Service Standards

Adult Foster Care

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Definition

The Adult Foster Care Standards cover a range of programs that provide community-based care for adults of varying ages who are in need of long-term services and supports due to a number of conditions that affect their mental or physical functioning. Adult Foster Care aims to maintain these adults in homes with caregivers to assist with ADLs, IADLs, and other activities required for independent functioning, either by providing additional supports in the homes of service recipients and their families (a ready-made caregiver), bringing caregivers into the service recipients' homes, or placing service recipients in caregivers' homes. Adult foster care helps the service recipient in maintaining independent functioning to the greatest extent possible and assists them in establishing, supporting, and strengthening community bonds.

Note:*Caregiver refers to the individual(s) operating the residence, specifically those responsible for the care of the service recipient.*

Note:*Activities of daily living (ADL) refers to daily self-care activities, such as eating, toileting, dressing, grooming, etc. Instrumental activities of daily living (IADL) are those supports that are not necessary for fundamental functioning, but allow for an individual to live independently in the environment of their choosing and include cleaning, cooking, shopping, taking prescribed medication, etc.*

Note:*There are references to family members throughout the standards, however family should be defined by the individual and includes any supportive relationships that make up an individual's informal support network.*

Note:*Please see AFC Reference List - Private, Public, Canadian for the research that informed the development of these standards.*

Note:*For information about changes made in the 2020 Edition, please see the AFC Crosswalk.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Adult Foster Care

AFC 1: Person-Centered Logic Model

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one client outcome has been identified for all of its programs; or
- All but a few staff have been trained on use of therapeutic interventions and training is scheduled for the rest; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs; or
- Several staff have not been trained on the use of therapeutic interventions; or
- There are gaps in monitoring of therapeutic interventions, as required; or
- There is no process for identifying risks associated with use of therapeutic interventions; or
- Policy on prohibited interventions does not include at least one of the required elements.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs; or
- There is no written policy or procedures for the use of therapeutic interventions; or
- Procedures are clearly inadequate or not being used; or
- Documentation on therapeutic interventions is routinely incomplete and/or missing; or
- There is evidence that clients have been harmed by inappropriate or unmonitored use of therapeutic interventions.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	

- See program description completed during intake

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

AFC 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in service recipients); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to:*

1. *needs assessments and periodic reassessments;*
2. *risks assessments conducted for specific interventions; and*
3. *the best available evidence of service effectiveness.*

AFC 1.02

The logic model identifies client outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Adult Foster Care

AFC 2: Personnel

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Personnel have the competency and support needed to provide services and meet the needs of persons served.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, including education, experience, training, skills, temperament, etc.; and as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Procedures or other documentation relevant to continuity of care and case assignment	
*	• Table of contents of training curricula	

* • List of program personnel that includes:
  • Title
  • Name
  • Employee, volunteer, or independent contractor
  • Degree or other qualifications
  • Time in current position
 	
• See organizational chart submitted during application	

Site Visit Evidence

* • Documentation tracking staff completion of required trainings and/or competencies • Sample job descriptions from across relevant job categories • Training curricula • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

AFC 2.01

Care managers are qualified by:

a. a bachelor's degree in a human service field and experience in direct services;
b. an associate's degree in a human service field and two years' experience in direct services; or
c. five years experience in direct services.

AFC 2.02

Supervisors or program managers are qualified by:

a. an advanced degree in social work or a comparable human service field and a minimum of two years' experience in direct services;
b. a bachelor's degree in a human service field and five years' experience in direct services; and/or
c. licensure as a registered nurse and a minimum of two years' experience in direct services.

AFC 2.03 (FP)

There is adequate nursing staff, including licensed registered nurses, to meet the needs of the service population.
NA: Responsibilities related to nursing staff are provided by another organization as documented in policy and/or through contract.

