

Appendix B

Indiana Adult Family Care Survey Tool
Indiana Family and Social Services Administration
Division of Aging
Approval Request
For
Providers of Adult Family Care

The Indiana Family and Social Services Administration Medicaid Waiver Program is responsible for approval of providers for Adult Family Care under Medicaid Home and Community Based Services administered by the Division of Aging.

The Service Provision and Certification Standards and the Indiana Adult Family Care Survey Tool are used in this process. To apply for approval, please complete the enclosed Survey Tool. Return the tool with the other documents identified throughout the tool and in the checklist to:

ATTN: Waiver/Provider Analyst
Family and Social Services Administration
Indiana Health Coverage Programs (IHCP)
DA Home and Community-Based Services Waivers
402 West Washington Street, Room W382, MS 07
P.O. Box 7083
Indianapolis, IN 46027-7083

When your home is in compliance with the criteria set forth in the Provision and Certification Standards and all requested documentation is submitted as outlined in the Survey Tool (as noted with an S) and application, an on-site inspection will be scheduled to survey the home, meal preparation area (if applicable), and the administrative records, personnel and participants, as requested.

Any approval granted by FSSA upon review of such application and inspection shall be for the purpose of enrollment in one or more of the home and community-based services programs administered by the Division of Aging. It shall be limited to the specific services for which approval is sought, and shall be subject to the provider's execution of a Provider Agreement with the Office of Medicaid Policy and Planning (for Medicaid Waivers) or a contract with the appropriate Area Agency on Aging (for other funding programs). The provider will abide by all terms and conditions of such Provider Agreement and/or contract.

Provider Legal Name:

d/b/a name (if applicable)

Address of Service location

City

Zip

Contact Person

Telephone

Email address

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Definition of Adult Family Care

Adult Family Care (AFC) is a comprehensive service provided under the Family and Social Services Administration's (FSSA) Waiver Services Aged and Disabled (A&D) and Traumatic Brain Injury (TBI) Medicaid Waivers. All descriptions in this document refer to the service as provided in the A&D and TBI Waivers.

An AFC consumer resides with a caregiver, in a home owned, rented, or managed by the Adult Family Care (AFC) provider, in order to receive personal assistance in a home setting that is safe and secure.

The goal of the Home and Community Based Service (HCBS) Medicaid Waiver service is to provide necessary care while emphasizing the consumer's independence. This goal is reached through a cooperative relationship between the consumer (or the consumer's legal guardian), the consumer's HCBS Medicaid Waiver case manager, and the care provider in a setting that protects and encourages consumer dignity, choice, and decision-making. Consumer needs shall be addressed in a manner that support and enable the individual to maximize abilities to function at the highest level of independence possible. The service is designed to provide options for alternative long-term care to persons who meet Nursing Facility level of care, and whose needs can be met in an AFC setting.

The AFC home shall consist of a ratio of one Primary Caregiver to a maximum of 4 Consumers. The AFC Caregiver's family may also reside in the home, allowing the special one-to-one attention and care that the consumer may desire and deserve. The goal is to preserve the dignity, self-respect and privacy of the consumer by ensuring high quality care in a non-institutional setting. Care is to be furnished in a way that fosters the independence of each consumer to facilitate aging in place in a home environment that will provide the consumer with a range of care options as the needs of the consumer change.

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I. Provider Eligibility and Enrollment				
A. Legal Entity- If agency, is the AFC provider a recognized legal entity authorized to do business in the State of Indiana?				
B. Provider enrollment application is complete including documentation of:				
1. The maximum consumer capacity requested (not to exceed 4). S				
2. The number of any other occupants S				
3. The service level classification being requested S				
4. A floor plan of the house showing location and size of rooms, exits, wheelchair ramps if applicable, smoke detectors and extinguishers. The floor plan shall show exits and directions for vacating the premises. S				
5. A list of three reliable references, at least three of whom must be non-relatives that have current knowledge of the provider-applicant's character and capabilities S				
6. A written plan describing the planned operation of the AFC home, including the use of primary caregivers other than the provider, and substitute caregivers. S				
II. Certification of AFC Provider Home				
A. On-site provider files that document that all provider requirements are met (i.e.: liability insurance, current annual physical exam, etc.) are present, and available for review by inspector.				
B. The building and furnishings are clean and in good repair and grounds are well maintained.				
1. At least one working fire extinguisher is in a visible and readily accessible location on each floor, including basements, and shall be inspected at least once a year.				

