

# 1-2 BED ADULT FAMILY HOME STANDARDS

Wisconsin Department of Health Services



Presented by:  
John Etzler  
Patara Horn

APRIL 25, 2014

## 1-2 Bed Adult Family Home Standards

- An electronic copy of the standards can be found at:  
[www.dhs.wisconsin.gov/publications/P0/P00638.pdf](http://www.dhs.wisconsin.gov/publications/P0/P00638.pdf)

## Training Overview

- Definitions to Note
- Application/Certification Process
- Respite Care Services
- Provider Qualifications
- Requirements of the Home
- Placement Process
- Resident Support Services
- Sponsor/Provider Responsibilities
- Residential Rights

## Training Overview

Applicability of Standards

- Family Care/Family Care Partnership/Program of All Inclusive Care for Elderly (PACE) programs.
- Include, Respect, I Self-Direct (IRIS) Waiver program.
- County – Legacy and Mental Health programs.
- Adult Family Home (AFH) Sponsors.
- Substitute and/or Respite Care Providers.
- Staff Members.
- Individuals/Residents and Guardians.

## Definitions to Note:

Who is What?

- Certifying Agency
  - Placing Agency
  - Sponsor (Provider)
  - Resident (Member)
- } These agencies **may** overlap

## Definitions to Note:

Certifying Agency

- Managed Care Organization (MCO), County or the WI Department of Health Services (DHS)
  - Dedicated staff person(s) to assign and conduct certifications.
  - Receives application for certification.
  - Informs applicant of planned next steps:
    - Proceed with certification
    - Await placement
  - Completes certification activities.
  - Establishes interagency agreements as needed.
  - Supports sponsor/operator as needed.
  - Responds to complaints, etc.
  - Recertifies, decertifies, terminates certification.

### Definitions to Note:

#### Certifying Agency – Staff Training Plan



- Agencies are required to have a written training plan.
- The training plan must include:
  1. Assisted living system and long-term support service system;
  2. 1-2 bed AFH standards and related rules/regulations;
  3. How to provide services to people with intellectual and developmental disabilities, physical disabilities, elders and people with mental illness;
  4. Basic health care practices;
  5. Behavior management principles;
  6. Survey and investigative methods and techniques; and
  7. Interview techniques.

### Definitions to Note:

#### Certifying Agency – Staff Training



- Initial training needs to be completed within 1 year from date of hire.
- Exemption for staff who have operated or been employed by a qualified certifying agency prior to January 1, 2013, or who have certified homes for at least 12 months.
- Ongoing training required.
- Documentation of completed training must be kept on file.

### Definitions to Note:

#### Certification Agreements – Same Service Area

- Two or more certifying agencies may be in the same territory.
- Agencies certifying for different programs within overlapping territories may have an agreement.
- Agreement may:
  - Identify which agency will certify which home(s).
  - Clarify coordination and delegation of tasks.
  - Identify certification activities and sharing of documents.

### Definitions to Note:

#### Certification Agreements – Outside Service Area

- An interagency agreement is required when certifying outside of own territory and within another agency's territory.
  - Required when placing an individual in an AFH inside the territory of another certifying agency.
  - Established prior to certification or at time of renewal.
  - Specifies which of the agencies are responsible for initial certification, renewals, and monitoring.
- Copies of certification materials must be provided to certifying agency where AFH is located, upon request.

### Definitions to Note:

#### Placing Agency

- MCO, County or Agency (for IRIS, or private pay, these functions are largely delegated to the sponsor/operator).
  - Matches sponsor/operator with resident.
  - Leads plan of care development.
  - Provides or arranges for person-specific training on plan implementation.
  - Establishes rate of reimbursement.
  - Periodically monitors service delivery and resident well-being, along with Interdisciplinary Team, Incident Complainants, and Care Management Team.
  - Leads plan review and care development plan.

### Definitions to Note:

#### Agreements Between Placement Agencies

- A placing agency must have an agreement when it makes a placement in a home certified by a different certifying agency.
- Agreement will include the following:
  - Identified roles and responsibilities.
  - Communication protocols regarding quality concerns of AFH.