Interpretation: *What constitutes adequate nursing differs from state to state based on the ability to delegate nursing tasks. For states that don't allow delegation of duties, there will be a higher need for nursing staff. Nursing staff do not necessarily live within the home, but are able to meet with the family with the needed frequency.*

AFC 2.04

Direct service staff are trained on, or demonstrate competency in the following:

a. special needs related to working with the identified service population;
b. signs of abuse or neglect;
c. advance directives;
d. coordinating services as part of a team;

e. disaster relief resources, planning, and procedures.

Examples: *In regards to element (a), examples of special needs may include, but are not limited to, individuals with disabilities, Alzheimer's disease, behavioural health conditions, cognitive impairment, and older adults. These populations are susceptible to suicidal ideation which is often missed due to what is considered to be atypical presentation, therefore training related to people with special needs should include how to recognize symptoms of depression*

AFC 2.05

A supervisor or care manager is available to provide support 24/7.

AFC 2.06

The organization minimizes the number of workers assigned to the individual over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

AFC 2.07 (FP)

Case load sizes are sufficiently small to support the achievement of client outcomes and allow for:

a. a flexible response when problems arise in a placement;
b. a schedule of regular contact, including in-person visits; and
c. responsiveness to the differing needs of individuals and caregivers.

Examples: *Examples of factors that may be considered when determining employee workloads include, but are not limited to:*

1. *the qualifications, competencies, and experience of the worker, including the level of supervision needed;*
2. *the work and time required to accomplish assigned tasks and job responsibilities; and*
3. *service volume, accounting for assessed level of needs of persons served.*

Adult Foster Care

AFC 3: Intake and Assessment

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

The organization's intake and assessment practices ensure that individuals receive prompt and responsive access to the appropriate services.

Interpretation: *For organizations that solely support homes with a ready-made caregiver, the organization should still have screening and intake procedures to ensure that the arrangement is appropriate for receiving the level of supports Adult Foster Care programs provide.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several client records are missing important information; or
- Client participation is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	

*	• Copy of assessment tools

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

AFC 3.01

Individuals are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available when.

NA: Another organization is responsible for screening, as defined in contract.

AFC 3.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. clarify needs and preferences including the choice to execute an advance directive, as appropriate;
d. support timely initiation of services; and
e. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Interpretation: *In regards to element (c), the appropriateness of including advance directives should be determined by the service population. Aging populations or those in end stages of an illness would be examples of relevant populations.*

AFC 3.03

Persons served participate in an individualized, culturally and linguistically responsive assessment that:

a. is completed within established timeframes;
b. includes the individual's view of his or her current health and functioning;
c. includes baseline functional, mental, emotional, and physical status information, including prescription medication use and recent or progressive functioning to confirm capacity, decline, or progress;
d. is updated as needed based on the needs of persons served; and
e. focuses on information pertinent for meeting service requests and objectives.

Interpretation:*The recommended timeframe is 30 days and should not exceed 45 days unless justification for exceeding that timeframe is provided in the case record.*

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Note: *When another organization is responsible for this in contract, evidence should be included as to how this information is gathered by the organization in order to appropriately place the service recipient with a caregiver.*

Adult Foster Care

AFC 4: Caregiver Recruitment and Assessment

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

The organization exercises due diligence when recruiting and approving caregivers to ensure a diverse group that is prepared to meet the needs of the service population.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Caregiver/resource family assessment procedures	
*	• Copy of caregiver assessment tool	
*	• Recruitment procedures	
*	• Procedures for caregiver background checks	

Site Visit Evidence

*	• Recruitment materials	

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review caregiver records

AFC 4.01

Recruitment involves key stakeholders including:

a. former and current service recipients and caregivers;
b. workers;
c. community leaders; and
d. other organizations in the community.

NA: The organization only approves ready-made matches, where there is a natural relationship between the caregiver and service recipient.

AFC 4.02

Recruitment efforts are planned, implemented, and evaluated to ensure suitable caregivers are available for adults of varying abilities and varying levels of supervision upon entering care.
NA: The organization only approves ready-made matches, where there is a natural relationship between the caregiver and service recipient.

