Standards) The AFH is physically accessible to all persons residing there and to prospective residents considering placement. Residents must be able to enter, exit and move about in the AFH and get to their bedrooms, bathroom, common living and dining areas and kitchen without difficulty. Non-ambulatory residents must have access to all common areas including living rooms and dining areas. Note: <i>This will be observed during onsite or virtual review.</i></p>
<div style="background-color: black; width: 100%; height: 100%;"></div>		<p>Reviewer Comments</p>
		<p>AFH Corrective Action Plan</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Bedroom Requirements (page 28-29 of the AFH Standards) Bedrooms must:</p> <ul style="list-style-type: none"> • Be equipped with a lock that is keyed individually from other rooms in the home and that can be locked by the resident when in the room and upon departure. Only authorized staff can have access to a key. This ensures that residents have privacy in their sleeping or living unit. • Individuals sharing a unit have a choice of roommates • Individuals are allowed to decorate their sleeping or living unit within their lease or other agreement. • Have adequate storage space for clothing and personal belongings that can be locked if requested by resident. • Hallways, kitchens, living rooms, dining rooms, unfinished basements, closets, passageways, or garages may not be used as resident bedrooms. No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of single-family dwelling unless there are two exits that conform to the specification in Article V.G.4. <i>(Reviewers must also confirm no other household member or visitor are allowed to use common spaces of the home as bedrooms).</i> • Have at least one window and at least two means of egress <p>Note: <i>These may be observed in person during onsite or virtual review.</i></p>
<div style="background-color: black; width: 100%; height: 100%;"></div>		<p>Reviewer Comments</p>
		<p>AFH Corrective Action Plan</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Bathroom Locks (page 27 of the AFH Standards) The door of each bathroom shall have a lock that can be locked from the inside; and able to be opened from the outside in an emergency. Note: <i>These may be observed in person during onsite or virtual review.</i></p>
<div style="background-color: black; width: 100%; height: 100%;"></div>		<p>Reviewer Comments</p>
		<p>AFH Corrective Action Plan</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Fire Safety Evacuation Plan (page 30-31 of the AFH Standards) A written plan for the immediate and safe evacuation of all occupants of the AFH in the event of a fire. Plan shall identify route and equipment needs. Note: <i>During initial desk review, provider should submit a copy of the home's Floor Plan, including location of all exits, fire extinguishers and smoke detectors in the home. Setting must provide updated copy of floor reflecting any changes approved in advance by DHS.</i></p>
<div style="background-color: black; width: 100%; height: 100%;"></div>		<p>Reviewer Comments</p>
		<p>AFH Corrective Action Plan</p>

<input type="checkbox"/>	<input type="checkbox"/>	<p>Fire Drills (page 31 of the AFH Standard) Fire drills shall be conducted semi-annually with all household members. Written documentation of the date, time and evacuation time of each drill shall be maintained in the home.</p>
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Smoke Detector Location (page 30 of AFH Standards) Every AFH shall be equipped with one or more single-station, battery-operated, electrically interconnected or radio-signal-emitting smoke detectors on each floor. Required smoke detectors shall be located in each habitable room except the kitchen or bathroom, and specifically in the following locations: at the head of each open stairway; at the door leading to every enclosed stairway; in the living and/or family room; and in each resident bedroom. Required smoke detectors placed on ceilings shall be at least 4 inches away from any wall; shall be placed within 4 to 12 inches from the ceiling in each room in which they are required. A smoke detector located in close proximity to one or more of these areas may be used to meet more than one of these requirements. Note: <i>These may be observed in person during onsite or virtual review.</i></p>
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Weapons (page 27 of the AFH Standards) Certificate holder may decide to allow or prohibit weapons in the AFH. If weapons are allowed, the certificate holder shall require that the weapons and ammunition, when not being carried by a permit holder, are stored and locked separately. Note: <i>The reviewer should inquire if weapons are kept on premises. If yes, observe that weapons are stored as outlined in AFH Standards. If weapons are not allowed, does AFH have a No Weapons sign posted at the entrance to the home?</i></p>
		Reviewer Comments
		AFH Corrective Action Plan
SECTION VI – MONTHLY OR ANNUAL INSPECTIONS		
MET	UNMET	Reviewer must observe evidence of each of the following Monthly or Annual Inspections.
<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> • Smoke Detector tests – Monthly (page 30 of AFH Standards) • Fire extinguishers – Annually (page 29-30 of AFH Standards) • Well Water Samples (where applicable) – Annually (page 26 of AFH Standards)
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>Carbon Monoxide Detectors (page 27 of the AFH Standards) Each AFH shall have a working carbon monoxide detector on every floor, including the basement. A detector should be located within 10 feet of each bedroom door and there should be one near or over any attached garage. Each detector should be replaced every five to six years. Note: <i>This may be observed during onsite or virtual review.</i></p>
		Reviewer Comments
		AFH Corrective Action Plan