## Definitions to Note:

### Types of Adult Family Home

Can be either a "Traditional" AFH or a "Community Care Home"

#### 1. Traditional AFH

- A home that is the primary residence of the sponsor who provides services or supports.

#### 2. Community Care Home

- Owned by entity/agency and operated by an entity/agency.
- Shift-staffed model.
- Staff may or may not live at the home.

## Definitions to Note:

### Other Parties

#### □ Sponsor (Provider)

- Applies for and receives the certification as an AFH.

#### □ Operator

- Associated with "Community Care Homes" only.
- Person employed to oversee day-to-day operations.
- On site at the home.

#### □ Resident

- An adult who resides, and intends to remain, in the AFH to receive support and services above the level of room and board provided from the sponsor, operator and staff.

## Definitions to Note:

### Respite Care (Home)

- Relief to an AFH sponsor by a substitute provider in traditional AFH; **OR**
- Temporary, short-term AFH care provided to 1 or 2 additional persons requiring expansion of capacity by up to 2 additional beds (discussed later).

## Application and Certification

## Application/Certification Process:

### General Requirements and Allowances

- Must be certified and in compliance with standards to receive reimbursement.
- Only one certification is required.
- Certification by a Certifying Agency is not required unless there is a planned placement. 
- A Certifying Agency may charge a "certification fee." 

## Application/Certification Process:

### Initial Application or Renewal for Certification

1. Provider/Operator must submit an application:
  - Notification of previous termination(s).
  - Program statement.
2. Certifying Agency review:
  - Document review.
  - On-site Visit/Interview.
  - Professional Inspection.
3. Approval or denial decision.
4. AFH certificate issued.

### Application/Certification Process: Certifying Agency

- Document review:
  - Application.
  - Caregiver background check, pursuant to Wis. Admin. Code DHS 12.
  - Other.
- On-site Visit/Interview:
  - Determines if requirements for certification are met.
- Professional Inspection:
  - Can request fire, health, sanitation, or safety officials to assist.
  - Completed by qualified/credentialed individuals as determined by certifying agency.
  - Cost of service may be part of negotiated rate.

### Application/Certification Process: Certifying Agency – Background Checks

- Criminal background check required on all applicants or current providers, pursuant to Wis. Admin. Code DHS 12:
  - Includes new applicants, sponsor/operator, staff, substitute providers, and household members over 18 years;
  - Checks for individuals under 18 are at discretion of certifying agency;
  - Required within one year of initial certification and not less than once every 4 years; and
  - Cost may be included in certification fee.

### Application/Certification Process: Previous Termination Disclosure

- Disclosure of any termination(s) or voluntary surrendering of a license or certification at any time.
- No applicant facing an active denial, decertification or revocation action in WI may reapply for 2 years:
  - Certifying agency may certify if satisfied that the condition which caused the denial or revocation has been corrected.
  - **Failure to disclose previous denial or license surrender is grounds for immediate revocation.**

### Application/Certification Process: Program Statement

- Target group and number of individuals to be served.
- Whether house is physically accessible to individuals who require assistance.
- A description of home and community resources available to residents who live in the home.
- Operator's intentions regarding respite care and number of temporary residents that may be in home.
- List of household members and relationship to sponsor.
- Any additional information requested by certifying agency.

### Application/Certification Process: Program Statement - Changes

- Prior approval from certifying agency is required.
- Sponsor notifies residents/guardians within 60 days of effective date.
- A revised program statement must be submitted to certifying agency 30 days prior to implementation.
- Any changes that adversely impact any resident's health, safety or welfare may be grounds for termination of placement.

### Application/Certification Process: Certifying Agency

- Approval or Denial Decision:
  - Certifying agency has 30 days to issue approval or denial letter (30 days after onsite visit and review of all documents).
  - Additional time can be requested for review.
- AFH Certificate issued, which includes:
  - Number of residents that can be placed;
  - The effective date and date of expiration (1 year or less);
  - The home's address;
  - The target group served; and
  - Any conditions.

