

1. **Material Transmitted and Purpose** – Transmitted with the Manual Letter are changes to Service Chapter 660-05, Adult Family Foster Care Policies and Procedures Manual. The old language is struck through, and the new language is red and underlined.

Adult Family Foster Care Policies and Procedures 660-05 Definitions 660-05-05

1. Abuse means the willful act or omission of a caregiver or any other person that results in physical injury, mental anguish, unreasonable confinement, sexual abuse or exploitation, ~~or financial exploitation~~ to or of a ~~vulnerable adult resident~~.
2. ~~Activities of Daily Living means tasks of a personal nature that are performed daily which involves such activities as bathing, dressing, toileting, transferring from bed or chair, continence, eating/feeding, and mobility inside the home.~~
3. ~~Adult Family Foster home for adults means an occupied private residence in which Adult Family Foster care for adults is regularly provided by the owner or lessee thereof of the residence, to four or fewer adults who are not related by blood or marriage to the owner or lessee, for hire or compensation as defined by N.D.C.C. Section 50-11-00.1.~~
- 4.2. Agency means an organization ~~that which~~ monitors adult family foster care and Adult Family Foster Care Homes ~~the facility~~.
- 5.3. Applicant means the individual or individuals completing and submitting to the Department an application to be licensed to provide ~~Adult Family Foster Care care~~.
- 6.4. Care means ~~Adult Family foster C~~ care for adults as defined by N.D.C.C. Section 50-11-00.1 (5) and includes the provision of personal, non-medical service provided to assist a resident with ~~activities of daily living~~ tasks of a personal nature that are performed daily and which involve such activities as bathing, dressing, toileting, transferring from bed or chair, continence, eating or feeding, and mobility inside the facility.
- 7.5. Caregiver means a qualified individual who provides care to an adult residing in an Adult Family Foster Home Facility.

~~8.6.~~ County Social Service Agency means the county social service board in the county where the Adult ~~Family Foster Home facility~~ is located and monitored.

~~9.7.~~ Department means the North Dakota Department of Human Services.

~~10.~~ ~~Division means the Aging Services Division of the North Dakota Department of Human Services.~~

~~11.8.~~ Exploitation means the act or process of a provider using the income, assets, or person property of a resident for monetary or personal benefit, profit, gain, entertainment, or gratification.

~~12. 9.~~ Adult ~~Family~~ Foster Care (AFFC) means the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour per day basis, in the home of the caregiver, to a person age eighteen or older, who is unable, neglects, or refuses to provide for the person's own care.

~~13.~~ ~~Home means an Adult Family Foster Home. Facility means a foster care home for adults.~~

~~10.~~ Facility means a foster care home for adults.

~~11.~~ Home and Community Based Services (HCBS) Adult Foster Care (AFC) setting experience interview means an instrument used to record information about a resident's experiences in the facility.

~~14.~~ ~~Human Service Center means the Human Service Center in the region where the county agency and Adult Family Foster Care Home are located.~~

~~15. 12.~~ Legal Representative means someone who has been given power by law to represent another person.

~~16. 13.~~ License means a document issued by the North Dakota Department ~~of Human Services~~ authorizing an applicant to operate a facility. ~~an Adult Family Foster Home.~~

~~17. 14.~~ Licensed Capacity means maximum number of residents for which the ~~Family~~ Foster Home for Adults is licensed.

~~18.~~ ~~Licensing Study~~ means an assessment of the applicant's compliance with the standards set forth in policy, rules, and state law.

~~19.~~ 15. Mental Anguish means psychological or emotional damage that requires medical treatment or medical care, or is characterized by behavioral changes, ~~or mental illness or physical symptoms.~~

~~20.~~ 16. Monitoring means overseeing the care provided to a resident by a provider and verifying compliance with laws, rules, and standards pertaining to Adult ~~Family-Foster~~ Care care and resident's rights related to the facility.

~~21.~~ 17. Neglect means the failure of the provider to provide the goods or services necessary to avoid physical harm, mental anguish, or mental illness.

18. Person-centered service plan means a plan that describes recipient resident's assessed needs, outcomes, and goals and how the services and natural supports provided will assist the resident in achieving their outcomes and live safely and successfully in the community.

~~22.~~ 19. Physical Injury means damage to bodily tissue caused by nondramatic conduct, which includes fractures, bruises, lacerations, internal injuries, dislocations, physical pain, illness, or impairment of physical function.

~~23.~~ 20. Provider means the primary caregiver in active charge of an Adult ~~Family-Foster~~ Home Facility who has documented qualifications in providing ~~Adult Family-Foster-Care~~ care and is enrolled as a qualified service provider.

~~24.~~ 21. Qualified Service Provider (QSP) means an individual who has met all standards and requirements for that status ~~as~~ established under Chapter 75-03-23.~~07.~~

~~25.~~ 22. Related by Blood or Marriage includes the spouse or one of the following relatives: parent, grandparent, child, adult sibling, aunt, uncle, adult niece, or adult nephew.

~~26.~~ 23. Resident means any adult who is receiving ~~foster-care,~~ in an Adult ~~Family-Foster-Care~~ Home for Adults Facility for compensation on a 24-hour basis but does not mean any other individual who lives or stays in the ~~home-facility.~~

~~27-24.~~ Respite Care means care provided by a respite care provider or a substitute caregiver to an adult foster care resident for the purposes of providing temporary relief to the provider from the stresses and demands associated with daily care or emergencies.

~~28.~~ 25. Respite Care Provider means an individual enrolled as a qualified service provider who provides respite care to residents, whose care is funded by the county or state, in the absence of the provider.

~~29.~~ 26. Sexual Abuse means conduct directed against a resident which constitutes any of those sex offenses defined in N.D.C.C. North Dakota Century Code. Sections 12.1-20-02, 12.1-20-03, 12.1-20-03.1, 12.1-20-04, 12.1-20-05, 12.1-20-06, 12-20-06.1, 12.1-20-07, 12.1-20-11, 12.1-20-12.1 and 12.1-20-12.2 and North Dakota Century Code Chapter 12.1-41.

~~30.~~ Substantial Functional Impairment means ~~a substantial inability, determined through observation, diagnosis, evaluation, or assessment to live independently or provide self-care resulting from physical limitations.~~

~~31.~~ Substantial Mental Impairment means ~~a substantial disorder of thought, mood, perception, orientation, or memory which grossly impairs judgment, behavior, or the ability to live independently, or provide for self-care, and which is determined by observation, diagnosis, evaluation, or assessment.~~

~~32.~~ 27. Substitute Caregiver means an individual who meets qualified service provider standards and provides respite care to private pay residents in the absence of the provider.

~~33.~~ Vulnerable Adult means ~~an adult who has substantial mental or functional impairment.~~

~~34.~~ Willfully means ~~intentionally, knowingly, or recklessly.~~

Legal Reference/Authority - Foster Care Homes for Adults 660-05-10

The legal reference/authority for the Adult ~~Family~~ Foster Care Program is

North Dakota Century Code 50-11, ~~Foster Care Homes for Children and Adults, North Dakota Administrative Code 75-03-14, Licensing for Family Foster Care Homes, and~~ North Dakota Administrative Code 75-03-21, Licensing ~~of Family for~~ Foster Homes for Adults.

Purpose 660-05-15

The purpose of Adult ~~Family~~ Foster Care is to offer a choice within a continuum of care to adults who could benefit from living in a family home environment, as well as to promote independent functioning to the limit of a person's ability and provide for a safe and secure environment.

These policies establish procedures for the licensing of Adult ~~Family~~ Foster Homes Care Facilities that are in compliance with state statute and administrative code.

Licensing 660-05-20

A person may not ~~furnish provide~~ Adult ~~Family~~ Foster Care to more than one adult, or to more than two adults who are related to each other by blood or marriage, without first procuring a license to do so from the Aging Services Division. At no time shall the number of persons receiving care exceed four.

Public funds can only be used to purchase Adult ~~Family~~ Foster Care from licensed providers. No person acting on behalf of any state, county, or local governmental entity may arrange for or promote care provided in a ~~foster home facility~~ that does not have a valid license issued by the Aging Services Division. This does not apply to any home or institution under the management and control of the state.

1. A license to operate a ~~home facility~~ indicates compliance with the required standards, rules and laws at the time of issuance.
2. A license shall be issued to the owner or lessee of the ~~home facility~~.
3. A license is not valid for a person other than whose name or names appears on the license. A license may not be transferred to another person.
4. A license is not valid for a residence other than the one located at the address that appears on the license.

5. An initial license is valid for no longer than twelve months from the date of issuance.
6. A license that is issued after the initial licensing period has expired is valid for no longer than 24 months from the date of issuance or the date of expiration of the provider's status as a qualified service provider, whichever comes first.

Dual Licenses 660-05-20-05

1. Dual licensure is an option available only to ~~family foster homes~~ facilities that are caring for a foster child who is receiving Developmental Disability services and the child is transitioning to the adult foster care program where his/her needs can be more adequately met utilizing Developmental Disability services. This will allow the former foster child to remain in the ~~family foster home~~ facility and continue to receive reimbursement for his/her cost of care, as well as supportive services, through the adult foster care system. The adult foster care license will be child specific and not available for other placements through ~~Aging Services~~ the Department.
2. The provider will need to ensure that they are able to comply with the laws and regulations governing both the provision of foster care to adults and children. If dual licensure is being considered, both foster care programs and the custodian must coordinate services to ensure the safety of the individuals receiving the care. Responsibilities of each agency must be clearly outlined during the planning process. Agency efforts must be made to streamline licensing and case supervision to ensure the least disruption to the provider family; i.e. family foster care and adult foster care licensing cycle during the same time period.
3. Any request for dual licensure must be discussed and approved through the Child and Family Team meeting which will include the regional supervisor and the regional Developmental Disability supervisor and custodian.
4. Upon request, the provider must make the license available for review.