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2. Fire extinguishers shall be tagged, with a signature and date of inspection.				
C. All consumers shall have unobstructed passageways throughout the house.				
1. Interior and exterior stairways are provided with handrails.				
2. Adequate lighting, based on the needs of the individual is provided in each room, stairway, and exit-way. Incandescent light bulbs are protected with appropriate covers.				
3. Yard, approved exits and exterior steps are accessible and appropriate to the condition of the consumers.				
D. Heating and cooling systems are in working order.				
E. All exit doors and interior doors have simple hardware that cannot be locked against exit without an obvious method of operation, and which does not require a key when locked against exit.				
F. All common use areas of the house and exits are barrier free.				
1. Corridors and hallways are wide enough to accommodate a walker or wheelchair.				
2. Any bedroom window identified as an exit is free of any obstacles, at least the width of the window.				
3. A wheelchair ramp is present from a minimum of one exterior door if non-ambulatory persons are in residence. Wheelchair ramps shall meet the standards of the Americans with Disabilities Act.				
4. There is non-skid backing on throw/scatter rugs				
G. There are readily available basic first-aid supplies and a first-aid manual.				
H. A public water supply is utilized if available. If a non-municipal water source is used, minimum water quality standards must be met.				
I. Septic tanks or other non-municipal				

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sewage disposal system are in good working order.				
J. Garbage and refuse are suitably stored in clean, rodent-proof, covered containers, pending weekly removal.				
K. Soiled linens and clothing are stored in closed containers in an area separate from food storage, kitchen and dining areas.				
L. Sanitation for household pets and other domestic animals is adequate to prevent health hazards.				
1. Proof of rabies or other vaccinations required by a certified veterinarian are maintained on the premises for household pets.				
2. Pets not confined in enclosures are under control and do not present a danger to consumers or guests.				
M. There is adequate control of insects and rodents including screens on doors and windows that are used for ventilation.				
N. Universal precautions for infection control are followed in consumer care. Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids.				
O. Bathroom specifications:				
1. Consumer's bathroom provides individual privacy and has a finished interior, with a mirror; a functioning window or other means of ventilation; and a window covering.				
2. The room is clean and free of objectionable odors. There are tubs or showers, toilets and sinks in good repair.				
3. Bathrooms have hot and cold water at each tub, shower, and sink in sufficient supply to meet the needs of the consumers.				
4. Hot water temperature in bathing areas is supervised for persons unable to regulate water temperature.				
5. Shower curtains and doors are clean and in good condition.				

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6. Non-slip floor surfaces shall be provided in tubs and showers.				
7. Safe and secure grab bars for toilets, tubs, and/or showers are installed for consumer's safety.				
8. Adequate supplies of toilet paper and soap are available.				
9. Consumers are provided with individual towels and washcloths, which are laundered in hot water at least weekly or more often if necessary.				
10. There are appropriate racks or hooks for drying bath linens.				
P. Bedroom specifications:				
1. All consumers have private or semi-private bedrooms; providers, caregivers, or their family members do not share bedrooms with consumers.				
2. An individual bed that consists of a mattress and springs, or equivalent, in good condition is provided.				
3. Clean bedding in good condition consisting of a bedspread, mattress pad, two sheets, a pillow, a pillowcase, and blankets adequate for the weather are provided.				
4. Sheets and pillowcases are laundered at least weekly, and more often if soiled. Waterproof mattress covers are used for incontinent consumers.				
5. Sufficient space for each consumer's clothing and personal effects including hygiene and grooming supplies is provided				
6. Consumers are allowed to keep and use some of their personal belongings and have private, secure storage space. The amount of belongings allowed will be agreed upon by consumer and provider, with consideration to health and safety issues in the home. Personal property will be itemized and recorded for protection of the consumer, with copy maintained by consumer or legal guardian.				
7. Drapes or shades for windows are in				

