This guidebook is for AFC providers serving people on Elderly Waiver only.

Residential Programs: Adult Foster Care
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MN HCBS provider attestation: introduction and instructions

How to use this guidebook
This guidebook is meant to be a tool for providers to use as they complete the online attestation form (DHS-7176). It provides instruction on how to complete the attestation form and provides clear guidance on what is expected of providers to reach compliance, including helpful tips/tools and resources. It is recommended that you use this guide to gather all the information you will need to complete the online attestation form, such as your documentation and relevant license numbers.

What is the purpose of the attestation?
The Centers for Medicare & Medicaid Services (CMS) issued a new rule effective March 17, 2014, that governs home and community-based services (HCBS) waiver services. The rule defines the characteristics of settings where HCBS services may be delivered.

CMS requires further assessment of certain day and residential providers to assess compliance with the new requirements. As a part of this assessment, providers will need to complete an online attestation and submit supporting documentation for each setting/site in which they provide HCBS services. The purpose of the attestation is for providers to report the setting’s current level of compliance in areas and for DHS to provide information to assist providers with areas that need changes to meet new requirements.

The attestation will provide the following information to providers and DHS:

• Areas that settings are in full compliance with the rule
• Areas that settings are not yet compliant and will need to make changes
• Providers who do not intend to meet the requirements and will not provide HCBS services after March 2019.

Instructions
The following instructions mirror the questions as they appear on the online attestation form. The instructions in this guidebook will offer further description of the questions and required documents.

1. Providers of the following service types need to complete the attestation survey for each setting/site:

   Residential programs
   • Adult foster care or supported living services
   • Child foster care or child supported living services
   • Customized living or residential settings that group people with disabilities

   Day programs
   • Adult day/family adult day services (FADS)
   • Day training and habilitation, prevocational services and structured day
Providers will indicate if the setting is compliant or does not yet comply with requirements.

2. Providers must demonstrate compliance in identified areas by submitting supporting documentation that policies, procedures and operating practices are in place to support practice that complies with the rule requirements.

3. Supporting documentation that will be acceptable is identified in this instructional guidebook and is specific to adult foster care services for people on Elderly Waivers.

4. If a setting is not yet compliant, the provider will indicate next steps to reach compliance.

The attestation consists of approximately 20 questions, depending on your provider type. Residential providers must complete all questions in the attestations.

**General information about the attestation**

- A separate attestation must be submitted for each setting/site where you provide adult foster care services that are funded by one of the HCBS waivers (use the link provided at the end of the attestation to start another attestation for a separate site)
- If you provide services through multiple waivers at the same site, you only need to complete one attestation per setting/site
- If a setting/site does not currently serve anyone receiving HCBS waiver funding, you do not need to fill out a survey for that setting/site
- You may use a printed copy of the questions, as are included in this guidebook, but all attestations must be submitted electronically
- Responses should be an accurate representation of your status at the time of completion of the attestation
- DHS will offer a transition period, hardship extension if needed, as well as information for providers who are not yet, but intend to comply with the requirements
- DHS will contact providers who indicate that they no longer want to or unable to provide HCBS services to discuss if additional support would allow them to continue services or if a transition plan for people receiving HCBS services is necessary
- Address questions to hcbs.settings@state.mn.us.

**What do I need to complete the attestation?**

The attestation requires supporting documentation to demonstrate compliance. This is an instructional guidebook and is specific to elderly waiver adult foster care services. Use this guide to gather all the information you will need to complete the online attestation form.

Many of the supporting documents may already be required for certain licensed providers and contain needed information or will need to be updated with new requirements. Documents that include the same elements as the DHS licensing forms are also acceptable. These forms can be found on the DHS licensing website, under licensing forms for Family Systems (http://www.dhs.state.mn.us/main/dhs16_143521)
Typically, EW adult foster care providers will submit a copy of the following required documents to demonstrate they meet the new requirements:

- Approved Adult Foster Care Program Plan
- Approved Adult Foster Care Program Abuse Prevention Plan (PAPP)
- Individual Resident Placement Agreement (IRPA) – do not include person identifiable information
- Recipient Rights Form, handbook or orientation documents used to inform people of their rights
- Staff Orientation Record or Annual Training Forms

EW AFC providers may also submit these documents, *if applicable*:

- Policy/procedure and grievance policy for bedroom sharing - if bedroom sharing occurs
- Other policies and procedures that document how compliant services are delivered
- Document titled “Question 18 - Adjoining Settings” to describe shared programming
- Document titled “Question 20 - Community Participation”
- Extension form - If settings will not be compliant by September 1, 2017

For most of the questions in the attestation form, you will be selecting the type of document you will attach to demonstrate that you meet the requirement, such as a policy or procedure, a training record, or a recipient rights form. You will select the button in front of this document type and then indicate the page number or range of numbers that demonstrate that you meet the requirement. It is very important that you include the page numbers for each question so that the correct information is reviewed.

**Tip:** When you attach your documents at the end of the form, you should then select the “Submit Attestation” button. If you select “Save & Exit,” your attachments will NOT be saved.

**NOTE:** On occasion, you may need to include more than one document type to demonstrate that you meet the new requirements. For example, you may have two different policies that show you meet the requirement. In these cases, you have two options. You may either combine the two documents into one and indicate the page numbers for both. Or, you can use the “Other” document type to indicate the second document and the relevant page numbers.