### Application/Certification Process: Certification Renewal

- Must be renewed at least annually:
  - Certifying agency must provide renewal application 30 days before expiration.
  - Intent to non-renew must be provided 60 days before expiration.
- Conduct on-site inspection:
  - May be waived if:
    1. AFH certified for 4 consecutive years with no significant negative issues/violations; or
    2. Placement agency is making regular visits and is satisfied with support provided.
- Certification renewal shows effective date of renewal and expiration.

### Application/Certification Process: Exception to a Requirement

- Certifying agency may grant an exception (no DHS approval necessary):
  - Granted prior to implementation.
  - Documented in writing.
- Decision must be made within 30 days.
- Criteria for approval:
  1. Comparable alternative to requirement;
  2. Produces equivalent or comparable quality, safety or result as if standard was enforced;
  3. Cannot jeopardize health, safety, welfare of the participant, resident, or household members; or
  4. Can only apply to the site or resident.
- May impose conditions of approval or time limitations.

### Application/Certification Process: Exception to a Requirement – Limits

- No exception for provisions in Articles I (Definitions), II (Exceptions), VI.A.2. (Caregiver Background Checks), VII (Certification of Relatives/Guardians), VIII (Sponsor Responsibilities) and X (Resident Rights).
- DHS approval required for exemptions under V.E.2 (Floor Area of Ambulatory Residents) and Article VI.A.1. and 3. (Sponsor, Operator and Staff General Qualifications and Financial Security).
- Must be reported quarterly to DHS.
- Department reserves right to overturn exemption.

### Application/Certification Process: Non-Approval or Termination of Certification

- Certifying Agency can take the following actions when AFH fails to comply with standards:
  1. Suspend new admissions to AFH.
  2. Suspend AFH certification pending completion of corrective action plan.
  3. Terminate or deny AFH certification.

### Application/Certification Process: Revocation

- Revocation of certification may occur if sponsor has violated or does not comply with standards or laws.
- Certifying Agency must issue notice of revocation to certificate holder and all placement agencies.
- The AFH remains certified during period of notice of revocation or during administrative review process:
  - Placement agency may require temporary or permanent removal of residents.

### Application/Certification Process: Criteria for Termination of Certification

- Denial, termination or revocation may occur if noncompliance results in:
  1. Risk to resident's health, safety or welfare;
  2. Interference with resident's service plan or plans;
  3. Violation of resident's rights;
  4. Pattern of carelessness or repeated violations; or
  5. Applicant/sponsor's failure to disclose information on qualifications.

### Application/Certification Process: Administrative Review

- Applicant/operator may contest non-certification, nonrenewal or revocation.
- Applicant/Sponsor/Certificate holder actions:
  - ▣ Submit written request to Certifying Agency.
  - ▣ Must be received within 15 days of receipt.
- Certifying Agency Actions:
  - ▣ Review reasons for appeal and findings.
  - ▣ Submit written decision within 30 days of receipt.

### Application/Certification Process: Administrative Review – DHS Review

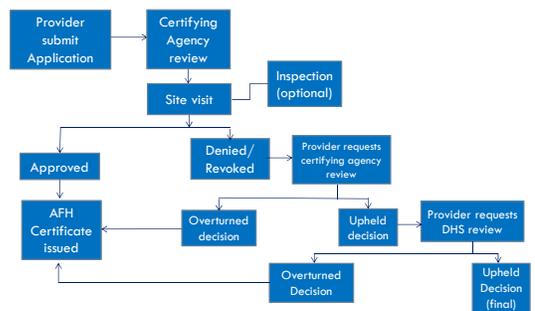
- Applicant/operator may request administrative review from DHS:
  - ▣ Must be made within 15 days of Certifying Agency's decision.
  - ▣ DHS may extend request deadline.
  - ▣ DHS will decide within 45 days or will request extension of deadline.
  - ▣ DHS' decision is final.