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good condition and allow privacy for consumers.				
8. Bedrooms are on ground level for consumers who are non-ambulatory, have impaired mobility, or are cognitively impaired.				
9. Consumers on the second floor or in the basement can demonstrate their self-preservation capability to self-exit or barricade, i.e., close the door or stop smoke from coming under the door.				
10. At least one window or exterior door can be readily opened from the inside without special tools and provides a clear opening.				
11. There should be a designated common area for consumer to watch TV, socialize, receive visitors, etc.				
Q. Meal Specifications:				
1. Three regularly scheduled, nutritious meals are offered daily.				
2. Nutritious snacks and liquids are available and offered to fulfill each consumer's nutritional requirements.				
3. Special consideration is given to consumers with chewing difficulties and other eating limitations.				
4. Special diets are followed as prescribed in writing by the consumer's physician/nurse practitioner.				
5. Food is stored and maintained at the correct temperature in a properly functioning refrigerator.				
6. Utensils, dishes and glassware are washed by dishwasher or by hand in hot soapy water, rinsed, and stored to prevent contamination.				
R. Communication specifications:				
1. A telephone is provided in the home and made available and accessible for consumers' use in a location that allows for a reasonable amount of privacy for incoming and outgoing calls.				
2. Consumers with hearing impairments (to the extent that they				

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cannot hear over a normal phone) are provided with a telephone that is amplified with a volume control or is hearing aid compatible.				
3. The telephone number is a listed number.				
4. Emergency telephone numbers are posted by the telephone including an emergency number to reach a provider who does not live in the home.				
5. Telephone numbers for the State Ombudsman and the local ombudsman are also posted.				
S. The provider has initiated a Consumer Risk Management Contract for each consumer.				
T. Smoke Detector Requirements:				
1. Detectors are installed in accordance with the manufacturer's listing in each bedroom, in hallways or access areas that adjoin bedrooms, family room or main living area where consumers congregate, any interior designated smoking area, in basements, and, in two-story houses, smoke detectors are installed at the top of the stairway to the second floor.				
2. Detectors are equipped with a device that warns of low battery when battery operated or with a battery backup if hard wired.				
3. Battery-operated smoke detectors are tested monthly and batteries changed at least once per year.				
4. Bedrooms used by hearing-impaired occupants who cannot hear a regular smoke alarm are equipped with a visual/audio or vibration alerting smoke alarm as appropriate.				
5. All smoke detectors contain a sounding device or are interconnected to other detectors to provide, when actuated, an alarm that is audible in all sleeping rooms.				
U. Hazardous Materials Requirements:				
1. Flammable and combustible liquids				

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and hazardous materials are safely and properly stored in original, properly labeled containers or safety containers and secured in areas to prevent tampering by consumers or vandals.				
2. Cleaning supplies, medical sharps containers, poisons and insecticides are properly stored in original, properly labeled containers in a safe area away from food preparation and storage areas, dining areas, and medications.				
3. Firearms owned by the primary caregiver are stored, unloaded, in a locked cabinet. The firearms cabinet is located in an area of the home that is not accessible to consumers.				
4. If firearms are present, this fact is addressed in the Consumer Contract, for benefit of consumer awareness.				
5. Consumers are not allowed to bring firearms into the home.				
V. Fire Evacuation Requirements:				
1. An emergency evacuation plan has been developed, posted and rehearsed with occupants.				
2. All caregivers are required to demonstrate the ability to quickly evacuate all consumers from the home to the closest point of safety, which is exterior to, and away from the structure.				
3. Within 24 hours of arrival, any new consumer or caregiver is shown how to respond to a fire alarm, shown how to evacuate from the home in an emergency, and receives an orientation to basic fire safety.				
4. A floor plan containing room sizes, location of each consumer's bedroom, fire exits, caregiver's sleeping room, smoke detectors and fire extinguishers is posted.				
5. There is a second safe means of egress from each room.				
6. There is at least one plug-in rechargeable flashlight available on each floor for emergency lighting that is				