Affidavit of Compliance with Licensing Requirements 660-05-20-10

Adult **Family** Foster Care that is provided on Federal Reservations such as an Indian Reservation or Military base may be approved, if requests for such approvals are made by the appropriate authority (i.e., Military Base Commander or Tribal Council) to the ~~North Dakota Department of Human Services Department~~ and all the licensing standards of the Department have been met.

SFN 915, "Adult **Family** Foster Care Home Affidavit of Standard of Compliance in Lieu of License," is completed for the reservation or military base home and must be approved by the Division. An affidavit may be denied, revoked, or correction orders issued, should the Division become aware of noncompliance with established standards.

Representatives of the Department of Human Services and County Social Service **Boards Agency** do not have the authority to conduct licensing studies on Indian Reservations or Military Bases unless it is requested. Persons that are enrolled Tribal members are subject to the jurisdiction of the Tribe and non-enrolled persons are subject to the laws and Administrative rules of the state of North Dakota. In order for an enrolled Tribal member to be licensed by the Department, the enrolled person would need to request permission from the Tribal Council to submit to civil jurisdiction for the specific purpose of becoming licensed for Adult **Family** Foster Care by the Department. Persons residing on a Military Base are also subject to the laws and rules of the Federal Government and must seek permission to submit to civil jurisdiction for the purpose of becoming licensed for Adult **Family** Foster Care.

Application for License 660 -05-20-15

An application for licensure must be made to the County Social Service Agency in the county where the applicant proposes to provide adult **family** foster care.

A non-refundable fee of ~~twenty-five~~ fifty dollars must accompany the application for an initial license to operate a facility. A fee of twenty-five dollars must accompany the application to renew a license to operate a facility. The fees will be retained by the ~~e~~County Social Service ~~a~~Agency and used for training and education of the county agency staff who perform the licensing responsibilities.

The applicant may withdraw an application at any time during the licensing process by notifying the [Aging Services](#) Division or the County Social Service Agency.

An application is not complete until all required information and verifications are submitted to the County Social Service Agency, ~~Human Service Center, Department~~ and [Aging Services](#) Division. This includes:

- ~~1. A completed SFN 1013, "Application to Provide Adult Family Foster Care"~~
- ~~2. A completed SFN 669, "Initial Licensing Study – Adult Family Foster Care"~~
- ~~3. A completed SFN 615, "Medicaid Program Provider Agreement"~~
4.
 1. Evidence that all applicants have requested qualified service provider status and the completed forms listed below have been approved by the Medical Services Division.
 - a. SFN ~~980-1605~~, "Individual Request to be a Qualified Service Provider/AFFC Provider".
 - b. SFN 750, "Documentation of Competency," or applicable license, certification, or accreditation.
 - c. SFN 615 "Medicaid Program Provider Agreement".
 - d. SFN 1168 "Ownership Controlling Interest and Conviction Information".
 - e. SFN 433 "Child Abuse and Neglect Background Inquiry".
 - f. W 9 "Request for Taxpayer Identification Number & Certification".
 - g. A copy of a form of ID, ex: driver's license or social security card.
5.
 2. Evidence that all **AFFC** applicants and individuals age 18 or over living in the potential **AFFC home facility** have completed:
 - a. SFN 467, "Personal Authorization for Criminal Record Inquiry"
 - b. SFN 466, "Background Check Address Disclosure"

- c. Two fingerprinting cards, if required.
- ~~6.~~ 3. A signed SFN 800, "Fire Safety Self Declaration," form relating to fire safety of the home
 - ~~7.~~ 4. Documentation of applicant's completion of a Department ~~of Human Services~~ approved Fire Prevention and Safety Course.
 - ~~8.~~ 5. Proof of auto insurance ~~on home and auto~~ (Section 600-05-30-40).
 - ~~9.~~ 6. A report of professional inspection of the heating and electrical system for operability and safety. (Section 600-05-30-30 (2)).
 - ~~10.~~ 7. A copy of the applicant's home floor plan indicating escape routes (Section 600-05-30-30 (11)).
 - ~~11.~~ 8. A copy of the provider's ~~preadmission information and house rules~~ Service and Rental Agreement including landlord tenant and eviction and appeals process, and all items listed in (Section 600-05-30-45). Service and rental agreement must be signed by the provider and the resident or resident's legal representative.
 - ~~12.~~ 9. Examples of service logs that will be used to account for service time and tasks performed (Section 660-05-65-95 ~~for examples~~).
 - ~~13.~~ 10. Examples of daily menu plans.
 - ~~14.~~ 11. Three reference letters (Section 600-05-65-25 ~~for examples~~).
 - ~~15.~~ 12. If applicable, proof of current pet vaccinations.
 - ~~16.~~ 13. Additional information and verifications as requested by the ~~Division~~ Department (Section 600-05-20-15-05).
 - ~~17.~~ 14. Complete a SFN 823, "Family Evacuation Disaster Plan" (Section 05-65-90).

Additional Information/Verifications - Application Process 660-05-20-15-05

When requested by the County Social Service Agency, ~~Human Service~~

~~Center or the Division, or the Department~~, any of the following information and verifications must also be provided:

1. Fire inspections by the state fire marshal or local fire inspector.
2. Physicians examination.
3. Psychological examinations.
4. Proof of age and relationship of applicant and/or individuals residing in the home.
5. Sanitation and safety inspection reports.
6. Drug and alcohol evaluation report.

Renewal of an Adult ~~Family~~ Foster Care License 660-05-20-20

An application to renew an AFFC license is not complete until all required information and verifications are submitted to the County Social Service Agency, ~~the Human Service Center~~ and the Aging Services Division. This includes:

Must be present in file from initial license:

1. SFN 1013, "Application to Provide Adult ~~Family~~ Foster Care".
2. Floor plan indicating escape routes.
3. Examples of service logs to account for service time and tasks performed.
4. Examples of daily menu plans.
5. Three reference letters.
6. SFN 823, "~~Family Evacuation Disaster Plan~~ Evacuation Disaster Plan- Adult Foster Care".

Required for license renewal:

1. A completed SFN1031, "Relicensing Study – Adult~~Family~~ Foster Care".
2. Evidence that all caregivers' providers have requested renewal of qualified service provider status and the completed forms listed below have been approved by the Medical Services Division.
 - a. SFN ~~980-1605~~, "Individual Request to be a Qualified Service Provider/AFFC Provider".
 - b. SFN 750, "Documentation of Competency," or applicable license, certification, or accreditation.

- c. SFN 615 "Medicaid Program Provider Agreement".
 - d. SFN 1168 "Ownership Controlling Interest and Conviction Information".
 - e. SFN 433 "Child Abuse and Neglect Background Inquiry".
 - f. W 9 "Request for Taxpayer Identification Number & Certification".
 - g. A copy of a form of ID, ex: driver's license or social security card.
3. If a background check was not completed previously or a break in licensure has occurred, or if the provider has not been continuously licensed since August 1, 1999, provide evidence that all AF~~F~~C applicants and individuals age 18 or over living in the AF~~F~~C home have completed:
 - a. SFN 467, "Personal Authorization for Criminal Record Inquiry-Foster Care".
 - b. SFN 466, "Background Check Address Disclosure".
 - c. Two fingerprinting cards, if required.
 4. A new SFN 800, "Fire Safety Self Declaration," form.
 5. Documentation of applicant's current completion of the Department ~~of Human Services~~ approved Fire Prevention and Safety Course.
 6. Current proof of ~~both home and~~ auto insurance.
 7. Review the copy of the provider's ~~preadmission information and house rules~~ Service and Rental Agreement including landlord tenant and eviction and appeals process and all items listed in (Section 660-05-30-45). The Service and Rental Agreement must be signed by the provider and the resident or resident's legal representative on admission.
 8. Copies of the Home and Community Based Services Adult Foster Care Setting Experience Interviews (SFN 636) completed annually with all residents both public and private paying living in the facility.

8. ~~9.~~ A report of a professional inspection of all heating units, to include furnace, water heater, and alternate heating devices, is required upon license renewal. (Section ~~600-05-30-30~~ (2)).
- ~~9.10.~~ If applicable, proof of up to date pet vaccinations.
- ~~10.11.~~ Additional information and verifications as requested by the ~~Human Service Center and/or Division~~ Department (Section 05-20-15-05).

Provisional License 660-05-20-25

The ~~Human Service Center, in consultation with the Division~~ department ~~Aging Services Division~~, may issue a provisional license for up to ~~(6) six~~ months beyond the expiration date of the current or initial license under the following conditions:

1. The provider has previously been licensed for at least ~~(12) twelve~~ months continuously.
2. The licensed provider is waiting receipt of materials and information requested by the ~~Human Service Center and/or Division~~ department ~~Department~~ which includes but is not limited to health screening reports, fire and sanitation report, psychological evaluation, proof of age or relationship, documentation of competency in providing personal care, drug and alcohol evaluation, or the completion of a specific counseling/treatment program.
3. The home requires structural changes or modification.