**Logging into and navigating the online attestation form**
To access the online attestation form, open your browser and go to: [https://edocs.dhs.state.mn.us/Ifserver/Secure/DHS-7176-ENG](https://edocs.dhs.state.mn.us/Ifserver/Secure/DHS-7176-ENG)

To log in to the attestation form for the first time, you will select “New attestation” and then enter your license or HFID number. See below for information about how to login to create a new attestation form based on an existing completed attestation.
Once you are logged in to the online attestation form, you can navigate page-by-page using the “Previous” and “Next” buttons located in the upper, left-hand side of the page; please do not use the previous and next functionality built into your browser. You can also skip to a specific section of the form by using the drop-down menu located between the previous and next buttons. Finally, you can save and exit the form at any time, using the “Save & Exit” button located in the upper right-hand corner of the form.

Let’s get started!

**NOTE:** Proceed to the bottom of Page 1 of the online form.

**Are you creating a new attestation or returning to continue completing an existing attestation?**

Select one bullet to indicate if this is a:

- New attestation
- Update to a submitted attestation
- Continue completing a saved attestation that has not been submitted
- New attestation based on another submitted attestation

Once you have selected a button, you will be prompted to enter your license or HFID number. When that number is accepted, a “Start Attestation” button will appear in the lower, right-hand corner of the page. If your license or HFID number is not accepted, you will receive an error notification.

If you are not able to proceed to the next page, recheck your license number or look up your number online. If you need assistance finding your DHS license number, please go to the [DHS Licensing Look Up](http://licensinglookup.dhs.state.mn.us) page.
If you are still unable to enter a valid number, please email hcbs.settings@state.mn.us. Use the subject line: “sign in number for attestation needed.” Please include your provider name, the setting address, city, state, zip code, phone number and indicate you are an EW AFC setting.

**Click on the Start Attestation button in the lower right corner of the screen to go to the next page of the form.**

<table>
<thead>
<tr>
<th>PAGE 2 CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(top of Page 2 of online form)</strong></td>
</tr>
<tr>
<td><strong>Licensing or HFID number:</strong></td>
</tr>
<tr>
<td>If your license number was accepted on the first page, this number will be pre-populated.</td>
</tr>
<tr>
<td><strong>NPI/UMPI number</strong></td>
</tr>
<tr>
<td>Provide your ten-digit National Provider Identifier (NPI) or your Unique Minnesota Provider Identifier (UMPI) number you use to enroll with Minnesota Health Care Programs.</td>
</tr>
<tr>
<td><strong>Name of setting</strong></td>
</tr>
<tr>
<td>Complete this using the name associated with your license.</td>
</tr>
<tr>
<td><strong>Physical address of setting</strong></td>
</tr>
<tr>
<td>Use the street address where the waiver services are provided. Do not use the address of a headquarters building or business office.</td>
</tr>
<tr>
<td><strong>Service type</strong></td>
</tr>
<tr>
<td>Select the service type for this setting: Adult foster care</td>
</tr>
<tr>
<td>✅ Adult foster care or adult supported living services</td>
</tr>
<tr>
<td>❏ Child foster care or child supported living services</td>
</tr>
<tr>
<td>❏ Customized living or residential setting that group people with disabilities</td>
</tr>
<tr>
<td>❏ Adult day or family adult day services (FADS)</td>
</tr>
<tr>
<td>❏ Day training and habilitation, prevocational services and/or structured day</td>
</tr>
<tr>
<td><strong>Type of waiver services provided at this site: Elderly Waiver</strong></td>
</tr>
<tr>
<td>Choose ALL waiver types that apply at this setting. Several funding sources may be used for the same site/setting</td>
</tr>
<tr>
<td>❏ Alternative Care (AC)</td>
</tr>
<tr>
<td>✅ Elderly Waiver (EW)</td>
</tr>
<tr>
<td>❏ Brain Injury (BI)</td>
</tr>
<tr>
<td>❏ Community Access for Disability Inclusion (CADI)</td>
</tr>
<tr>
<td>❏ Community Alternative Care (CAC)</td>
</tr>
<tr>
<td>❏ Developmental Disabilities (DD)</td>
</tr>
</tbody>
</table>
How many people currently (on the date you complete this attestation) are receiving HCBS services at this setting?

Enter the number of people that receive services by each funding type. Enter “0” if you do not provide services to people of the described funding type. The field for the number of total people in the setting will auto populate.

a) _____ Number of older adults with services funded by HCBS waivers (EW)
b) _____ Number of people with services funded by HCBS disability waivers (CADI, DD, CAC, BI)
c) _____ Number of people with other payer sources
d) _____ Number of total people served in the setting

I have reviewed the attestation guidebook and understand that DHS will make information available to support providers to comply with needed changes.

This guidebook is necessary to use as you complete the online attestation form. It provides information on what you need to do and supporting documentation that you need to submit.

Do you intend to meet the HCBS requirements at this setting?

If you plan on meeting all of the HCBS setting requirements, even if you aren’t compliant at the time of the attestation, choose yes here. Choosing “no” for this question means you will need to work with the county/lead agency and DHS to transition people out of your services by March 2019.