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checked on a monthly basis.				
7. Smoking policies				
a. Smoking is prohibited in sleeping rooms, homes where oxygen is used, or in garages where flammable materials are stored.				
b. Smoking is allowed only in designated areas.				
c. Ashtrays of noncombustible material and safe design are provided in areas where smoking is permitted.				
III. Provider Maintained Files				
A. Administrative Files On-site provider files that include copies of all the documentation required for Provider Enrollment and Certification as well as substantiating documentation including, but not limited to the following:				
1. Provider Application and listed documentation specified with an S, and policies per Rule 455 IAC 2 S				
2. Emergency Plans.				
3. Contact Numbers.				
4. Training Certifications of all caregivers.				
5. Insurance Documentation. S				
6. Liability Insurance of at least one hundred thousand dollars per occurrence S				
7. Required Health Records.				
8. Required Safety Records.				
9. Medicaid Provider Agreement.				
10. Agreements with FSSA Waiver Services.				
B. Consumer Personal File On-site personal files exist for each consumer including all prudent personal information about consumer, including, but not limited to the following:				
1. Name.				
2. Date of Birth.				
3. Social Security Number.				
4. Family Contact.				
5. Medical Information				
6. Current Plan of Care.				
7. Legal Documents if established				

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a. Guardianship				
b. Power of Attorney				
c. Healthcare Representative				
d. Living Will Documents				
8. Incident Reports involving health and safety.				
9. Progress/ Status Note at least once every seven days.				
10. Provider is aware and understands all privacy and HIPAA regulations concerning consumer's records and information.				
C. Financial Records On-site financial records are maintained including, but not limited to :				
1. Agreements between provider and consumer, relatives, or person paying for care.				
2. If the provider manages or handles a consumer's money, a separate account record is maintained in the consumer's name.				
a. Amounts and sources of funds received and issued are clearly shown.				
b. Purchases of \$5.00 or more, made on behalf of a consumer, are documented by receipts.				
3. Financial planning sheets				
D. Consumer Contract Prior to admission, the AFC services provider completes a Consumer Contract with each potential consumer or his/her designated representative.				
1. The contract covers the following topics:				
a. Name of consumer.				
b. Name of consumer's designated representative, if applicable.				
c. Street & Mailing Address of AFC home.				
d. Term of contract- reviewed annually.				
e. Description of services provided in Waiver program.				
f. Description of additional services				

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provided outside of the Waiver program.				
g. Process through which contract may be modified, amended, or terminated.				
h. Complaint resolution procedures.				
i. House Rules.				
j.. Consumer Rights.				
2. The consumer and/or designated representative, if applicable, are provided copies of the signed contract				
E. Information Accessibility The provider has readily-available and freely- accessible to the consumer and others the following information:				
1. Ombudsman Poster including address and telephone number of the Local and State Ombudsman program.				
2. Address and Telephone number of the local Area Agency on Aging.				
3. FSSA Provider Agreement and any attached conditions, if applicable.				
4. Consumer Rights.				
5. House Rules.				
6. Floor Plan indicating the fire evacuation route. S				
7. FSSA Waiver Services or designee survey tool form. S				
8. DA or designee procedures for making complaints.				
F. Primary and Substitute Caregiver Requirements				
1. Primary Caregiver resides in the home.				
2. Eighteen (18) years of age or older. S				
3. Documented passing of a criminal record check S				
4. Literate and demonstrate an understanding of written and oral orders.				
5. Able to communicate with consumers.				
6. Annual physical, including TB test with a statement from physician indicating date and that they are free from TB. S				
G. Training Requirements of Caregivers Prior to admission of the first HCBS				