A provisional license shall be issued only to an applicant who has in writing waived:

1. The right to a written statement of changes as to the reasons for denial of an unrestricted license; (Section ~~600-05-65-65~~ ~~for example~~) and
2. The right to an administrative hearing, in the manner provided in North Dakota Century Code chapter 28-32, concerning the non-issuance of an unrestricted license.

Any provisional license issued shall be accompanied by a written statement of violations signed by the ~~regional director of the Human Service Center~~ department or their designee ~~Aging Services Division~~ and acknowledged by the provider/applicant in writing.

The provider/applicant shall comply with policies, rules, and statutes governing Adult ~~Family~~ Foster Care within the period of time a provisional

license is in effect.

A provisional license shall:

1. State all applicable AF~~F~~C provider standards and regulations that are out of compliance with the Aging Services Division.
2. State that ~~the~~ items of noncompliance are set forth in a document made available to the provider upon request.
3. Expire at a set date not to exceed six months from the date of issuance.
4. Upon demonstrating compliance with all applicable standards and regulations, the provisional license will be replaced by an unrestricted license. The unrestricted license shall bear the same start date as the provisional license.

Licensing of Agency Staff 660-05-20-30

Issuance of a license to an employee of a County-Social Service-Agency, Human Service Center, Department of Human Services or an agency that arranges placements and monitors the placement in an Adult Family Foster Home Care facility is not prohibited provided all established standards are met. The decision to license should involve evaluating and taking into consideration conflicts of interest that might arise.

Application for Respite Provider and Substitute Caregiver for Respite Services 660-05-20-35

Individuals who provide respite care/or substitute caregiver services to AF~~F~~C residents are required, prior to providing services, to meet the standards of a Qualified Service Provider for Respite Care in an AF~~F~~C home.

In order to meet these standards, applicants/providers are required to complete:

1. SFN ~~980~~ 1605, "Individual Request to be a Qualified Service Provider/AF~~F~~C Provider".
2. SFN 750, "Documentation of Competency," or applicable license, certification, or accreditation.
3. SFN 467, "Personal Authorization for Criminal Record Inquiry".

4. SFN 466, "Background Check Address Disclosure".
5. Two fingerprinting cards, if required.
6. SFN 615 "Medicaid Program Provider Agreement".
7. SFN 1168 "Ownership Controlling Interest and Conviction Information".
8. SFN 433 "Child Abuse and Neglect Background Inquiry".
9. W 9 "Request for Taxpayer Identification Number & Certification".
10. A copy of a form of ID, ex: driver's license or social security card.

All completed forms should be mailed to: Aging Medical Services Division, 1237 West Divide Ave, Suite 6 600 E. Boulevard Ave, Bismarck, ND 58505.

Background Checks for Applicants/Relatives 660-05-20-40

All AFFC applicants/providers and anyone age 18 or over living in the AFFC home facility, other than foster care recipients, are subject to mandatory state and nationwide background checks.

Criminal history record investigations will be conducted by the North Dakota Bureau of Criminal Investigation (BCI). BCI shall request nationwide background checks from the Federal Bureau of Investigation. The Department of Human Services will cover the cost of the background check, except the fingerprinting fee.

For new applicants, the eCounty Social Service aAgency representative should request "Adult Family Foster Care Background Check Packets" from the Aging Services Division provide the following documents to applicants/provider:

The AFFC Background Check Packets consist of the following:

- ~~1.~~ 1. ~~An information sheet explaining the background check process~~
- ~~2.~~ 2. SFN 467, "Personal Authorization for Criminal Record Inquiry".
- ~~3.~~ 3. SFN 466, "Background Check Address Disclosure".
- ~~4.~~ 4. 3. Two fingerprinting cards, if required.

The County Social Service Agency representative will provide a packet(s) the documents to the applicant/provider. A separate authorization form, address disclosure form, and if required, two fingerprinting cards must be completed

for each adult living in the home facility that is not receiving care. AFFC applicants/providers are responsible for the completion of two fingerprinting cards.

Fingerprint cards can be completed at their local Police or Sheriff's office or local Human Service Center. There is a small fee for fingerprinting services. The fee for fingerprinting is the responsibility of the applicant/provider. The County Social Service-Agency representative is to emphasize the need for completion of all information on the form. Incomplete forms will be returned.

Fingerprints need not be taken, and a nationwide background check need not be made if an individual:

1. Has resided continuously in this state for eleven years or since reaching age 18, whichever is less;
2. Is on active United States military duty or has resided continuously in this state since receiving an honorable discharge; or
3. Is excused from providing fingerprints under rules adopted by the Department.

AFFC providers licensed prior to August 1, 1999, are not required to have a background check and will not routinely require a background check as long as they are continuously licensed. If there is a break in the licensure of more than thirty (30) days, and later they reapply for an AFFC license, a background check is required. If another adult joins the home facility, that individual is subject to the background check requirement.

Completed forms should be forwarded to: Aging Services Division, ATTENTION: AFFC Program Administrator, 1237 West Divide Ave, Suite 6, Bismarck, ND 58501. Aging Services Division will review for completeness and forward to BCI for processing.

BCI will conduct the criminal history record and forward the report to the Division. Statewide Criminal Record Investigation Reports from BCI are usually received within a three-week time frame. Federal Criminal Record Investigation Reports can take up to eight weeks to complete. The Division will inform the County Social Service Agency representative, and the Medical Services Center staff (responsible for QSP enrollment) and Human Service Center staff (responsible for AFFC licensure) of the results of the background check.

If the background check results indicate that the individual has offenses that may affect his/her ability to be an adult family foster care provider, that information will be noted. A license to provide AFFC cannot be issued until the background check has been completed.

The individual who is the subject of the background check has the right to receive a copy of the report, challenge the report, or correct the report. The individual must contact BCI at 701-328-5500 and follow their record request procedures.

Background Checks for Respite Care Providers and Substitute Caregivers 660-05-20-40-05

Individuals who provide respite care or act as a substitute caregiver in an AFFC home are subject to the mandatory state and nationwide background check requirements.

~~The~~ County-Social Service Agency ~~representatives are is~~ responsible for forwarding ~~an~~ AFFC background check ~~packet documents~~ to these individuals. See Section 600-05-20-40 for required background check ~~packet contents.~~ forms. The Department ~~of Human Services~~ will cover the cost of the background check, except the fingerprinting fee.

County-Social Service Agency representatives are to emphasize the need for completion of all information on the form. Incomplete forms will be returned. Completion of two fingerprinting cards, if required, is the responsibility of the respite care provider or the substitute caregiver. See Section 600-05-20-40 for fingerprint requirements.

Fingerprint cards can be completed at their local Police or Sheriff's office or Human Service Center. Payment for fingerprinting is the responsibility of the applicant.

Completed forms should be forwarded to: Aging Services Division, ATTENTION: AFFC Program Administrator, 1237 West Divide Avenue, Suite 6, Bismarck, ND 58501. The Aging Services Division will review for completeness and forward to BCI for processing. The Aging Services Division will notify the County Social Service Agency, and the Medical Services Division Center staff (responsible for QSP enrollment) ~~and Human Service Center staff (responsible for AFFC licensure)~~ that the background check is complete.

If there is a lapse in the qualified services provider enrollment for more than thirty (30) days, the respite care provider and/or substitute caregiver must repeat the background check requirement should they apply for qualified service provider re-enrollment.

If the background check results indicate that the individual has offenses that

may affect his/her ability to provide care in an adult ~~family~~ foster care ~~home facility~~, that information will be noted. After December 31, 2001, respite care shall not be provided in an AF~~F~~C home until a background check has been completed on the individual providing care.

The individual who is the subject of the background check has the right to receive a copy of the report, challenge the report, or correct the report. The individual must contact BCI at 701-328-5500 and follow their record request procedures.

Responsibility 660-05-25

This section outlines the responsibilities of the individual applicants, County Social Service Agency, ~~Human Service Center and~~ Services Division and the Medical Services Division with the application and license renewal process.

Adult ~~Family~~ Foster Care Applicant/Provider Responsibilities 660-05-25-05

It is the responsibility of a new Foster Care applicant to complete or arrange for the completion of the licensing application paperwork. (Section 600-05-20-15)

All forms, along with the licensing fee, must be submitted to the ~~county social-service agency~~ County Social Service Agency completing the licensing procedure within a sixty-~~(60)~~ day time period from the date of the request for license application.

The applicant is expected to cooperate and participate in the licensing process until such time that an application is withdrawn. This includes providing all required information and verification as indicated in ~~s~~Section 600-05-20-15-05.

For renewal of an adult foster care ~~home facility~~ license, ~~the Medical Services~~ Division will notify the provider in writing ninety (90) days prior to the expiration date. The provider must contact the County Social Service Agency to obtain required forms and arrange for assistance with completion of the license renewal. Completed documentation must be submitted to the County Social Service Agency and the Medical Services Division ~~and the human service center~~ thirty (30) days prior to the expiration date.

Requests for changes in the number of individuals to receive care in the home as indicated on the AFFC license must be made to the local County social services agency.