☐ Yes
☐ No, I want to opt out and no longer be a HCBS provider. I understand I will need to work with the county/lead agency and DHS to develop transition plans for people currently served to transition by March 2019.

Additional instructions: Residential settings only

Certain service standards or rights may be modified based on a person’s assessed needs determined and documented by their case manager. Providers should contact the case manager to discuss any modifications or adjustments to the requirements that are not in the person’s plan and may be needed for the person’s health and safety. If a modification is made, there are requirements for the case manager to ensure positive interventions and supports are documented prior to modification, to ensure less intrusive methods have been tried, and to ensure there is a clear description of how the modification is tied to an assessed need.

Documentation

The HCBS settings rule requires documentation of modifications to the following standards:

- Specific unit/dwelling is owned, rented, or occupied under legally enforceable agreement
o Individual Resident Placement Agreement (IRPA) or other written agreement is in place providing protections to address eviction processes and appeals

• Each person has privacy in their sleeping or living unit
  o Bedrooms have lockable doors, with the individual and appropriate staff having keys to doors as needed
  o People sharing bedrooms have a choice of roommates
  o People have the freedom to furnish and decorate their bedrooms within the Individual Resident Placement Agreement (IRPA)

• People have freedom and support to control their schedules and activities and have access to food any time
• People may have visitors at any time.

Tips
• Providers may not modify any of the service standards in a way that would affect or restrict all people in a setting (such as “house rules”)
• For adult foster care homes, “sleeping or living unit” has the same meaning as “bedroom.”
• Proposed 2017 legislation enhances resident’s rights as required by the HCBS final rule.
1. Residency agreement

Federal requirement
Each person at the setting has a written lease or residency agreement in place providing protections to address eviction processes and appeals.

What do you need to do?
• For each person you must have a signed Individual Resident Placement Agreement (IRPA) that does not restrict a person’s rights as outlined in Minn. Statute 245A that is reviewed and updated annually.
• You must have a resident termination policy that provides protections to address eviction processes and appeals
• You must annually provide each person a copy of the resident termination policy.

Select the bullet:

Select the third bullet:
- Foster care / SLS provider: I attest that each person at the setting has a residency agreement using the sample DHS form
- Foster care / SLS provider: I attest that each person at the setting has a residency agreement with the required elements of the sample DHS form. Submit a blank copy of your agency’s residential agreement.
- Foster care (serving EW participants only): I attest that each person currently has a signed Individual Resident Placement Agreement. I understand there is pending legislation that will outline a new process to follow when terminating services for an EW participant, and it will give EW participants the right to appeal a termination of foster care services. I attest that I will create a policy and notify EW participants of this right when approved by the legislature.
- Customized living providers: I attest that in accordance with housing with services registration requirements, each person in the setting has a lease agreement with the required protections.

Resource
• Link to the Individual Resident Placement Agreement (IRPA), (PDF) document
  http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_180925.pdf

Tips
• To comply with this requirement, an IRPA needs to be issued and signed by each person
• The service termination policy requirement above must be met after pending legislation is in effect.
2. Lockable door

Federal requirement
Each person at the setting has privacy in his/her sleeping or living unit, including a lockable door.

What do you need to do?
• You must ensure that each person has a lockable bedroom door that they can lock, if desired
• You must have a policy and training that ensures that staff will respect people’s privacy (e.g., staff will knock or request to enter a room and receive permission prior to entering)
• You must have a policy and training that ensures that staff only access a person’s bedroom without their approval as needed for health and safety.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:
□ Blank copy of staff orientation or annual training record for people’s rights to privacy. (Page number:__)
□ Policy and/or procedure about supporting people’s rights to privacy. (Page number:__)

And the following:
□ Document that is used to inform people of their rights to privacy, including a lockable bedroom door. (Page number:__)

Resource
Licensing forms can be found on the DHS licensing website, under Family Systems:

• http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143521#AFC

Tips
• An Adult Foster Care Program Plan that describes how you will ensure people have the right to have a lockable bedroom door is an acceptable example of a policy/procedure that meets this requirement
• A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights
• For adult foster care homes, “sleeping or living unit” has the same meaning as “bedroom.”
3. Roommates

Federal requirement
The setting facilitates that a person who shares a bedroom is with a roommate of their choice.

NOTE: If your facility does not have shared bedrooms, select Comply and then “N/A: There are no shared bedrooms in this setting”

What do you need to do?
• You must ensure that people are offered a private bedroom, when available
• You must ensure there is a process for mutual consent for roommate selection
• You must inform people on how they can request a choice of or change in roommates.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

□ Policy and/or procedure about roommate mutual consent, changes, and selection process. (Page number:__)
□ Document that is used to inform people of this right and how to request a change in roommates. (Page number:__)

Resource
• Link to the DHS Licensing Sample Grievance Procedure (PDF) document (http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_168251.pdf)

Tips
• An Adult Foster Care Program Plan that documents how people choose their roommates or request a change of roommates in this setting is an acceptable example of a policy/procedure that meets this requirement
• A copy of this settings Grievance Policy that addresses bedroom sharing is also an acceptable example of a policy/procedure that meets this requirement
• Having access to a private unit or bedroom may be limited by the person’s available resources or by their choice to live in a certain setting or location.
• The following are all acceptable examples of document that inform people of their rights:
  o A copy of the “Resident’s Rights” form or other document this setting uses to inform people of their rights
  o A copy of the document people in this setting uses to select a roommate and/or request a change in roommates.
4. Decorations

Federal requirement
The setting provides people with the freedom to furnish and decorate their bedroom and living unit within the lease or residency agreement.