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Medicaid Waiver consumer to the AFC home, and annually thereafter, the provider, primary, and any substitute caregivers have completed:				
1. Basic First Aid course- may be waived for a substitute caregiver who holds a current Indiana license as a healthcare professional (i.e. physician, RN, LPN). S				
2. CPR course. S				
3. Fire safety training				
H. Care and Service Standards Any services performed under the HCBS Medicaid Waiver Programs for persons who are aged or medically disabled must comply with the prohibitions regarding the practice of medicine under IC 25-22.5-1.				
1. A calendar exists and is readily accessible for the consumer and caregiver that include scheduled activities, all medical appointments and other services, and medication chart, if indicated.				
2. The Adult Family Care Service includes the provision of personal care and services, homemaker, chore, attendant care and companion services, and medication oversight, to the extent permitted under State law.				
3. The caregiver provides, arranges, or makes available 3 meals/day, 7 days/week that provide a balanced distribution of the daily nutritional requirements.				
4. Medications, Treatments and Therapies: The provider and caregivers demonstrate an understanding of each consumer's medication administration regimen, including the reason for the medication is used, medication actions, specific instructions and common side effects.				
a. Written, signed orders are in the consumer's record for any medications prescribed by the physician/ nurse practitioner.				

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b. Order changes obtained by telephone are documented by filing the pharmacy receipt detailing specifics regarding the prescription.				
c. Over-the-counter medication requested by the consumer is addressed in the plan of care, and is reviewed by the consumer's physician, nurse practitioner, or pharmacist as part of developing the care plan and at time of care plan review.				
d. "as needed" or "p.r.n." medications have written directions by a physician, nurse practitioner, registered nurse, or pharmacist which show what the medication is for and specifically when, how much and how often it may be administered.				
e. Self-Medication Consumers have a physician/nurse practitioner's written order of approval to self-medicate.				
i. Medications are kept in the consumer's room in a small storage area that can be locked.				
ii. Each medication container is clearly labeled with the pharmacist's label or is in the original labeled container or bubble pack.				
iii. Both caregiver and consumer have ready access to consumer's medications.				
iv. Consumers do not have access to medications of the provider or other household members, nor do individuals other than the primary caregiver have access to each consumer's locked medication.				
f. Provider Assisted Medication For some consumers, it will be necessary that the provider oversees the consumer's medicine intake as follows:				
i. A current, written medication administration record is kept for each consumer and identifies all of the medications administered by the caregiver				

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to the consumer, including over-the-counter medications and prescribed dietary supplements.				
ii. Discontinued or changed medication orders are marked and dated on the medication administration record as discontinued.				
iii. Missed or refused medication, treatment or therapy is documented the initials must be circled and a brief but complete explanation must be recorded on the back of the medication record.				
5. A caregiver is present and available at the home at all times when consumers are in the home.				
6. Activities are available each week that are of interest to the consumers.				
7. Providers or caregivers are directly involved with consumers on a daily basis.				
I. Admission Requirements Prior to placement, the Provider, with the assistance of the case manager, meets with potential consumers who are interested in residing in this AFC home.				
1. The provider obtains and documents general information regarding the consumer including:				
a. Names, addresses, and telephone numbers of relatives, significant persons, case managers, and medical/mental health providers.				
b. Date of admission				
c. Consumer's Social Security and medical insurance numbers				
d. Birth date				
e. Prior residence				
f. Hospital preference				
g. Mortuary preference				
h. Medical information available including history of accidents, illnesses, impairments or mental status that may be pertinent to the consumer's care.				
i. Documentation obtained in				

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compliance with Section III-B.				
2. After admission of a consumer, the provider continues the assessment process, including documenting the consumer's preferences and observed care needs. This information is presented to the case manager at the 90-day review.				

Are all items noted with an S submitted with the application packet?

Site visit Comments:

Assessor Name

Date

Assessor Name

Date

Assessor Name

Date