County Social Service Agency Responsibilities 660-05-25-10

The County Social Service Agency is responsible to:

1. Upon request of a license application, provide the following to potential Adult Family Foster Care providers:

- a. North Dakota Century Code Chapter 50-11
- b. North Dakota Administrative Code Chapter 75-03-21
- c. Qualified Service Provider/Adult Family Foster Care Provider Handbook
- d. The Following Sections of the North Dakota Department of Human Service Chapter 660-05:
 - Section 600-05-20 Licensing
 - Section 600-05-20-15 Application for License
 - Section 600-05-20-15-05 Additional Information/Verifications
 - Section 600-05-20-20 Renewal of an AFFC License
 - Section 600-05-25-05 Applicant Responsibilities
 - Section 600-05-30-05 Standards for Providers
 - Section 600-05-30-05-05 General Practices – AFFC Providers
 - Section 600-05-30-10 Standards for Respite Care Providers and Substitute Caregivers
 - Section 600-05-30-10-05 General Practices for Care Providers and Substitute Caregivers
 - Section 600-05-30-15 Standards for Service Delivery/Allowable Tasks
 - Section 600-05-30-20 Standards for the Licensed Facility
 - Section 600-05-30-25 Standards for Sanitation
 - Section 600-05-30-30 Standards for Safety
 - Section 600-05-30-35 Standards for Meals and Nutrition
 - Section 600-05-30-40 Standards for Insurance
 - Section 600-05-30-45 Standards for Preadmission Information Service and Rental Agreement and House Rules
 - Section 600-05-30-50 Standards for Record Keeping

Respite

Home

- Section 600-05-30-55 Standards for Provider Termination of Care
 - Section 600-05-30-60 Standards for Voluntary Termination of License
 - Section 600-05-35 Complaints
 - Section 600-05-60 Allowable Tasks/Activities
 - Section 600-05-60-05 ~~Client~~ Resident out-of-Home with Foster Care Provider
 - Section 600-05-60-10 Employment Outside of the Home
- e. SFN 1013, "Application to Provide Adult Family Foster Care"
- f. SFN 800, "Fire Safety Self Declaration"
- g. SFN 823, "Family Evacuation Disaster Plan -Adult Foster Care"
- h. Adult Family Foster Care Background Check Documents Packet including:
- Information Sheet
 - SFN 467, "Personal Authorization for Criminal Record Inquiry"
 - SFN 466, "Background Check Address Disclosure"
 - Two fingerprinting cards, if required
2. Conduct a licensing assessment with the applicant. Completing SFN 669, "Initial Licensing Study-Adult Family Foster Care," to determine compliance with policies, rules, and state laws relating to adult family foster care.
3. Request letters of reference (see Forms Appendix for example) from individuals identified on the application form, or interview individuals and document substance of the interview. Three letters of reference (or documented interviews) are required for initial licensure. Individual references must be non-relatives and have knowledge of the applicant's ability to provide care to older individuals and/or individuals with disabilities. If the applicant currently holds an Adult Family Foster Care license, letters of reference must be included in the provider's record.
4. Review all information pertaining to the application for a license for accuracy and completeness and forward to the respective regional Human Service Center Aging Services Division responsible for licensure. Requirements are listed in (Section 600-05-20-15). Include a recommendation as to whether a license should be issued and, if a license is not recommended, provide justification. Indicate the number of individuals the provider will be licensed to care for, not to exceed four individuals. Qualified service provider application and background check paperwork will

- be sent to the ~~Aging Services Division~~ Medical Services Division Office for processing. ~~Include a recommendation as to whether a license should be issued and, if license is not recommended, provide justification. Indicate the number of individuals the provider will be licensed to care for, not to exceed four individuals.~~
5. If an applicant or current provider resides on an Indian reservation or military base, facilitate completion of SFN 915, "Adult ~~Family~~ Foster Care Affidavit of Standard of Compliance in Lieu of License" (Section 600-05-20-10).
 6. For license renewal, contact the provider to discuss license renewal and provide the required renewal paperwork. Assist provider in completion of paperwork if warranted. Complete SFN 1031, "Re-Licensing Study - Adult ~~Family~~ Foster Care." Along with requirements listed for renewal (Section 600-05-20-20). Review all renewal documentation for accuracy and completeness. Forward completed paperwork to the Aging Services Division responsible for licensure. Provide justification if license renewal is not recommended. Indicate the number of individuals the provider will be licensed to care for, not to exceed four individuals. Qualified service provider enrollment renewal paperwork will be sent to the Medical Aging Services Division Office for processing. Forward completed paperwork ~~to the respective regional Human Service Center~~ at least thirty (30) days prior to the expiration of the current license. ~~Provide justification if initial licensure or license renewal is not recommended. Indicate the number of individuals the provider will be licensed to care for, not to exceed four individuals.~~
 7. Report immediately to ~~the Human Service Center and~~ the Aging Services Division any changes that affect the ability of the provider to provide service.
 8. Upon receipt of a request to change the number of individuals listed on the AFFC license, notify the ~~Regional Human Service Center representative~~ Aging Services Division responsible for licensing. If there is a request to increase the number of individuals listed on the license, complete a home inspection to insure the ~~home facility~~ meets the standards for an increase. Make recommendation to the ~~Regional Human Service Center representative~~ Aging Services Division for the increase and to issue a corrected license to the provider.
 9. Evaluate compliance with policies, rules, and state law through on-site inspections, review of records, and interviews with the resident(s), and providers, ~~and caregivers~~ Complete the (SFN 636) Home and Community Based Services (HCBS) Adult Foster Care (AFC) Setting Experience Interview annually with all public

and private pay resident(s) in the home or with their legal representatives. Send copies of the SFN 636 to the Aging Services Division annually.

10. Receive complaints and consult with ~~appropriate~~ the Aging Services Division and ~~Human Service Center staff~~ regarding investigation. (Section 600-05-35)

Human Service Center Aging Services Division **Responsibilities 660-05-25-15**

The Human Service Center Aging Services Division must review for accuracy and completeness, all information submitted by the County Social Service Agency to determine whether the application for an AFC license should be approved, denied, or if a provisional license should be issued. In making the determination, the Human Service Center Aging Services Division may make an on-site inspection, interview the applicant, and request additional information and verifications (Section 600-05-20-15-05).

For initial licensing:

1. Notification is received from Medical Service Division that applicants who have applied for adult foster care have been approved for qualified service provider status.
Within sixty (60) calendar days of receipt of application materials, issue DN SFN 1020, "License to Provide Adult ~~Family~~ Foster Care." An initial license is effective for no more than 12 months. A license for less than 12 months can be considered if qualified service status is to be renewed in less than 12 months. (if considering less than full 12-month period, contact the AFC Program Administrator at the Division). Send copy of license to ~~the AFC Program Administrator at the Division~~ and the county social service agency County Social Service Agency.
2. If a license is not recommended, issue a letter of denial including notification of rights. SFN 741, "Denial Notice and Notification of—Rights." ~~Contact the Program Administrator at the Division prior to issuing a denial notice.~~ Upon request, assist the applicant in the completion of SFN 747, "Appeal Form Adult Foster Care Appeal".
3. Notify the applicant if an additional forty-five (45) days are needed in order to determine whether a license will be granted or denied.

For providers holding a current license:

1. Once the Aging Services Division has provided notification of the license expiration date and all of the renewal documentation has been received from the County-Social Service Agency, issue a new license (SFN 1020) to the provider for no more than (24) twenty-four months. Send a copy of license to the Division and the county social service agency County Social Services Agency.
2. If a provisional license is required, ~~consult with the Program Administrator at the Aging Services Division. The Human Service Center~~ will issue the license (SFN 1020) to the provider (Section 600-05-20- 25). Send copy of license to ~~the Division and the~~ County sSocial sService aAgency.
3. If a denial of license is warranted, consult with ~~both~~ the County Social Service Agency ~~and the AFC Program Administrator at the Division~~. The ~~Human Service Center~~ Aging Services Division will issue a letter of denial including notification of rights. SFN 741, "Denial Notice and Notification of Rights." Upon request, assist the provider in the completion of SFN 747, "Adult Foster Care Appeal Form." Send a copy of the forms to the ~~Division and the~~ County sSocial sService aAgency.
4. Report immediately to the ~~Division~~ County Social Service Agency any changes in provider status that affects the provider's ability to provide service.
5. Receive requests from the County Social Service Agency for an increase or decrease in the number of individuals listed on the license. If an increase has been requested, consult with the ~~county social service agency~~ County Social Service Agency to insure the standards have been met. Issue a new license that reflects the changes to the individual and County Ssocial Sservice Aagency and the Division.
6. Receive complaints and assist in investigations, ~~as per Human Service Center guidelines~~ (Section 600-05-35). ~~Notify the Program Administrator at the Division of all complaints, findings, and resolution. Follow the Department Complaint Policies.~~
7. Review all complaints and investigation findings. Consult with the County Social Service Agency and other applicable parties within the Department. the Program Administrator. If warranted, ~~the division~~ Aging Services Division will issue a correction order (Section 600-05-40). ~~The Program Administrator at the Division must review the correction order prior to being sent to the provider.~~ A copy of the Correction Order is sent to legal for review before being sent to the provider and must be sent to the Division. County Social Service Agency.

8. If revocation of a license is warranted, consult with the County Social Service Agency ~~and the Program Administration at the Division. The Human Service Center will issue~~ Issue a letter of revocation ~~SFN 1212, "Revocation Notice"~~ (Section 600-05-45) to the provider. Upon request, assist the provider in the completion of SFN 747, "Adult Foster Care Appeal Form." Send copies of the forms to ~~the Division and~~ the County Social Service Agency.