What do you need to do?
• You must support people’s rights to furnish and decorate their bedrooms as desired
• You must ensure people can decorate their room, including choosing decorations, linens, furniture and other household items, that are within their budget and terms of their IRPA
• You must ensure that a person’s personal items, such as pictures, books, and sports team memorabilia are displayed based on their preferences and interests.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:

☐ Blank copy of staff orientation or annual training record regarding furnishing and decorating. (Page number:___)
☐ Policy and/or procedure on people’s rights to furnish and decorate their bedrooms. (Page number:___)

And the following:

☐ Document that is used to inform people of their rights to furnish and decorate their bedrooms. (Page number:___)

Tips
• An Adult Foster Care Program Plan that documents how this setting allows people to furnish and decorate their bedrooms is an acceptable example of policy/procedure that meets this requirement.
• A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.

Resource
• These forms can be found on the DHS licensing website, under licensing forms for Family Systems:

  http://www.dhs.state.mn.us/main/dhs16_143521
5. Daily schedule

Federal requirement
The setting provides people with the freedom and support to control their daily schedule including access to food at any time.

What do you need to do?
• You must support people’s freedom to control their own schedule and activities
• You must allow access to food (meals and snacks), at any time, and provide a place for and/or allow them to store snacks in their unit
• You must allow people to choose their daily schedule, including but not limited to, waking, bathing, exercising, activities, etc.
• You must schedule support activities in a flexible manner that works around the person’s personal schedules (e.g. alternatives to planned entrée, save meal and reheat); there is no one “set schedule” (e.g. mealtimes or assigned seats) for all people living in the setting
• You must ensure people have choices of when, where, and with whom they would like to eat (if a person misses a meal due to an activity, they do not have to wait for the next meal to eat)
• You must ensure people’s access to such things as a radio and television, and can participate in their choice of leisure activities, if desired, and have the right to refuse to participate in activities the rest of the people living in the setting want to experience.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:
□ Blank copy of staff orientation or annual training record showing there is training on person centered practices and individual service plans. (Page number:__)
□ Policy and/or procedure about person’s rights to control their own schedule and access food at any time. (Page number:__)

And the following:
□ Document that is used to inform people of their rights to control their daily schedules, including access to food at any time. (Page number:__)

Tips
• An Adult Foster Care Program Plan that documents how this setting ensures that people have these rights.
• A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights
6. Visitors

**Federal requirement**
The setting allows people to have visitors at any time.

**What do you need to do?**
- You must allow people to choose who their visitors are, and not have any restrictions on the time of visits
- You must not create restricted visitor areas
- You must ensure people’s rights to privacy during visits.

**What do you need to submit?**
You need to upload these documents to show you meet the requirement:

One of the following:
- Blank copy of staff orientation or annual training record on people’s right to have visitors at any time. (Page number: __)
- Policy and/or procedure supporting people’s right to have visitors at any time. (Page number: __)

And the following:
- Document that is used to inform people of their right to have visitors at any time. (Page number: __)

**Tips**
- An Adult Foster Care Program Plan that documents how this setting ensures that people have the right to have visitors at any time is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
7. Accessibility

**Federal requirement**
The setting is physically accessible to the individual.

**What do you need to do?**
- You must ensure a person’s physical environment meets their needs
- You must allow use of and access to common areas, including the kitchen, dining area, laundry, and shared living areas, to the extent desired
- You must inform people how to request a reasonable accommodation
- You must not have any gates or other barriers to rooms
- You must provide grab bars, ramps, adapted furniture, etc., to ensure access to desired areas and household items.

**What do you need to submit?**
You need to upload these documents to show you meet the requirement:

One of the following:

- **□** Blank copy of staff orientation or annual training record showing staff are trained on people’s rights, including the right to access their physical environment. (Page number: __)
- **□** Policy and/or procedure regarding the use of the Mobility Access Assessment. (Page number: __)

And the following:

- **□** Document that is used to inform people of their rights to use common areas, including how to request reasonable accommodations. (Page number: __)

**Tips**
- A policy/procedure regarding this setting’s use of the Mobility Access Assessment in this setting is an acceptable example of a policy/procedure that meets this requirement
- An Adult Foster Care Program Plan that documents how this setting ensures people of their right to use and have access to common areas of the residence is an acceptable example of a policy/procedure that meets this requirement
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
8. Employment

Federal requirement
The setting provides opportunities for people to seek employment and work in competitive integrated settings.

What do you need to do?
- You must support people who would like to work
- You must provide flexible scheduling and activities during times that compliment a person’s work schedule.

What do you need to submit?

You need to upload the following document to show you meet the requirement:

One of the following:

☐ Policy and/or procedure on how this setting provides support for people who desire to seek employment, if the need is identified in the individual support plan and/or placement agreement. (Page number: ___)
☐ Blank copy of staff orientation or annual training record related to providing supports as identified in the individual support plan and/or placement agreement. (Page number: ___)

And the following:
☐ Document that is used to inform people of their right to seek employment, if desired and identified in the individual support plan and/or placement agreement. (Page number: ___)

Important note regarding this requirement:
DHS is committed to developing and maintaining high-quality, accessible HCBS for Minnesotans of all ages. Our intention is to ensure Minnesotans receiving waiver services are given choice and opportunities for active participation and integration into their communities. We must ensure all people have the opportunity and supports to seek employment, if desired.