### Application/Certification Process: Administrative Review – DHS Review

- Appeal letters to DHS should be sent to:
 

1-2 Bed AFH Certification Appeals Coordinator  
Division of Long Term Care  
Department of Health Services  
1 West Wilson Street, Room 527  
PO Box 7851  
Madison, WI 53707-7851

### Application/Certification Process: Flow Chart



## Respite Care Services

### Use of AFH for Respite Care

- Community Care Homes:
  - ▣ May provide respite care;
  - ▣ Need to have adequate space and staff; and
  - ▣ Included in Program Statement.
- Traditional AFH:
  - ▣ Allowed to provide respite care through exception of standards;
  - ▣ Required to have adequate space; and
  - ▣ Exception only covers sponsor and address of sponsor.

## Respite Care Requirements

- No more than 2 respite residents or total of 4 adults/children receiving services:
  - Must be licensed as a children's foster home if any residents are children.
- Provider notification to residents.
- Adequate space and facilities for all residents.
- Respite care service plans as required.
- Adequate staff support and privacy.

## Respite Care Certification

- Certifying agency is required to have a policy outlining circumstances for approval/non-approval (Traditional AFH only).
- Approval requirements for Traditional and Community AFH:
  1. Size of AFH and common areas are adequate for all persons.
  2. Adequate staffing and resources to address needs.
  3. Intent of respite care residents to use same AFH on a recurring basis.
  4. Number of days cannot exceed 90 calendar days.
  5. Any exceptions granted must be reported to DHS.

## Provider Qualification

## Provider Qualifications

- Sponsor, staff and substitute providers must be at least 18 years old.
- "Fit and Qualified."
- Caregiver background checks are required on sponsor and any household member(s) over 18 years old and any substitute provider(s).
- Financial security.
- Documentation of liability insurance may be required.
  - Vehicle
  - Home

## Provider Qualifications: Health

- Physical Examination:
  - Required prior to initial certification.
  - Required of the sponsor and household members.
- Communicable Disease Screen:
  - Screen for clinically apparent communicable diseases and TB.
  - Required of the sponsor and all adult household members.
  - Documentation dated no more than 90 days from application.
- Other Health Exams:
  - Certifying agency may require another physical exam, or screen for communicable disease, an alcohol or drug assessment, or a mental health evaluation.
  - May be required by certifying agency as condition of placement.

## Provider Qualifications: Training

- Initial Training:
  - 10 hours during the first year of certification (minimum).
  - Certifying agency can approve alternative to training requirements.
- Continuing education:
  - 8 hours required each year.
- Sponsor, operator and staff training may be required in addition to the minimums, above:
  - Requirements differ for each certifying agency.

# Requirements of the Home

## Requirements of the Home

- Privacy.
- Safe and clean.
- Sufficient space for comfort.
- Safe and functional heat, hot and cold water, fire protection, electricity, plumbing, sewerage, and lighting.
- Well water samples must be taken annually (if applicable).
- Garbage removal.
- Laundry (in-house or arranged for).
- At least 1 window capable of being opened in common areas or adequate ventilation.
- Availability of a telephone for residents and sponsors for emergencies.
- Limitation on use for business purposes (if limit residents' use of home or privacy).
- Weapons.

### Requirements of the Home: Bathrooms

- At least 1 full bathroom for every 8 people in the home.
- Doors that lock from the inside (for privacy) and open from outside in emergency.



### Requirements of the Home: Bedrooms

- Maximum of 2 people.
- At least 80 square feet in private rooms.
- At least 100 square feet for residents who use a wheelchair; must be accessible and permit evacuation.
- At least 120 square feet in shared rooms.
- Room should be enclosed with a door for privacy.
- Each bedroom must have adequate ventilation.
- Residents shall not be required to share a bedroom, but they shall be allowed to share a bedroom if it is preferred.
- Storage space is to be provided.



### Requirements of the Home: Kitchen and Dining Room

- Sufficient space for cooking and storing food.
- Sanitary food preparation.
- Dining room large enough so that everyone can eat together.



### Requirements of the Home: Fire Safety

- Fire extinguishers:
  - Required on each floor.
  - Required at the top of each stairway, and in or near the kitchen.
  - One extinguisher can meet these requirements.
  - Must be inspected annually.