Interpretation: *Planning should include a regular assessment of the qualities of caregivers needed, recruitment resources available, and recruitment goals. Evaluation of recruitment efforts should include the cost-effectiveness of activities and utilization of new caregivers.*

AFC 4.03

Prospective caregivers are engaged in the recruitment process through:

a. awareness of the recruitment-to-placement timeline and available supports;
b. timely, sensitive, personal, and culturally-responsive follow-up at each step of the process;
c. personalized contact with existing caregivers; and
d. accessible and inviting open houses, orientations, and training sessions.

AFC 4.04 (FP)

In order to provide safe and consistent care, qualified personnel assess caregivers for:

a. personal characteristics;
b. motivation for providing adult foster care;
c. willingness to provide responsive care for the characteristics and needs of the population;
d. willingness and ability to support the service recipient's ties to family, peers, and community;
e. family relationships and family functioning, including alternative providers for relief;
f. mental and physical health;
g. relevant strengths, skills, and experience;
h. social support networks; and
i. the home environment.

Interpretation: *The caregiver assessment is a standardized process that meets all legal requirements. It should include an interview with all adults and children living in the home, including the identification of family roles as well as exploration and assessment of each person's ability to contribute to the care of the individual. Household members should be interviewed separately to ensure each person feels comfortable to share freely. Organizations should identify who can be considered a caregiver and backup caregivers during this process.*

Interpretation: *Health assessments include the individual's ability to perform lifts. While many service recipients may not require lifts, it is important for the organization to assess for it in case the organization receives an individual who does require lifts.*

AFC 4.05 (FP)

Resource family assessments are completed prior to placement, and are updated:

a. within two weeks of a reported change in home composition; and
b. at least once annually.

Examples: *Changes that may warrant a follow-up assessment include but are not limited to:*

1. *individuals who move in or out of the house;*
2. *death or debilitating illness of a caregiver; or*
3. *legal proceedings affecting the family such as eviction or divorce.*

AFC 4.06

To ensure resource families can provide safe and consistent care:

a. all adults in the home receive criminal background and sex offender registry checks prior to placement in accordance with applicable federal and state law; and
b. three non-relative references are provided.

NA: The organization only provides support to ready-made matches.

Examples: *Organizations may have more flexibility to make exceptions around certain non-violent criminal or civil background histories for ready-made matches who are otherwise determined to be appropriate caregivers. Each situation can be assessed on a case-by-case basis.*

Adult Foster Care

AFC 5: Home Assessment

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Prior to placement and annually thereafter, the home is assessed for its ability to be a safe and therapeutic environment for the service recipient.
NA: The homes are inspected and approved by another entity, such as a local authority.

Interpretation: *The NA is given to organizations that the local authority routinely inspects and reauthorizes for licensure. If the local authority only provides approval for licensure, then the standards in this section apply to ensure the home continues to meet the criteria it is licensed or approved under.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Home assessment procedures	
*	• Copy of home assessment tool	

Site Visit Evidence

*	• Contract with another entity responsible for inspecting and reassessing homes, as applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review home assessment records

AFC 5.01 (FP)

The organization has procedures for:

a. approving homes in accordance with applicable regulatory requirements;
b. frequency of in-person home reassessments; and
c. time frames for repairs based upon the necessity of the repair and to what extent it inhibits the service recipient's independent functioning.

AFC 5.02 (FP)

The organization inspects the caregiver's home to ensure it meets the needs of the individual prior to placement and annually thereafter to determine:

a. the kitchen area is clean and in good working order;
b. clean, private facilities for bathing, toileting, and personal hygiene are provided;
c. provision of adequately and attractively furnished rooms with a separate bed for each person, including a clean, comfortable, covered mattress, pillow, sufficient linens and blankets;
d. doors are maintained on sleeping areas and bathroom enclosures;
e. assistive technology is in place or the ability for assistive technology to be installed;
f. heating, lighting, water supply, and ventilation are adequate;
g. safety and emergency protections are in place, including fire and carbon monoxide detectors, and an unobstructed emergency exit is available; and
h. ease of evacuating the building or moving to an area of safety within the building during an emergency either independently or with minimal assistance.