Aging Medical Services Division Responsibilities **660-05-25-20**

1. Review the qualified service provider (QSP) application for all adult family foster care applicants/providers, respite care providers and substitute caregivers which includes:
 - a. SFN ~~980 1605~~, "Individual Request to be a Qualified Service Provider/AFFC Provider".
 - b. SFN 750, "Documentation of Competency," or applicable license, certification, or accreditation.
 - c. SFN 615 "Medicaid Program Provider Agreement".
 - d. SFN 1168 "Ownership Controlling Interest and Conviction Information".
 - e. SFN 433 "Child Abuse and Neglect Background Inquiry".
 - f. W 9 "Request for Taxpayer Identification Number & Certification".
 - g. A copy of a form of ID, ex: driver's license or social security card.
2. Return application forms if not complete. Notify, ~~in writing,~~ County Social Service Agency ~~and Human Service Center and~~ Aging Services Division of status of QSP application.
3. Review background check forms for completion and forward to BCI Aging Services Division to complete the check for adult family foster care applicants/providers, relatives in the home, substitute caregivers, and respite care providers which includes:
 - a. SFN 467 "Personal Authorization for Criminal Record Inquiry".
 - b. SFN 466 "Background Check Address Disclosure".
 - c. Two finger print cards, if required.
4. ~~Notify, in writing, County Social Service Agency and Human Service Center of results of the background check. Copies of applicant and relative background checks will be kept at the Division and copies will~~

- ~~be sent to the Human Service Center and County Social Service Agency. Respite care provider and substitute caregiver background checks will be kept at the Division.~~
- ~~54.~~ Determine expiration date of adult **family** foster care license based on background check results and expiration of QSP status. Notify County Social Service and ~~regional Human Service Center staff~~ Aging Services Division responsible for licensing of the expiration date.
- ~~65.~~ For license renewal, notify the provider, the County Social Service board and the human service center Agency and the Aging Services Division in writing 90 days prior to the expiration date.
- ~~7.~~ ~~Consult with the Human Service Center issuance of an adult family foster care license or a provisional license.~~
- ~~8.~~ ~~Consult with the Human Service Center staff when a corrective action is warranted and review all correction orders or termination of license prior to issuance.~~
- ~~96.~~ Refer all complaints and investigation findings to Aging Services Division. Provide technical assistance with complaints, findings and resolution.
- ~~7.~~ If revocation of a license is warranted, the Aging Services Division will issue a revocation letter (Section 600-05-45) to the provider. Upon request, assist the provider in the completion of SFN 747, "Adult Foster Care Appeal Form." Send copies of the forms to the Aging Services Division and the County Social Service Agency.

Standards 660-05-30

This section outlines standards and general practices for AFFC providers, respite care providers, and substitute caregivers, standards for service delivery and allowable tasks/activities, standards for the licensed **home facility**, sanitation, safety, meals and nutrition, insurance, preadmission information and house rules, record keeping, provider termination of care, and voluntary termination of a license.

Standards for Providers 660-05-30-05

A provider of Adult **Family** Foster Care must:

1. Be twenty-one (21) years of age or older
2. Be the owner or lessee of the licensed ~~home facility~~. If the **home facility** is leased the provider must be free of influence, control, and direction in the operation of the **home facility** by the landlord
3. Live continuously in the licensed ~~home facility~~
4. Be in good physical health, emotionally stable, and not abusing

- drugs or alcohol
5. Not be related by blood or marriage to a resident receiving care in the licensed home facility
 6. Must be enrolled as a Qualified Service Provider of Adult Family Foster Care. Competency requirements are outlined in the "Qualified Service Provider Handbook/Adult Family Foster Care Provider." Copies of the handbook are available at the Aging Services Division and on the DHS publications website. Potential providers may obtain a copy from the County Social Service Agency.
 7. A provider may meet developmentally disabled competency standards for homes facilities in which the responsible provider is licensed according to chapter 75-04-01 and services are provided according to chapter 75-04-07 in lieu of the QSP enrollment requirement. Documentation of completion of the competency standards must be submitted with the Qualified Service Provider QSP application.

General Practices - **AFFC Providers 660-05-30-05-05**

The provider shall adhere to sound care practices that include the following:

1. Permit a representative of the County Social Service Agency, Human Service Center, Aging Service Division or other agency serving a resident entry into home facility without prior notice.
2. Provide information about the resident to the County Social Service Agency and family member (if appropriate), guardian legal representative or other agency serving the resident with reasonable promptness.
3. Report illness, hospitalization, or unusual behavior of a resident to the County Social Service Agency and to the resident's family, or legal representative or guardian.
4. Not permit a person, except for a resident, to reside in the home facility or act as a caregiver in the home facility, if that person has been convicted of an offense, unless:
 - a. The Department of Human Services determines the person has been sufficiently rehabilitated; and the person has not been convicted of an offense that has a direct bearing upon the health, morality, and well-g of persons cared for in the home facility or a person's ability to serve the public as a caregiver in a home facility.
 - b. Sufficient evidence of rehabilitation exists with the completion of probation or parole, or of a period of five three years after final discharge or release from any term of imprisonment, without subsequent conviction.

5. Assure that information related to the resident shall be kept confidential, except as may be necessary in the planning or provision of care or medical treatment, related to an investigation or license review or as authorized by the resident.
6. Not practice, condone, facilitate, or collaborate with any form of discrimination on the basis of race, color, sex, sexual orientation, age, religion, national origin, marital status, political belief, or mental or physical handicap.
7. ~~Be willing to~~ Shall accept direction, advice, and suggestions concerning the care of residents from the County Social Service Agency ~~Human Service Center~~, Aging Services Division or other agency representative serving a resident.
8. Assure that residents receiving care in the home facility are not subjected to physical abuse, sexual abuse, neglect, or exploitation.
9. Undergo a medical examination, psychological evaluation, or drug and alcohol evaluation when requested by the County Social Service Agency, ~~Human Service Center~~ or Aging Services Division when there is reason to believe that such an examination or evaluation is reasonably necessary.
10. Authorize the release of a report of any examination, evaluation, or inspection required by Department policies, administrative rules, or state statute to the County Social Service Agency, ~~Human Service Center~~ or Aging Services Division.
11. Immediately report to the County Social Service Agency changes in the identity or number of individuals living in the home facility. ~~to the County Agency.~~
12. Immediately report to the County Social Service Agency the inability to ~~carry out the parts of a care plan for which the provider is responsible to the monitoring agency and placing agency or individual provide care to a resident.~~
13. Allow a representative of the County ~~Social Service Agency~~ ~~or Human Service Center~~ or Aging Services Division to enter the premises, examine the home facility and records maintained with respect to the residents, and interview the resident(s), provider, and caregivers in order to evaluate compliance with policies, administrative rules and state statutes.
14. Cooperate with the County Social Service Agency, ~~Human Service Center~~ or Aging Services Division in inspections, complaint investigations, planning for the care of a resident, application procedures and other necessary activities, and allow access of the County Social Service Agency, ~~Human Service Center staff~~, Ombudsman, or other authorized individuals to the home facility and its residents.
15. Not retaliate against any resident, who has filed a complaint with

- the County Social Service Agency, ~~Human Service Center~~ or Aging Services Division, by taking away rights or privileges; threatening to take away rights or privileges; or by abusing or threatening to abuse a resident in any manner.
16. The provider shall make reasonable efforts to make residents comfortable in the home facility. During times of extremes in outdoor temperature the provider will need to adjust the temperature of the home's facility's heating and cooling system, provide additional bedding, use available ventilation and fans, and encourage residents to wear clothing appropriate for the season or temperature.
 17. Report destructive and abusive behavior by a resident towards the provider or other residents to the County Social Service Agency or the agency that is responsible for placement of the destructive or abusive resident, and the personal representative of the destructive or abusive resident for the purpose of transfer, referral or continuation of care in relation to the needs of the provider and other residents.
 18. Arrange for service delivery when out of the home facility through respite care, see Service Chapter 815-01, or through a substitute caregiver, ~~s~~Section 600-05-30-10-05.
 19. Employing individuals other than those who meet the definition of substitute caregiver or respite care provider to provide services to adult family foster care recipients is prohibited.
 20. Employing respite care providers or substitute caregivers to assist in the daily operation of the adult family foster care home facility is also prohibited. Respite care and substitute caregivers may provide care only in the absence of the provider.
 21. ~~Meet criteria established by the Department for employment outside the home facility. (Section 05-60-10)~~
Use of a respite care provider or substitute caregiver is required in absence of the provider if the resident cannot safely be left alone as documented and justified in the person-centered service plan or service and rental agreement. Resident or the resident's legal representative shall be allowed to choose their respite care provider.
 - ~~22. Publicly display the adult family foster care license in the home. Must be free of influence, control, and direction in the operation of the facility by the landlord if the private residence is rented.~~
 - ~~23. May not use a transfer of ownership of a resident's possessions or property as payments.~~
 - ~~24. May not purchase property or possessions from a resident without providing documented proof to the Aging Service Division that the item or property was purchased at fair market value.~~
 - ~~25. May not accept or solicit personal property or a purchased item with a~~

- fair market value of at least twenty-five dollars that the resident's family, or both, choose to give the licensed provider.
26. May not accept or solicit personal property or a purchased item with a fair market value of twenty-five dollars or less that the resident, resident's family or both choose to give to the licensed provider exceeding more than two times in a calendar year.
27. Shall notify the County Social Service Agency if the provider holds or will be accepting appointment as a power of attorney agent for a resident. The Aging Service Division may revoke the license of a provider who holds or will be accepting appointment as power of attorney agent for a resident if the Aging Service Division considers it to be a conflict of interest or a result of undue influence.
28. Shall notify the resident or resident's legal representative of their right to manage the resident's finances. The provider shall notify the County Social Service Agency in writing if the resident or resident's legal representative requests the provider to act as the representative payee.
29. Shall provide the County Social Service Agency upon request an accounting of the resident's expenses including receipts for all deposits and expenditures if the provider is assisting a resident with management of personal Funds.
30. Shall provide twenty-four-hour (24) care and supervision of all residents residing in the facility, unless otherwise documents and justified in the person-centered service plan or service and rental agreement.
31. Meet criteria established by the Department for employment outside of the facility.