Tips
- A policy/procedure or an Adult Foster Care Program Plan that documents how this setting will provide supports for people who desire to seek employment, if the supports are identified in the individual support plan and/or placement agreement is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
9. Community life

Federal requirement
The setting provides people opportunities to access and engage in community life.

What do you need to do?
• You must engage with the person and their support team using person-centered practices
• You must provide opportunities and support for people to be fully included in their greater community, individually and in groups, as desired
• You must allow people to choose their friends and spend time with them
• You must provide information on transportation for community activities (if documented in support plans and assigned to this provider, you must also provide support and/or transportation coordination)
• You must ensure people have services, resources, and supports to help explore or maintain meaningful activities
• You must ask people about their interests and activities they want to participate in
• You must provide information about community activity options, such as an up-to-date binder or a calendar or bulletin board with current and upcoming events
• You must allow people to come and go from the setting at any time
• You must not offer separate options, such as certain activities, living space or opportunities, based on a people’s status as a Medicaid HCBS recipient
• You must support people’s interaction with members of the community through religious services, shopping, appointments, etc., to build community relationships.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:
□ Policy and/or procedure on how this setting provides opportunities and supports for people to engage in community activities as identified in the individual support plan and/or placement agreement. (Page number:__)
□ Blank copy of staff orientation or annual training record related to providing services and supports as identified in the individual support plan and/or placement agreement. (Page number:__)

And the following:
□ Document that is used to inform people of their rights to have access to community life as identified in the individual support plan and/or placement agreement. (Page number:__)

□
**Example practices**

- Providing information about community activities may be things like: an up-to-date binder, a calendar or bulletin board with current and upcoming events
- Transportation support may include bus training and coordination of transportation may be things like: making bus schedules available, volunteer drivers and arranging for Metro Mobility.

**Tips**

- An Adult Foster Care Program Plan that documents how this setting will ensure people of their right to access and engage in community life is an acceptable example of a policy/procedure that meets this requirement
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
10. Control of money

Federal requirement
The setting supports the person’s control of personal resources (their money).

NOTE: This requirement does not apply if your setting does not provide money management duties.

What do you need to do?
- You must provide access to people’s personal funds and information about their income
- You must identify the roles of responsibility related to money management
- You must ensure staff are trained in safeguarding funds and following a person's plan, if in place
- You must ensure people have a way to access their money when they choose, not just during a set time frame
- You must not require people to sign over their paycheck or any form of payment/income as a condition of receiving services, unless required by a state funded program.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:
- Blank copy of staff orientation or annual training record that shows staff are trained on safeguarding people’s funds and following a person’s plan, if in place. (Page number:__)
- Policy and/or procedure describing how the provider will support a person’s control of their personal resources. (Page number:__)

And the following:
- Document that is used to inform people how to authorize the provider to assist in the safekeeping of funds and property. (Page number:__)

Tips
- An Adult Foster Care Program Plan that documents how this setting will provide assistance safeguarding cash resources as specified in the resident’s individual service plan and/or placement agreement is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
11. Privacy

**Federal requirement**
The setting ensures people’s right to privacy.

**What do you need to do?**
- You must inform people of and ensure their right to privacy
- You must ensure that people’s information is kept private, including personal, financial, service, health and medical information (information is not posted in common areas)
- You must provide personal care in private
- You must provide privacy for people to make phone calls, send texts, email, or other personal communications
- You must ensure staff do not discuss a person in the open or within earshot of those who do not have a need to hear the discussion.

**What do you need to submit?**
You need to upload these documents to show you meet the requirement:

One of the following:
- Blank copy of staff orientation or annual training record that shows staff are trained on people’s rights to privacy. (Page number:__)
- Policy and/or procedure describing how the provider will support people’s right to privacy. (Page number:__)

And the following:
- Document that is used to inform people of their rights privacy. (Page number:__)

**Tips**
- An Adult Foster Care Program Plan that documents how this setting ensures people’s right to privacy is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
12. Dignity and respect

Federal requirement
The setting ensures people’s dignity and respect.

What do you need to do?
- You must ensure that people are treated with dignity and respect
- You must provide services and supports in a way that respects and considers personal preferences
- You must inform people of their right to be treated with dignity and respect
- You must allow people to choose their clothes and hairstyles to meet their personal preferences
- You must ensure people are dressed in clothes that fit, are clean, and appropriate for the time of day, weather and preferences
- You must not require people to wear bibs during mealtimes, or to use disposable cutlery, plates and cups
- You must ensure people are assisted with personal cares as requested
- You must ensure people are addressed by preferred name, not “hon” or “sweetie” or similar name
- You must ensure staff do not discuss a person who is present like they are not there; they include the person in conversation.