AFC 5.03

An assessment is made of the home's accessibility to the local community.
Examples: *This would include, for example, access to public transportation, distance to community centers or libraries, whether a car is needed to run errands, etc., to ensure the home environment is supportive to the individual's needs and helps support their highest level of independent functioning.*

Adult Foster Care

AFC 6: Placement Planning

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Individuals are placed with caregivers who can best meet their needs and support, build, and strengthen their ties to family and community.
Interpretation: *For organizations that only provide ready-made matches, the placement planning process may be less formal, but the organization must still ensure that the home and caregiver are adequately matched with the service recipient's needs and resources.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Placement planning procedures, including: 1. Matching service recipients and caregivers 2. Preventing and managing placement disruptions 3. Creation of transition and backup plans	
*	• Procedures for developing residency agreements	

Site Visit Evidence

*	• Residency agreements

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

AFC 6.01

To identify the safest and most appropriate home for every individual, the organization uses a process that considers:

a. the individuals' and caregivers' characteristics, strengths, needs, supports, and resources;
b. the appropriateness of the home environment;
c. any prior relationship between the individual and caregiver; and
d. informal support networks of both the individual and the caregiver.

Examples: *Informal support networks of both the individual and the caregiver can be helpful to examine as they will place a significant role in the individual's ability to integrate into the community.*

AFC 6.02

The organization prevents placement changes through coordinated placement planning that:

a. ensures individuals, families, and caregivers are aware of the placement process and receive support and information throughout;
b. provides all legally permissible information about the individual's characteristics, behaviors, needs, and histories to prospective caregivers;
c. arranges opportunities for individuals and families to meet prospective caregivers whenever possible;
d. responds proactively to challenges associated with placement and assesses the need for services and supports; and
e. facilitates workers' ability to spend more time with individuals, families, and/or caregivers after a new placement or when challenges arise.

NA: The organization only makes ready-made matches.

AFC 6.03 (FP)

The worker assists in developing a residency agreement individualized to the service recipient and caregiver that:

a. outlines both parties' expectations of household functioning; and
b. includes both parties' signatures.

Examples: *Residency agreements may include information around both parties' expectations regarding the living quarters, such as:*

1. *meal times, including when and where meals are provided;*
2. *expectations around having visitors to the home;*
3. *the use and decoration of personal and common spaces; and*
4. *support for purchasing personal belongings.*

AFC 6.04

Caregivers are provided with the support and information needed to appropriately implement the residency agreement, including:

a. a list of all medical, treatment, and other services needed;
b. dietary requirements; and
c. any known allergies.

AFC 6.05

Care managers work with caregivers and participants to develop a transition plan should a caregiver no longer be able to offer the AFC service.

Adult Foster Care

AFC 7: Caregiver Training and Support

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Caregivers receive training and support to strengthen their capacity to care for individuals and support their needs.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula for caregivers	
*	• Procedures for responding to emergencies	
*	• Procedures for developing respite plans	

Site Visit Evidence

*	• Training curricula • Training attendance records • Materials that specify pre- and in-service training requirements • Materials provided to caregivers describing their rights

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Caregivers

- Review caregiver records

AFC 7.01 (FP)

Caregivers receive pre-service training that addresses:

a. specific duties of caregivers;
b. identification and reporting of abuse and neglect;
c. documentation and reporting requirements;
d. reimbursement of services;
e. creating a safe environment, responsive to the individual's trauma and mitigating trauma-related stress responses;
f. preventing allegations of maltreatment and procedures when allegations are made;
g. complaint procedures;
h. community resources, including public transportation; and
i. circumstances that will result in the revocation of a caregiver's license, certification, or approval.

Examples: *Regarding element (e), an environment that mitigates trauma takes an individualized approach. For example, if an individual's trauma triggers stress responses to loud, sudden noises then ensuring the individual is in a room not directly off areas of high traffic (such as the living room or kitchen) can help mitigate those responses.*

AFC 7.02 (FP)

Caregivers are trained or certified, as appropriate, in:

a. basic first aid and CPR;
b. medication administration, as appropriate;
c. safe lifts;
d. the organization's policies on restrictive interventions and behavior support and management;
e. medical or rehabilitative interventions; and
f. operation of medical equipment when required for an individual's care.