Standards for Respite Care Provider and Substitute Caregiver 660-05-30-10

A respite care provider and/or substitute caregiver must:

1. Not be a recipient of Adult **Family** Foster Care.
2. Meet the enrollment standards of a Qualified Service Provider for Respite Care Provider and/or Substitute Caregiver providing care in an AFPC **home facility** and:
 - a. Be eighteen years of age or older;
 - b. Have the basic ability to communicate;
 - c. Be free of communicable diseases;
 - d. Be in good physical health, emotionally and functionally stable, and not abusing drugs or alcohol.

General Practices - Respite Care Providers and Substitute Caregivers 660-05-30-10-05

The following general practices must be adhered to:

1. The provider is responsible for the care of the residents at all times, even though the duties or tasks of providing resident care have been delegated to a substitute caregiver and/or respite care provider.
2. For residents who are either private pay or funded by the Department, the provider must arrange for a respite care provider or substitute caregiver who meets standards of competency of a Qualified Service Provider of respite care/substitute caregiver in an AFC ~~home facility~~. (Section ~~600-05-30-10~~)
3. A substitute caregiver or respite care provider who is providing care to private pay residents may not be left in charge of the ~~home facility~~ for more than ~~one hundred-ninety-two (192)~~ calendar days during the ~~twenty-four (24)~~ month period immediately following the date of issuance of the license or for more than ~~ninety-six (96)~~ days of the issuance of the initial license.
4. Whenever a substitute caregiver or respite care provider is left in charge of the ~~home facility~~ for more than eight hours (~~8~~) during a calendar day, unless subdivision ~~six (6)~~ (listed below) applies, a calendar day will be counted towards the ~~ninety-six (96)~~ or ~~one hundred-ninety two (192)~~ calendar day limit a substitute caregiver or respite care provider may be in charge of the ~~home facility~~.
5. In a private pay situation, the service rate is the amount negotiated between the recipient or their representative and the licensed Adult Foster Care Provider.
6. A calendar day will not be counted toward the ~~sixty (60)~~-calendar day limit if the provider is away from the ~~home facility~~ in the performance of duties on behalf of the Adult ~~Family~~ Foster Care residents or the Adult ~~Family~~ Foster Care ~~home facility~~.
7. All respite care providers/substitute caregivers must complete the required qualified service provider application paperwork (Section ~~600-05-20-35~~) and be enrolled as a Qualified Service Provider.
8. All respite care providers/substitute caregivers must have completed a required background check (Section ~~600-05-20-40-05~~).
9. Employing individuals other than those who meet the definition of substitute caregiver or respite care provider to provide services to adult-~~family~~ foster care recipients is prohibited.

Standards for Service Delivery and Allowable Tasks/Activities 660-05-30-15

Standards for service delivery and allowable tasks/activities for AFFC providers, respite care providers and substitute caregivers are contained in the "Qualified Service Provider Handbook/Adult ~~Family~~ Foster Care Provider Handbook." Copies of the handbook are available ~~at Aging Services Division~~ ~~or~~ on the DHS publications website. Potential providers may obtain a copy from the ~~local~~-County Social Service Agency.

As identified in the Handbook, standards 5-25 require verification of demonstrated competence by a physician, ~~R~~registered ~~N~~nurse, ~~o~~Occupational ~~t~~herapist, ~~p~~Physical ~~t~~herapist, or other professional degree of expertise in the specialized area(s) of in-home care.

Endorsements 660-05-30-15-05

Endorsements, as outlined in the "Qualified Service Provider/ Adult ~~Family~~ Foster Care Provider Handbook," are considered separately because very few clients' need the specific care addressed by them. Demonstrated competence must be verified before a provider can perform the care identified by the respective endorsement.

AFFC Providers, respite care providers and substitute caregivers must meet all standards for service delivery for Adult ~~Family~~ Foster Care (Standards 5 – 25 in the Handbook) before consideration will be given for approval of endorsements.

Standards for the Licensed-~~Home Facility~~ 660-05-30-20

Standards addressing the physical structure are divided into two sections, the ~~home facility~~ and specific rooms.

1. Standards for the ~~Home Facility~~:
 - a. The ~~home facility~~ must be:
 - i. Free of warped or damaged floors, loose or unsecured floor coverings, loose tiles, broken or damaged windows, loose or broken handrails, broken light bulbs, and other hazards that would affect the safety of an adult residing in the ~~home facility~~;
 - ii. Maintained free of offensive odors, vermin, and dampness;
 - iii. Maintained by a central heating system at a temperature of at least sixty-eight (~~68~~) degrees Fahrenheit unless an

- adjustment to a higher temperature is necessary for health reasons;
- iv. Maintained so as to prevent crawling and flying pests from entering the home through windows; and
 - v. Equipped with handrails on all stairways.
- b. The home facility must have a telecommunication device on the main floor of the home available for use by residents.
 - c. Mobile home units used as a home facility must:
 - i. Have been constructed since 1976;
 - ii. Have been designed for use as a dwelling, rather than as a travel trailer;
 - iii. Meet the flame spread rate requirements; and
 - iv. Have a manufacturer's label permanently affixed stating the mobile home meets the requirements of the Department of Housing and Urban Development or the American National Standards Institute.
 - d. The home facility furnishings and grounds shall be clean and well maintained.
 - e. Food and cooking utensils shall be stored to protect from dust, leakage from pipes, or other contamination.
 - f. All occupied and utilized areas of the home facility shall be well lighted, adequately heated and ventilated.
 - g. Be in compliance with the fire and safety survey points listed on the SFN 800, "Fire Safety Self Declaration," form.
2. Standards for Specific Rooms:
- a. Bedrooms:
 - i. Bedrooms for all residents must have been constructed as a bedroom with walls or partitions of standard construction that extend from floor to ceiling and must provide privacy for the resident.
 - ii. Bedrooms occupied by one resident must have no less than seventy (70) square feet of useable floor space.
 - iii. Bedrooms occupied by two residents must have no less than one hundred twenty (120) square feet of usable floor space and provide privacy in the sleeping area.
 - iv. Bedroom ceilings must be at least six (6) feet and eight (8) inches above the finished floor surface at the ceiling's lowest point.
 - v. No more than two residents may be assigned to one bedroom and residents sharing bedroom must have a choice of roommates in that facility.
 - vi. Residents of the opposite sex shall not occupy the same bedroom unless they are husband and wife.
 - vii. Bedrooms shall have a hinged door which opens directly to

- a hallway or common use room without passage through another bedroom or common bathroom.
- viii. Bedrooms occupied by residents may not be located in a level of the home below grade level unless there are two means of egress, one of which leads to the outside of the home.
- ix. Providers, provider's ~~family~~ members, relatives, or a provider's personal guests to the ~~home~~ facility shall not sleep in living areas nor share bedrooms with residents.
- x. Bedrooms must be lockable by the resident for privacy, with only the resident and appropriate staff having keys to the door. Any restriction on having a lockable door must be documented and justified in the person-centered service plan or service rental agreement.
- xi. Minimum bedroom furnishings:
- a. Each resident shall have a separate bed that is clean and comfortable;
 - b. Beds shall be at least thirty-six (36) inches wide and seventy-two (72) inches long;
 - c. Water beds are acceptable but cots, folding beds, studio couches, and stacked bunk beds are prohibited;
 - d. Each bed shall have clean bedding in good condition that is appropriate for the season and a resident's needs;
 - e. Each bedroom shall contain closet space and a dresser or private drawer space sufficient for clothing and personal effects; and
 - f. Provision shall be made for a resident's personal items.
- b. Bathroom:
- i. ~~Toilet and sink facilities shall be~~ At least one full bathroom must be available on the same floor as any bedrooms occupied by residents of the ~~home~~ facility.
 - ii. Bathroom doors must be lockable by the resident for privacy with only the resident and appropriate staff having keys to the door. Any restrictions on having a lockable door must be documented and justified in the person-centered service plan or service and rental agreement. ~~can be unlocked from the outside.~~
 - iii. Bathrooms shall:
 - a. Provide individual privacy;
 - b. Have adequate supplies of toilet paper and soap for each resident;

- c. Have hot and cold water at each tub, sink, and shower, in sufficient supply to meet the needs of the residents of the **home facility**;
- d. Be equipped with non-porous surfaces for shower enclosures;
- e. Be equipped with safety mats or slip- preventing materials on the bottom of tubs and floors of showers; and
- f. Be vented or have an outside window.
- iv. Residents will be provided with individual towels and washcloths that are laundered regularly.
- v. Residents will be provided with racks or hooks for drying bath towels and washcloths.