What do you need to submit?
You need to upload the following documents to show you meet the requirement:

One of the following:
- Policy and/or procedure on people’s rights to be treated with dignity and respect. (Page number:__)
- Blank copy of staff orientation or annual training record that shows staff are trained on treating people with dignity and respect. (Page number:__)

And the following:
- Document that is used to inform people of their rights to be treated with dignity and respect, including maltreatment reporting procedures and the telephone number for the Minnesota Adult Abuse Reporting Center. (Page number:__)

Tips
- An Adult Foster Care Program Plan that documents how this setting will ensure people of these rights is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
13. No coercion/restraint

Federal requirement
The setting ensures people’s freedom from coercion and restraint.

What do you need to do?
- You must ensure people are free from abuse, neglect and financial exploitation
- You must inform people of their right to live in an environment free from coercion and restraint, where their choices are accounted for and honored in accordance with their individual support plan
- You must inform people and their guardians (if applicable) of their rights to file a grievance, including instructions how to file a grievance or an anonymous complaint
- You must not use restraints or restrictive interventions as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience
- You must not use physical holding, time out, medication a person does not want to take and is not prescribed, or seclusion or restrictive intervention, unless in an emergency to protect the person or others from physical harm.

What do you need to submit?

You need to upload the following documents to show you meet the requirement:

One of the following:

- Blank copy of staff orientation or annual training record that shows all caregivers have received training in the Vulnerable Adults Act and reporting requirements within 72 hours of first providing direct contact services and annually thereafter. (Page number:___)
- Policy and/or procedure that documents how the provider protects people from coercion and restraint. (Page number:___)

And one of the following:

- Document that is used to inform people of their rights to be free from coercion and restraint. (Page number:___)

Resource
- Link to Program Abuse Prevention Plan (PAPP, PDF) (http://www.dhs.state.mn.us/main/groups/agencywide/documents/pub/dhs16_180922.pdf)

Tips
- An Adult Foster Care Program Plan that documents how this setting will ensure people of these rights to freedom from coercion and restraint is an acceptable example of a policy/procedure that meets this requirement.
• Program Abuse Prevention Plan (PAPP) that documents how this setting will ensure people of their right to freedom from coercion and restraint is an acceptable example of a policy/procedure that meets this requirement.

• A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
14. Independent choices

Federal requirement
The setting optimizes individual initiative, autonomy, and independence in making life choices, including daily schedule and with whom to interact.

What do you need to do?
- You must provide people with the right to choose their activities and services
- You must provide people with the right to choose friends and spend time with them
- You must support people in life informed choices and autonomy
- You must allow people to move about the setting and not confine them to any one area
- You must prioritize a person’s preferences (about schedules, activities, etc.), unless stated otherwise in their plan
- You must provide access to services and activities during times that compliment a person’s schedule
- You must support people in developing a schedule that meets their needs and preferences
- You must provide people the choice to participate in group and/or individual activities
- You must provide opportunities for people to gain experience in making choices, which include the appropriate balance between autonomy and safety
- You must support people in requesting changes to current services, transitioning to other services, or requesting a change of staff.

What do you need to submit?
You need to upload these documents to show you meet the requirement:

One of the following:

□ Blank copy of staff orientation or annual training record on person-centered practices and individual support plans. (Page number:____)
□ Policy and/or procedure describes how services and supports are provided in a way that optimizes independence in making life choices. (Page number:____)

And the following:

□ Document that is used to inform people of their rights to make choices, including daily schedules, activities, and friends. (Page number:____)

Tips
- An Adult Foster Care Program Plan that documents how this setting will ensure people of these rights is an acceptable example of a policy/procedure that meets this requirement.
- A copy of the “Resident’s Rights” form is an acceptable example that you inform people of their rights.
15 – 20: Setting information

The following questions are to help identify settings that may need to be further assessed. If we determine the setting needs further assessment, we will contact you to work on next steps.

15. Setting is “in”

The setting is located “in” a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), or an Institution for Mental Disease (IMD)

Definitions

The definition of a setting located “in” a public or privately owned hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD) or Institution for Mental Disease (IMD) is as follows:

- shares an address or
- shares a common wall with a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD) or Institution for Mental Disease (IMD)

Select the bullet

Select one; select the facility name from the drop-down menu:

- [ ] Hospital
- [ ] Nursing facility
- [ ] Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD)
- [ ] Institution for Mental Disease (IMD)
- [ ] Not applicable to this setting

Tips

- Select the actual facility name from the drop-down list; if you are unable to find the facility name in the drop-down list, email DHS at hcbs.settings@state.mn.us
- If the setting is not in one of these facilities, then check “Not applicable to this setting.”
16. Setting is “adjacent”

The setting is located “adjacent” to a public hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), and/or an Institution for Mental Disease (IMD).

Definitions
Definition of adjacent: the setting is next to and abuts a hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), Institution for Mental Disease (IMD) or its property.

“Abuts” means that the setting is contiguous or touching the hospital, nursing facility, Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD), Institution for Mental Disease (IMD) or its property with no intervening parcel of land between the two settings.

Definition of public: a public institution is an inpatient facility that is financed and operated by a county, state, municipality, or other unit of government. A privately-owned nursing facility is not a public institution.