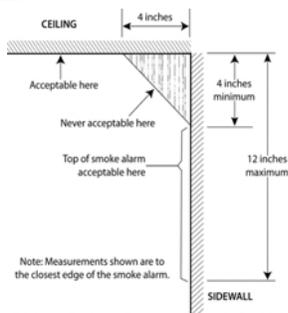
## Requirements of the Home: Fire Safety

- Smoke detectors:
  - Required in habitable room (living room, bedroom, etc.), except kitchen and bathrooms.
  - Required at head of each stairway and at door leading to closed stairway.
  - One detector can meet these requirements.
  - Must be tested monthly and repaired or replaced if not functioning properly.

## Requirements of the Home: Fire Safety

- Carbon Monoxide Detectors 
  - Required on each floor.
  - Required within 10 feet of each bedroom door and near or over any attached garage.
  - Replaced every 5 to 6 years.

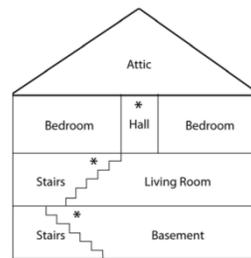
## Requirements of the Home: Fire Safety



- Smoke detectors on ceilings must be placed 4 inches away from any wall.
- Smoke detectors on walls must be placed within 4 to 12 inches from the ceiling.

(Image from Division of Safety and Buildings, Wisconsin Department of Safety and Professional Services)

## Requirements of the Home: Fire Safety



- Install a smoke detector and a carbon monoxide alarm (or combination alarms) in the basement and on each floor except the attic or a storage area.

(Image from Division of Safety and Buildings, Wisconsin Department of Safety and Professional Services)

## Requirements of the Home: Fire Safety

- Exits
  - First floor requires 2 exit doors that discharge to the grade (directly or via a garage or balcony).
  - Second floor requires 2 exits. One can be a stairway/ramp that leads to first floor, other may be a 2<sup>nd</sup> stairway, balcony, or window that meets building codes for exit windows.
  - Attics require 2 exits that are stairways that lead to the 2<sup>nd</sup> floor or to grade.
  - Basements require 1 exit (directly to grade or via stairway) UNLESS the basement is used for a bedroom in which case there must be 2 exits (can be stairway, door to the exterior, or an egress window).

## Requirements of the Home: Fire Safety

- Fire Safety Evacuation Plan:
  - A written evacuation plan is required.
  - Plan must be discussed with new residents.
- Fire Drills:
  - Required 2x per year and recorded.
- Report of a Fire:
  - Report fire to the certifying agency within 24 hours (only those that require assistance of fire department).

## Requirements of the Home:

### Weapons



- 2011 WI Act 35 (Concealed Carry law) allows a licensed individual to carry a concealed weapon in his or her dwelling or on land that he or she owns, leases or legally occupies.
- Does not apply to rifles and other weapons that cannot be carried concealed.
- Weapons must be stored and locked in an area not accessible to residents.
- Ammunition must be stored/locked separately.
- Sponsor may prohibit concealed weapons in common areas of home by posting notice as required by law.
- Additional information is available at Wisconsin Department of Justice website.  
[www.doj.state.wi.us/dles/cib/conceal-carry/concealed-carry](http://www.doj.state.wi.us/dles/cib/conceal-carry/concealed-carry)

## Requirements of the Home:

### Household Pets

- Current rabies vaccinations required on dogs, cats, etc.
- Pens, cages, and litter boxes must be kept clean.
- Pets must be kept and handled in a manner that protects the well-being of both residents and pets.
- Wishes of residents must be considered before bringing a new pet into the home.
- The sponsor must assure that pets are under control and are not a danger to residents or guests.

## Placement Process

## Placement Process:

### Pre-Placement Assessment

- Care managers conduct an assessment which identifies the person's needs, abilities, and preferences in the following areas:
  - Opportunities to connect with community, friends and associates;
  - Activities of daily living (ADL) and instrumental activities of daily living (IADL);
  - Current health status/health maintenance needs;
  - Level of supervision required in home and community;
  - Behavior support needs;
  - Access to work/vocational programming;
  - Recreation/social activities; and
  - Transportation.