Interpretation: *To meet the requirements of this standard, first aid and CPR trainings must be renewed at least every two years and include a hands-on, in-person CPR skills assessment conducted by a certified CPR instructor.*

Medication administration training pertains only to the medicines that are relevant for the service recipients in that household and includes dosage, frequency, side effects, and likelihood and signs of abuse, as well as any other relevant information. If another service provider is responsible for overseeing the individual's medications, then the organization has procedures in place for ensuring the caregivers receive this information.

AFC 7.03

Caregivers develop or use the organization's procedures for responding to emergencies, including accidents, serious illness, fire, and natural and human-caused disaster.
Interpretation: *This includes appointing alternative caregivers, if need be.*

AFC 7.04

The organization offers or refers caregivers to:

a. psychoeducation;
b. emotional support;
c. community services;
d. self-help referrals; and
e. care coordination resources, as needed.

AFC 7.05

The care manager works with the caregiver to develop respite plans, which includes identifying backup caregivers, for planned breaks or to tend to unplanned emergencies.

Adult Foster Care

AFC 8: Placement Monitoring and Reassessment

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

Placement monitoring ensures continuity of service and care and timely adjustments to the placement when challenges arise.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active client participation occurs to a considerable extent.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for placement monitoring and reassessment	
*	• Procedures for responding to complaints or problems	
*	• Tools for placement monitoring and reassessment	

Site Visit Evidence

*	• Schedule of home visits

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

AFC 8.01 (FP)

Placement monitoring procedures include:

a. a frequency schedule of in-person visits made to the home;
b. assignment of responsibility for ensuring services are being accessed and are appropriate and satisfactory;
c. annual health status reports, either provided by the qualified personnel or documentation by the caregiver's and service recipient's primary care physicians;
d. documentation to be provided by the caregiver, and
e. responsiveness to any complaints or problems that may develop.

Interpretation: *Regarding element (c) health status reports should be completed annually, on a schedule, and after every medical emergency or significant change in functioning.*

AFC 8.02

Qualified personnel meet with the caregiver and service recipient at least annually to conduct formal placement reassessments and:

a. within five working days of a precipitating event;
b. when there is a significant change in the individual's status or circumstances, or a new issue arises; and
c. within 48 hours of notification when a hospital or institutional discharge is imminent.

AFC 8.03

Placement reassessment includes:

a. conditions of the home environment;
b. changes in baseline functioning status of the service recipient, including increased needs;
c. community integration, including frequency of the individual engaging in community activities and ability to access community activities independently; and
d. changes in the household make up.

AFC 8.04

Caregivers and case workers develop a system of documentation and communication regarding:

a. completion of ADLs and IADLs;
b. the service recipients physical, mental, and emotional status within the household;
c. medication; and
d. services utilized.

AFC 8.05 (FP)

Case workers regularly monitor the placement and:

a. have a schedule of caregiver documentation review; and
b. communicate with other service providers to assess service participation and effectiveness.

Adult Foster Care

AFC 9: Case Closing and Aftercare

Purpose

Adult Foster Care (AFC) programs support community-based living arrangements for adults in need of long term-services and supports, matching them with in-home caregivers.

The organization works with the individual and family members, when appropriate, to plan for case closing and when possible to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several client records are missing important information; or
- Client participation is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	
*	• Aftercare planning and follow-up procedures	

Site Visit Evidence

*	• Relevant portions of contract with public authority, as applicable

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

AFC 9.01

Planning for case closing:

a. is a clearly defined process that includes assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served and others, as appropriate to the needs and wishes of the individual.

AFC 9.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

AFC 9.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

AFC 9.04

When appropriate, the organization works with persons served and their family to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet need, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

AFC 9.05

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.
NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.

Examples: *Reasons why follow-up may not be appropriate, include, but are not limited to, cases where the person's participation is involuntary, or where there may be a risk to the individual such as in cases of domestic violence.*