Select the bullet

Select one; select the facility name from the drop-down menu:

- Hospital
- Nursing facility
- Intermediate Care Facility for Persons with Developmental Disabilities (ICF-DD)
- Institution for Mental Disease (IMD)
- Not applicable to this setting

Tips
- Select the actual facility name from the drop-down list; if you are unable to find the facility name in the drop-down list, email DHS at hcbs.settings@state.mn.us
- If the setting is “adjacent” to more than one facility, you only need to choose one facility type
- If the setting is not adjacent to one of these and/or not public, then check “Not applicable to this setting.”
17. Settings that may be isolating

The setting is a farmstead or disability-specific farm community, a residential school, and/or in a gated or secured community for people with disabilities.

Definitions

- **A farmstead or disability-specific farm community**: These settings are often in rural areas on large parcels of land, with little ability to access the broader community outside the farm. People who live at the farm typically interact primarily with people with disabilities and staff who work with those people. People typically live in homes only with other people with disabilities and/or staff. Their neighbors are other people with disabilities or staff who work with those people. Daily activities are typically designed to take place on-site so that a person generally does not leave the farm to access HCB services or participate in community activities. While sometimes people from the broader community may come on-site, people from the farm do not go out into the broader community as part of their daily life.

- **A residential school**: These settings corporate both the educational program and the residential program in the same building or in buildings in close proximity to each other (e.g. two buildings side by side). People do not travel into the broader community to live or to attend school. People served in these settings typically interact only with other residents of the home and the residential and educational staff. Other people with disabilities from the community at large may attend the educational program. Activities such as religious services may be held on-site as opposed to facilitating people attending places of worship in the community. These settings may be in urban areas as well as suburban and rural areas. People’s experience in the broader community may be limited to large group activities on “bus field trips.”

- **In a gated or secured community for people with disabilities**: These settings typically consist primarily of people with disabilities and the staff that work with them. Often, these locations will provide residential, behavioral health, day services, social and recreational activities and long term services and supports all within the gated community. People receiving HCBS in this type of setting often do not leave the grounds of the gated community in order to access activities or services in the broader community. Thus, the setting typically does not afford people the opportunity to fully engage in community life and choose activities, services and providers that will optimize integration into the broader community.

Select the bullet

Select all that apply:

- A farmstead or disability-specific farm community
- A residential school
- In a gated or secured community for people with disabilities
- None of the above

Tip

- If the setting is not any of these, select “none of the above.”
18. Multiple homes located on same street/adjoining property

Is the setting a residential (home) setting on the same street or adjoining to other homes that the provider owns and/or operates?

Select the bullet

Select “No” if the setting is a Family Foster Care setting:

☐ Yes
☐ No

18a.

If yes to 18, do the homes share programing or activities?

☐ Yes
☐ No

If yes, provide a 1-2 page document answering the following questions and include examples:

- Describe how often (on a weekly or daily basis?) and what type of programming or activities are shared. For example, do people that live in different homes or buildings dine or share meals, transportation, social recreation activities and outings together on a weekly or daily basis?
- Describe how opportunities are presented and available for people to interact with the broader community individually and in groups, as they desired? How often are people asked about their interest in activities in the community? How are people participating, as desired?
- Describe how people can individually choose activities to participate in? For example, not everyone has the same activities or schedule. How are people informed of available activities?

Suggested practices: Activities coordinator for offsite activities, activities calendar, people are frequently asked about their interests, people use other supports to access community on an individual level (e.g. formal services, volunteers, information supports).

Tips

- Select no if the setting is a family foster care setting.
- Do not provide examples that identify private information.
- If you answered yes to 18a, please name your document, “Question 18 – Adjoining Settings.”
19. Settings that provide multiple activities onsite

Is the setting designed to provide multiple types of services and activities onsite, including any two of the following?

1. Residential
2. Day services
3. Medical

Definitions
Select “Yes,” if the adult foster care, a residential setting, also provides one of the following onsite:

- Day services, including adult day, day training and habilitation, prevocational, and structured day
- Medical services by people with a professional specialty onsite. People would typically go to an office to receive these services.

Select the bullet
Select one:

- Yes
- No

19a.
If yes to 19, can people choose to use a community service provider instead of receiving the above services onsite?

- Yes. Provide supporting documentation on how people are informed of their option to choose community providers.
- No

Tips
- Medical services by people with a professional specialty onsite, might include the following:
  - Physician services
  - Mental health services, counseling by professional
  - Skilled nursing
  - Training for person by: occupational therapist, physical therapist, speech therapist, recreational therapist, music therapist, art therapist, or a therapist’s assistant
20. Settings that may be isolating: Disability waivers only

Are the people in the setting primarily or exclusively people with disabilities or 25 percent or more of the total setting capacity are people with disabilities under the age of 55 years old.

**NOTE:** The following question is applicable for settings that serve 6 or more people on the BI, CADI, CAC or DD waivers.

**Definitions**
If the setting only serves adult foster care Elderly Waiver-funded services, select “No or not applicable.”

Select “Yes” if the setting serves more than 6 people on BI, CADI, CAC or DD waivers, and meets at least one of the following:

- The setting is primarily or exclusively people with disabilities or
- 25 percent or more of the setting capacity are people with disabilities (under the age of 55 years old)

If none of the bullets above describe the setting, select “No or not applicable.”

**Select the bullet**

Select one:

☐ Yes
☐ No or not applicable

20a.

If yes to 20, do people in the setting have limited, if any, interaction with the broader community or daily activities that are typically designed to take place onsite?