## Placement Process:

### Prior to Placement

- A written informed consent must be obtained to permit the sharing of the individual's assessment with the prospective home.
- Information regarding the home, such as list of household members, program statement, significant past violations by the home, shall be provided to the resident.
- Pre-placement visit to the home.

## Placement Process:

### Placement

- Once a decision is made that the AFH is the setting of choice, the following documents must be completed:
  - AFH Service Plan;
  - Agreement for Services;
  - Resident health exam and communicable disease screen;
  - Resident-related training for the sponsor and staff; and
  - A copy of the standards and information on how to file a complaint to the resident.

## Placement Process:

### AFH Service Plan

- Developed for each resident prior to, or upon placement (in an emergency situation, within 7 days of placement).
- Must be updated/reviewed every 6 months or as services/needs change.
- Developed/updated and signed by the resident, guardian, care manager, and sponsor.
- Must contain the following:
  - Services to be provided to the person in relation to the identified needs in the assessment;
  - Information for accessing the community;
  - Identification of any other service providers; and
  - Personal housekeeping agreed to perform.

## Placement Process:

### Agreement for Services

- Developed for each resident prior to, or upon placement (in an emergency situation, within 7 days of placement).
- Updated annually or whenever the rate or other significant change occur.
- The agreement must include but is not limited to:
  - Roles and responsibilities of the sponsor, the resident, the placing agency and the care manager;
  - Notification of resident rights and grievance procedure;
  - Payment rate;
  - Agreement for control of personal funds; and
  - Termination requirements.

## Placement Process:

### Placement /Certification of Relatives & Guardians of Residents



- A relative or guardian seeking certification completes full certification process identified earlier.
- Placing agency and support/service coordinator/care manager are responsible for monitoring conflict of interest:
  - Ensure placement is in best interest of resident and their preference;
  - Adequacy of service plan;
  - Management of personal funds to benefit the resident;
  - Opportunities for community interaction; and
  - Any other issues identified by agency.
- Placing agency may take action to change placement, report findings to enforcement agencies, revise service plan or take other actions consistent with other rules.

## Resident Support Services

## Resident Support Services

- Activities:
  - Provide opportunities for cultural, religious, political, social, and intellectual activities.
  - Residents do not have to participate but must be allowed to participate if they'd like to (unless against their service plan).

## Resident Support Services

- Services:
  - Sponsor must provide those services identified in the AFH service plan. Services may include:
    - Supervising or accompanying residents.
    - Assisting a resident with ADLs and/or IADLs.
    - Providing, arranging transportation or transporting a resident to and from appointments.
    - Maintaining records of medical visits.
    - Monitoring resident's health and report any significant changes in a resident's health status to placement agency.
    - Reporting a resident's absence from the AFH to the placing agency.

## Resident Support Services

- Services (continued):
  - Assisting with prescription medications.
  - Providing nutritious meals.
  - Arranging for or, if qualified, providing nursing care to residents, if needed, and specified in the service plan.
  - Providing services to temporary, respite residents.
  - Monitoring residents for signs of abuse or neglect, and reporting/investigating as needed.

## Resident Support Services

- Medications:
  - Safe storage of the medications.
  - Containers must be labeled.
  - Resident shall control and administer his/her own medications except when they are unable to do so (as directed by a physician).
  - If the sponsor is going to administer medications, a written order must be received by the physician.
  - Help the resident take the correct dosage at the correct time and communicate with his/her physician or pharmacist.
  - Records must be kept each time a medication is administered.

## Resident Support Services

- Meals and Nutrition:
  - Provide sufficient quantity and variety of foods.
  - At least 3 meals per day (provide and assure).
  - Sanitary preparation.
  - Dine together.
  - Special physical or religious dietary needs should be taken into account.

## Sponsor or Operator Responsibilities

## Sponsor or Operator Responsibilities

- Provide a safe and comfortable home environment.
- Supervisory Responsibility:
  - Community Care Homes – The sponsor shall employ an operator who will be responsible for the day-to-day operation of the home.
  - Traditional Home – The sponsor is responsible for the day-to-day operation of the home.
- Provide and/or facilitate required services.
- Assure appropriate substitute providers.