Standards for Sanitation 660-05-30-25

Minimum standards for sanitation are as follows:

1. All sewage disposal systems shall comply with North Dakota Administrative Code 62-03-16. Inspection of sewage disposal systems can be requested of the North Dakota Department of Health and Consolidated Laboratories.
 - a. All domestic sewage shall be disposed of by an approved method of collection, treatment, and effluent discharge. Domestic sewage or sewage effluent shall not be disposed of in any manner that will cause pollution of the ground surface, ground water, bathing area, lake, pond, watercourse, or create a nuisance. It shall not be discharged into any abandoned or unused well, or into any crevice, sink hole, or other opening either natural or artificial in a rock formation.
 - b. Water carried sewage from bathrooms, kitchens, laundry fixtures, and other household plumbing shall pass through a septic or other approved sedimentation tank prior to its discharge into the soil or into a sand filter.
2. Rubbish, garbage, and other refuse must be stored in readily cleanable containers and removed from the **home facility** at least every second day. Rubbish, garbage, and other refuse kept outside of the **home facility** must be stored in readily cleanable, rodent proof containers and disposed of weekly.
3. The **home-facility** must be **reasonably** free of animal feces, urine, and hair.
4. Drinking water must be obtained from an approved community water system or from a source tested and approved by the State Department of Health and Consolidated Laboratories. A copy of the report approving the water source must be submitted to the Department or

- its designee every two years.
5. Milk must be obtained from an approved commercial source.
 6. Soiled and dirty linens and clothing shall be stored in containers in an area separate from food storage, kitchen, or dining areas.

Standards for Safety 660-05-30-30

Minimum safety standards are as follows:

1. The home facility must be located where a community or rural fire department is available.
2. Upon an initial license, the Department requires that the home facility undergo a fire inspection, inspection of the heating system, the electrical system and any other type of inspection that the Department determines necessary.
 - a. Deficiencies noted during an inspection must be corrected within sixty (60) days after the issuance of the inspection report.
 - b. Any fees for inspections required by the Department or costs associated with correcting deficiencies noted during an inspection shall be the responsibility of the applicant or provider.
3. The heating system must be inspected for operability and safety at the time of the initial licensing application and upon license renewal as required by the Department.
4. Within twenty-four (24) hours of arrival a new resident shall be shown how to exit from the home facility in an emergency. The provider may want to ask a resident to sign a document verifying that the new resident was shown how to exit the home facility in an emergency.
5. Firearms must be stored, unloaded, in a locked cabinet. A firearms cabinet must be located in an area of the home facility that is not readily accessible to residents.
6. Food preparation areas, equipment, and food storage areas must be clean, free of offensive odors, and in sound working condition.
7. All dangerous household products, flammable liquids and chemicals shall be stored in a safe area. Questions relating to "safe areas" may be referred to the local fire department.
8. Pets must not present a danger to the resident or the resident's guests. Pet vaccinations must be current; supporting documentation must be submitted to the county upon an initial license and upon each license renewal.
9. Smoke detectors must be provided for all sleeping areas and each floor level.
10. Interior doors with a locking mechanism must be provided with a means to unlock the door from either side.
11. A written fire escape plan must be formulated and available.

12. Fire drills must be conducted quarterly and within the first week a resident enters the home facility.

Standards for Meals and Nutrition 660-05-30-35

Minimum standards for the provision of meals and nutrition are as follows:

1. Three meals must be served daily.
2. Residents must be allowed access to food at any time and meal choices must be provided. Any restrictions on access to or choice of food because of health and safety concerns must be documented and justified in the person-centered service plan or service and rental agreement.
- 2.3. There may be no more than fourteen hours between the conclusion of the evening meal and service of breakfast.
- 3.4. Each meal must be nutritious and well balanced in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.
- 4.5. Adequate amounts of food must be available at all meals.
- 5.6. The special dietary needs of the residents must be considered in all menu planning, food selection, and meal preparation.
- 6.7. Consideration must be given to residents' cultural, ethnic, and religious backgrounds in food preparation.
- 7.8. Meals must be regularly and routinely prepared in the home facility where the residents live.
- 8.9. Charges imposed for resident meals provided by persons or facilities other than the provider must be paid by the provider unless the provider made a meal available at the home facility.

Standards for Insurance 660-05-30-40

The provider must provide documentation of insurance coverage for an initial license and upon license renewal. Minimum standards for insurance are as follows:

1. ~~The provider shall maintain a minimum household liability insurance coverage of one hundred thousand dollars and premises medical coverage of five hundred dollars per occurrence.~~
- 2.1. The provider must maintain adequate liability insurance, uninsured motorist coverage, and underinsured motorist coverage on all vehicles, operated by the provider or members of the provider's household, in which residents may be a passenger.
 - a. The provider shall maintain liability coverage at least twenty-five thousand dollars for bodily injury or death to one person in any

- one accident and fifty thousand dollars for bodily injury to or death of two or more persons in any one accident and twenty-five thousand dollars for injury to or destruction of property of others in any one accident.
- b. The provider shall maintain uninsured motorist coverage and underinsured motorist coverage of at least twenty-five thousand dollars for bodily injury or death to one person in any one accident and fifty thousand dollars for bodily injury to or death of two or more persons in any one accident.
 - c. ~~The provider shall maintain No Fault coverage of at least thirty thousand dollars.~~

Standards for Preadmission Information Service and Rental Agreement and House Rules-660-05-30-45

Standards for ~~preadmission information Service and Rental Agreement and house rules~~ are as follows:

1. The provider shall furnish each prospective resident, or the resident's ~~conservator, guardian, relative, or other person responsible for placement, the following information prior to entering the home:~~ legal representative and the County Social Service Agency with a signed copy of the provider's Service and Rental Agreement prior to the resident entering the facility. A copy signed by the resident or resident's legal representative and the provider must be kept in the resident's record. A copy is to be sent to the Aging Services Division. The following is to be addressed in the Service and Rental Agreement.
 - a. ~~Restrictions and limitations on the use of alcohol and tobacco. Landlord tenant eviction and appeals process.~~
 - b. Resident's rights to unrestricted telephone access, unless otherwise documented and justified in the person-centered care plan. Restrictions and limitations on the use of the telephone.
 - c. Sample menus of meals served and plan for access to food available at any time, unless otherwise documented and justified in the person-centered care plan.
 - d. Procedure concerning the use and management of resident funds.
 - e. Any relevant expectations with which the resident is expected to comply, including restrictions on the use of alcohol or tobacco in the facility.

- e.f. Procedure used for billing, ~~and~~ collecting, and reimbursing the charge for board, room, and care.
 - f. ~~A policy addressing whether or not refunds will be made for pre-paid board, room, and/or care.~~
 - g. ~~Policies concerning the Plan for~~ furnishing of non-emergency resident transportation by the provider.
 - h. ~~A statement of other relevant house rules with which the resident will be expected to comply such as the privacy of others, visitation by family members or friends, etc.~~ Resident's right to furnish and decorate their bedroom as desires, unless otherwise documented and justified in the person-centered care plan.
 - i. Resident's right to control their own schedules and activities, unless otherwise documented and justified in the person-centered care plan.
 - j. Resident's right to have visitors of their choosing at any time, unless otherwise documented and justified in the person-centered care plan.
 - i.k. Accurate and complete information regarding the extent and nature of the care available from the provider: including whether or not the client requires twenty-four (24) hour supervision or the appropriate length of time the resident may be safely left alone.
 - j.l. Procedure for the distribution of mail and for sending mail.
 - m. Resident's right to be free from coercion and restraint.
2. All agreement modifications must be supported by a specific assessed need of the resident and documented and justified in the person-centered care plan or service and rental agreement. House rules must be reviewed by the provider and dated as current for license renewal. The Service and Rental Agreement must be reviewed by the provider and County Social Service Agency at license renewal.
3. All agreement modifications made after the date the initial agreement was signed must be in writing and signed by the resident or resident's legal representative and the provider. The provider shall furnish the resident, or the resident's legal representative, the County Social Service Agency, and the Aging Services Division with a signed copy of the modifications. A copy of the modifications must be kept in the resident's records.

Standards for Record Keeping 660-05-30-50

An individualized file shall be maintained for each resident in the **home facility**. At a minimum, the file must contain:

1. The resident's full name and birth date.
2. The name, address, and telephone number of the resident's legal representative when one exists and an emergency contact.
3. Names, addresses, and telephone numbers of persons who can assume responsibility for the resident if the legal representative cannot be reached immediately in an emergency.
4. The daily personal care that is needed and provided to the resident and the name of the individual or individuals who provided the personal care.
5. A single daily entry that itemizes all "routine tasks" completed on a daily basis for a calendar month meets documentation requirements for Adult **Family** Foster Care unless there was a disruption in the routine care i.e. use of respite care, client hospitalization, etc.
6. A record of any **accident resulting in injury to a resident. Critical Incident's as required to be reported to the Department.**
 - Abuse (physical, emotional, sexual), neglect, or exploitation;
 - Rights violations through omission or commission, the failure to comply with the rights to which an individual is entitled as established by law, rule, regulation, or policy;
 - Serious injury or medical emergency, which would not be routinely provided by a primary care provider;
 - Wandering or elopement;
 - Restraint violations;
 - Death of a resident and cause (including death by suicide);
 - Report of all medication errors or omissions; and
 - Any event that has the potential to jeopardize the resident's health, safety or security if not corrected.
7. An accounting of any real or personal property the resident or resident's family gives, sells, or otherwise transfers to the provider or provider's family.