		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Water Temperatures – Set and monitored between 110°-115° F to prevent injury. (Refer to (P-01942))
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers (page 29 of the AFH Standards) Every AFH shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. A fire extinguisher shall be mounted and is required at the head of each stairway and in or near the kitchen. A single fire extinguisher located in close proximity to both of these areas may be used to meet the requirement. Note: <i>This may be observed during onsite or virtual review.</i>
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Pet Vaccinations (page 31 of AFH Standards) Cats, dogs, and other pets vulnerable to rabies, which are owned by resident or household members, shall be vaccinated as required under local ordinance.
		Reviewer Comments
		AFH Corrective Action Plan
SECTION VII (a) – INITIAL CAREGIVER TRAINING REQUIREMENTS		
MET	UNMET	See page 35 of AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	Training requirements apply to the operator(s), substitute provider(s), and all staff who regularly provide service in the home and who meet the definition of caregiver and meet the following conditions: <ul style="list-style-type: none"> • Have completed no fewer than 10 hours of up-to-date, certifying agency-approved training related to health, safety, welfare, rights, community integration and service provision Note: <i>employees should receive same copy of Resident Rights as the residents receive during this training</i> • Training must be completed within the first year of certification
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Proof of Fire Safety and First Aid Training — for applicants with no prior experience in providing AFH service (page 35 of AFH Standards)
		Reviewer Comments
		AFH Corrective Action Plan

SECTION VII (b) – ONGOING CAREGIVER TRAINING REQUIREMENTS		
MET	UMMET	See page 35 of AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	Training requirements apply to the operator(s), substitute provider(s), and all staff who regularly provide service in the home and who meet the definition of caregiver and meet the following conditions: <ul style="list-style-type: none"> Have completed no fewer than 8 hours of training approved by the certifying agency related to the health, safety, welfare, rights, community integration and treatment of residents. Note: <i>Employees should receive same copy of Resident Rights as the residents receive during this training.</i> Training must be completed annually
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	Alternative training that relates to service provided, if applicable (page 35 of AFH Standards) Note: <i>If applicable, please list and describe alternative trainings that have been or should be offered in the Reviewer Comments below.</i>
		Reviewer Comments
		AFH Corrective Action Plan

INSURANCE POLICIES

SECTION VIII (a) – INSURANCE POLICIES – HOMEOWNERS, RENTERS, OR LIABILITY		
MET	UNMET	See Liability Insurance on page 35 in AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	Settings must provide evidence of Homeowner’s, Renters or Liability Insurance. Copy of the policy shall be provided, to include: <ul style="list-style-type: none"> Name of Company Policy Periods Liability Amounts
		Reviewer Comments
		AFH Corrective Action Plan

SECTION VIII (b) — INSURANCE POLICIES — AUTOMOBILE		
MET	UNMET	See page 35 in AFH Standards
<input type="checkbox"/>	<input type="checkbox"/>	<p>The Reviewer only needs a copy of auto insurance policy for owner or staff who use personal vehicles to transport residents.</p> <p><input type="checkbox"/> Check if transportation is not provided to residents by owner or any employees of the AFH at any time.</p> <p>Insurance Policy Must Include:</p> <ul style="list-style-type: none"> • Name of Company • Policy Periods • Liability Amounts • Documentation indicating that the applicant has or is in the process of obtaining sufficient insurance coverage to provide liability protections, if applicable.
		Reviewer Comments
		AFH Corrective Action Plan
<input type="checkbox"/>	<input type="checkbox"/>	<p>RESPIRE CARE (Reviewer completes this section only for homes applying to provide respite care)</p> <ul style="list-style-type: none"> • AFH has ample space to accommodate no more than 2 additional residents for respite care without requiring current residents to share a bedroom. Ample space includes: • Separate bedrooms for each resident including respite residents • Personal storage space for individual belongings • Adequate space in common areas including space in sleeping, living, bathroom, eating and storage areas • Permanent residents are given advanced notice, via the Program Statement, that AFH intends to offer respite care as a service • Each respite resident has their own respite care service plan • AFH ensures adequate staffing to accommodate increased number of residents when respite care is being provided • There is/ would be no significant reduction in privacy to permanent residents in the AFH when respite residents are present
		Reviewer Comments
		AFH Corrective Action Plan
		<p>HCBS COMPLIANCE ATTESTATION</p> <p>The AFH has demonstrated, via review of documents and onsite observations by the certifying agency, that they are compliant with the Home and Community-Based Services Settings Rule and with the Wisconsin Medicaid Standards for Certified 1-2 Bed Adult Family Homes.</p> <p>Date of Determination</p>

The documentation requested in the corrective action plan shall be submitted by email within 45 calendar days, to DHSIRISAFH@dhs.wisconsin.gov.