## Sponsor or Operator Responsibilities (continued)

- Reporting of harm to a resident:
  - Events that require reporting:
    - Significant changes in resident's health status or medical condition;
    - Unplanned absence of a resident from the home;
    - Abuse/neglect or mistreatment of a resident;
    - Upon knowledge of a crime committed by or to a resident;
    - Fire; and
    - Failure to follow DHS's guidelines on restrictive measures. [www.dhs.wisconsin.gov/waivermanual/appndx-r1.pdf](http://www.dhs.wisconsin.gov/waivermanual/appndx-r1.pdf)
  - A sponsor who knows, or has reasonable cause to suspect any harm to a resident, must contact the certifying agency, placing agency and/or enforcement agencies within 24 hours.

## Sponsor or Operator Responsibilities (continued)

- Notification of status change within 7 days, including but not limited to:
  - Change in services;
  - Change in household members/staff;
  - Change in physical environment of the home;
  - Change of sponsor or operator (health or legal status); and
  - Change in program statement.
- Allow access to the home.

## Sponsor or Operator Responsibilities (continued)

- Complete training.
- Follow program statement.
- Conduct caregiver background checks on substitute providers.
- Maintain historical and up-to-date resident records.
- Annual well-water samples.
- Annual fire extinguisher tests.
- Monthly smoke detector and carbon monoxide detector tests.
- Conduct fire drills twice each year.

## Resident Rights

## Resident Rights

- Residents retain all of their civil, legal and human rights.
- Notification of Rights:
  - Before placement in the home, the resident shall be notified of his/her rights both orally and in writing.
  - Notification is not required before emergency placement but as soon as possible after placement.
  - Re-notified annually.
- Assistance in the Exercise of Rights:
  - The sponsor and the placing agency must assist residents in the exercise of all his/her rights.
  - No rights can be waived as a condition for placement or receipt of any service.

## Resident Rights

- Fair Treatment.
- Privacy.
- Confidentiality.
- Presumption of Competency.
- Self-direction.
- Timely services.
- Financial affairs.
- Retain clothing and personal possessions with sufficient storage space.
- Access to telephone.

## Resident Rights

- Receive Mail.
- Visitors.
- Social Activity Choice.
- Religion.
- Prompt and adequate treatment and services.
- Treatment choice.
- Safe physical environment.
- Free from financial exploitation.
- Free from seclusion and restraints.

## Resident Rights

- ❑ Personal and physical freedom.
- ❑ Labor.
- ❑ Receive/refuse medication.
- ❑ Informed of service charges.
- ❑ Informed of rights and grievance process.
- ❑ File a grievance.
- ❑ Freedom from coercion to discourage resident's exercise of rights.
- ❑ Other applicable rights under state and federal laws.

## Resident rights

- ❑ Limitation or Denial of Rights:
  - ❑ The only rights that may be denied or limited are privacy, clothing, storage, telephone and visitors.
  - ❑ The denial or limitation of rights must be for good cause and must be approved by the placing agency.
  - ❑ A written notice shall be provided at the time of the denial or limitation of rights.
  - ❑ An informal hearing must be held within 3 days of receiving a request for a hearing or meeting.
  - ❑ The limitations or denials shall be reviewed on a reasonable schedule to decide if they are still necessary.

## Contact information

- ❑ Questions relating to the standards shall be sent to:
  - 1-2 Bed AFH Coordinator
  - Department of Health Services
  - Division of Long Term Care
  - 1 West Wilson Street, Room 527
  - Madison, WI 53707-7851 or
  - [DHSOFCE@dhs.wisconsin.gov](mailto:DHSOFCE@dhs.wisconsin.gov)
- ❑ An electronic copy of the standards and FAQ Document can be found on the 1-2 Bed AFH website at:  
[www.dhs.wisconsin.gov/regulations/afh/1-2bed](http://www.dhs.wisconsin.gov/regulations/afh/1-2bed)