☐ Yes. You will be contacted with tools and information to make any needed changes to comply with requirements.
☐ No.

If no, provide a 1-2 page document answering the following questions and include examples:

- Describe how opportunities are present and available for people to interact with the broader community individually and in groups, as they desired. How often are people asked about their interest in activities in the community? How are people participating, as desired?
- Describe how people can individually choose activities to participate in? For example, not everyone has the same activities or schedule. How are people informed of available activities?
• How are people informed that they can choose offsite community service providers? For example: People can choose to go offsite for services if they are offered in the setting such as a salon for a haircut or a clinic for counseling services.

Suggested practices: Activities coordinator for offsite activities, activities calendar, people are frequently asked about their interests, people use other supports to access community on an individual level (e.g. formal services, volunteers, informal supports)

Tip
• If you answered no to 20a, please name your document “Question 20 – Community participation.”
Attachments and save or submit

Attach required documents

If submitting your attestation, add attachments

Click on the “Attach Required Documents” to begin to attach your documents. This will open a new screen. On the right-hand side of the screen, you will select “Add File” or “Add URL.” When you select “Add File,” a dialog box will open so that you can find the documents on your computer. Navigate to the document you want to attach and click “Open” in the dialog box. In the next dialog box, click “Add.” Repeat these steps to add the documents you want to attach for your submission. Then, click on “Finish” in the upper right-hand corner of the screen.

After you have attached your documents, they will appear in the list of attached documents section. You will need to assign a document type to each by using the drop-down list next to the document title. The drop-down list includes the following document types. Typically EW AFC providers will submit the following documents listed under each document type. For example, to upload the IRPA, you would choose the document type “Residency agreement or lease” and then upload your IRPA form.

- Residency agreement or lease
  - Individual Resident Placement Agreement – do not include person identifiable information
- Recipient rights form
  - Recipient Rights Form used to inform people of their rights
  - Handbook or orientation documents that inform people of their rights or other compliant information.
  - Form that informs people on how opportunities and supports will be provided so they are fully included in their community.
- Staff orientation record or annual training form
  - Documents or record to validate trainings
- 45-day meeting form or progress review summary form
  - This document type not required for elderly waiver adult foster care
- Emergency use or manual restraint (EUMR) policy
  - This document type not required for elderly waiver adult foster care
- Positive support transition plan template
  - This document type not required for elderly waiver adult foster care
- Funds and property authorization or money management form
  - Forms used by adult foster care to manage people’s money.
- Policy or procedure
  - Approved Adult Foster Care Program Abuse Prevention Plan
  - Individual Resident Placement Agreement – do not include person identifiable information
  - Grievance Policy
## Attach required documents

- Policies and Procedures that document how compliant services are delivered.
- Policy and/or procedure that outlines management of personal funds- if provider has money management duties

- **Question 18 – Adjoining settings document**
  - This form would not be required for individual family adult foster homes.

- **Question 20 – Community participation document**
  - This form is for adult foster homes providing services to people on disability waivers only.

- **Extension form**
  - If settings will not be compliant by September 1, 2017

- **Other**
  - Other documents that support compliant practices.

Acceptable document formats include, PDF, Word, Excel and Powerpoint.

## Save or submit

**Note:** Saving your attestation will not save any uploaded attachments. If you submit your attestation, your uploaded documents will be saved and you can sign back in to edit your submission at a later date.

**Name of person completing this attestation (contact person, title, and phone number)**

Please enter the name of the person responsible for compliance here. DHS will use this information when sending out additional information and/or communication. Provide this person’s title and phone number in these fields. It is understood that this may be a different person than the one actually submitting the attestation.

**E-mail address**

When completing the attestation form online, an email address must be used. The email associated with the attestation will allow you to log back in to each attestation. DHS will also send communication to this email regarding any questions specific to this setting/site. You may use the same email for your attestation for other settings, but it must be paired with a unique licensing or HFID number, which will differentiate the setting attestations from each other.

Tip: note your email address and license or HFID number here for future reference:

**I attest that the information provided accurately reflects the setting identified in this attestation.**

Check the box to confirm.

**Submit attestation or save and exit**
Attach required documents

All areas need to be marked as compliant by September 1, 2017. If you are unable to make necessary changes to meet requirements and would like to request a hardship extension, please complete a [HCBS Provider Attestation Hardship Request (DHS-7176A)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-7176A-ENG) and submit as an attached document to this attestation.

Select one:
- □ Submit Attestation
- □ Save & Exit

**ALERT:** If you have uploaded attachments, they will **not** be saved if you select this. Use this option so you can sign back in and edit your submission later.

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**Copy attestation option – for providers who have multiple settings / sites**

Providers that have multiple settings, can choose to sign into a submitted attestation and change the provider license or HFID number to create a copy of the submitted attestation and other information relevant to a new setting to create a new attestation.

From page 1 of the attestation:

- Select “new attestation based on another completed attestation”
- Enter submitted attestation license or HF ID number and email
- Click Lookup
- Pop up box will indicate verification of submitted attestation
- Select Ok
- Enter new license or HF ID number
- Select Lookup new ID
- Select Start Attestation

The provider will need to ensure:

- The information copied from the initial attestation is accurate to the new setting (need to change items such as name of setting, address..etc)
- To upload documents for the new setting attestation (the attachments will not copy over.)