Standards for Provider Termination of Care 660-05-30-55

Providers must follow these standards for termination of care:

1. The provider shall terminate care of a resident when such care is no longer required or no longer meets the needs and the best interests of the ~~person receiving Family Foster Home Care for Adults~~ resident.
2. The provider shall terminate care of a resident when the provider is no longer qualified to provide the personal care needed by the resident receiving care.
3. The provider who anticipates the termination of care to a resident shall provide the resident, and the resident's representative, if any, with at least thirty (30) days written notice of the termination. ~~The provider shall notify the County Social Service Agency of the plan to terminate care to a resident.~~ The provider shall refer or transfer the resident to a setting more appropriate to the resident's needs. The provider can seek the assistance of the County Social Service Agency ~~or the Human Service Center or Aging Services Division~~ for termination planning for a resident. The provider shall comply with the provider's service and rental agreement and ND landlord tenant eviction laws.
4. If an emergency placement outside of the home facility is needed or a resident is hospitalized and the resident's condition has changed to the extent that the provider is no longer able to provide the resident's care, consideration will be given to waiving the thirty-day (30) written notice required under subsection 2 provided keeping the resident or returning the resident to the home facility would negatively impact the health and well-being of the resident, other residents living in the home facility, or the provider. The Aging Services Division Department staff responsible for AFFC licensing must be contacted by ~~the regional human service center AFFC representative prior~~ the County Social Service Agency prior to making the decision to waive the thirty- (30) day ~~written notice~~ requirement.

Standards for Voluntary Termination of a License 660-05-30-60

Standards for voluntary termination of a license are as follows:

1. Providers that voluntarily close or surrender their Family Adult Foster Care ~~for Adults~~ License should notify the County Social Service Agency or the agency that completed the licensing study, residents, and the resident's legal representative, if any, in writing at least thirty (30) days prior to the termination date.
2. The County Social Service Agency ~~agency~~ that completed the licensing study shall immediately notify the ~~Human Service Center and the Program Administrator at the Aging Services~~ Division of the providers'

intent to voluntarily terminate their license.

Complaints 660-05-35

Any person who believes that the policies, rules, or statutes governing Adult **Family** Foster Care have been violated may file a complaint with the County Social Service Agency, ~~the Human Service Center~~ or **Aging Services** Division.

~~The Medical Service Division Department~~ has developed a Qualified Service Provider Complaint Protocol. As stated in the protocol, the County Social Service Agency must be contacted for all Adult **Family** Foster Care complaints. The case manager ~~or AFFC licensing staff~~ will ~~consult with~~ report the compliant to the appropriate ~~Human Service Center~~ **Aging Services Division** staff. ~~The Program Administrator at the Division must also be notified of all complaints. The county will assist with all complaints by providing follow-up reports and prompt unannounced visits to the Adult Foster Care Facility upon request.~~

~~The County Social Service Agency or appropriate Human Service Center Aging Services Division~~ staff shall investigate all complaints. Findings must be reported to the ~~Human Service Center County Social Service Agency. (licensing agency). The Human Service Center must notify the Division of the results of the investigation and any proposed action.~~

~~The Human Service Center Aging Services Division~~ following consultation with the ~~Department, and~~ County **Social Service** Agency ~~and Division~~ shall notify the provider and the County Social Service Agency of the results of the investigation and any proposed action. The **Aging Services** Division shall review all documentation prior to being sent to the provider.

Correction Orders 660-05-40

Whenever ~~the~~ **Aging Services** Division, in consultation with the County Social Service Agency ~~and Human Service Center staff~~, determines that a provider holding an unrestricted and current license for Adult **Family** Foster Care is not in compliance with state statute, rules, or policies, a notice of denial or revocation, or a correction order must be issued.

The Correction Order will be sent to the provider by the ~~Human Service Center Aging Services Division~~ after review and consultation with legal advisory unit. ~~the Division.~~ A copy of the Correction Order will be sent to

the County Social Service Agency ~~and the Division~~.

Content of a Correction Order 660-05-40-05

1. A Correction Order must:
 - a. Cite the statute, rule, or policy violated.
 - b. State the factual basis of the violation.
 - c. Specify the time allowed for correction.
 - d. Specify the amount of any fiscal sanction to be assessed if the Correction Order is not complied with in a timely manner.
2. A Correction Order may also state a suggested method of correction or require the submission of a corrective action plan.

If a corrective action plan is required from the provider, it must specify a date by which the corrective action plan must be submitted.

If a corrective action plan is required from the provider, the provider will be instructed to send their plan to the County Social Service Agency. The corrective action plan and resolution of the Correction Order will be reviewed and discussed with the Aging Services ~~Human Service Center~~ and Division.

Time Period for Corrections 660-05-40-10

The following time periods are established for correction of deficiencies identified in the ~~C~~correction ~~O~~order:

1. For a deficiency requiring a provider or substitute caregiver to provide written documentation of qualification to provide Adult ~~Family~~ Foster Care, a period of up to thirty (30) days must be allowed to correct the deficiency.
2. For a deficiency that requires an inspection for compliance with fire, safety, and sanitation a period of up to thirty (30) days must be allowed to correct the deficiency.
3. For a deficiency that requires obtaining and providing the results of a drug and alcohol evaluation, psychological evaluation, or a physical examination a period of up to sixty (60) days must be allowed to correct the deficiency.
4. For deficiencies which require building remodeling, renovation, or change a period of sixty (60) days must be allowed to correct the deficiency.
5. For all other deficiencies a period of up to thirty (30) days must be allowed to correct the deficiency.

All time periods must commence with the date the correction order is received by the provider.

The Department may grant extensions for a period of one half the original allowable time to correct a deficiency upon demonstration by the provider that the need for an extension exists.

Reinspections 660-05-40-15

The licensed Adult ~~Family~~ Foster Home must be inspected at the end of the period allowed for correction by the County Social Service Agency staff. Results of the inspection shall be reviewed with the ~~Human Service Center~~ and the Aging Services Division.

If, upon inspection, it is determined that the provider has not corrected a deficiency identified in the ~~Correction Order~~, the Aging Services Division ~~Human Service Center~~ must send a notice of noncompliance with the ~~Correction Order~~ to the licensed provider. The notice must specify the uncorrected violations and the penalties assessed. ~~The Division must be contacted prior to this action.~~

Fiscal Sanctions 660-05-40-20

A licensed provider, if issued a notice of noncompliance with a ~~Correction Order~~, must be assessed fiscal sanctions in the following manner:

1. The following deficiencies will result in a twenty-five (25) dollar per day fiscal sanction:
 - a. Warped or damaged floors, loose or unsecured floor coverings, loose tiles, broken or damaged windows, loose or broken handrails, broken light bulbs, and other such hazards that would effect the safety of an adult residing in the home facility.
 - b. Offensive odors, vermin, dampness.
 - c. The home facility is not maintained so as to prevent crawling and flying pests from entering the home facility through the windows.
 - d. Stairways are not equipped with handrails.
 - e. Shower enclosures are not equipped with nonporous surfaces and the bottom of bathtubs and floor of showers are not equipped with safety mats or slip preventing materials.
 - f. Rubbish, garbage, and other refuse is not stored in readily cleanable containers and removed from the home facility at least every second day. Rubbish, garbage, and other refuse kept outside of the home facility is not stored in readily cleanable, rodent proof containers and disposed of weekly.
 - g. The home-facility-is not kept reasonably free of animal

- feces, urine, and hair.
- h. Firearms are not stored, unloaded, in a locked cabinet and the firearms cabinet is not located in an area of the ~~home~~ facility that is not readily accessible to residents.
 - i. Interior doors with locking mechanisms cannot be unlocked from either side.
 - j. The heating and electrical system has not been inspected periodically as requested by the Department.
 - k. Food preparation areas, equipment, and food storage areas are not clean, free of offensive odors, and in sound working condition.
 - l. Meals are not nutritious and well balanced in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.
 - m. Restricted access to food at any time and Adequate amounts of food or choices are not available at all meals.
 - n. The provider has not terminated care of a resident when such care is no longer required or when the provider is no longer qualified to provide the care needed by the resident receiving Adult ~~Family~~ Foster Care.
 - o. Bedrooms occupied by one resident have less than seventy (70) square feet of usable floor space or bedrooms occupied by two residents have less than one hundred-twenty (120) feet of usable floor space.
 - p. Bedroom ceilings are not at least six (6) feet and eight (8) inches above the finished floor surface at the ceiling's lowest point.
 - q. Bedrooms occupied by residents that are located below grade level do not have two means of egress, one which leads to the outside of the ~~home~~ facility.
 - r. The ~~home~~ facility does not have a telecommunication device on the main floor that is available for use by the residents.
 - s. Septic tanks or other non-municipal sewage disposal systems do not meet the plumbing code.
 - t. Drinking water is not obtained from an approved community water system or from a source tested by a certified laboratory and approved by the State Department of Health.
 - u. Milk is not obtained from an approved commercial source.
 - v. Information related to the resident was not kept confidential.
 - w. The providers respite providers or substitute caregivers do not meet the required qualifications.
 - x. The ~~home~~ facility is not maintained by a central heating system set at a temperature of at least sixty-eighty (68) degrees.

2. The following deficiencies will result in a fifteen-dollar (15) per day fiscal sanction:
 - a. More than two residents have been assigned to one bedroom.
 - b. The provider is refusing to cooperate with the County Social Service Agency, Department or Aging Services Division in inspections, complaint investigations, planning for the care of a resident, application procedures, and other necessary activities that relate to the well-being of a resident.
 - c. The provider does not have available a signed copy of the Service and Rental Agreement on file for each resident. ~~in writing preadmission information and house rules.~~
 - d. A toilet or bathing facility is not available on the same floor as any bedroom occupied by a resident.
3. All other deficiencies will be assessed a five (5) dollar per day fiscal sanction.

Fiscal sanctions must be assessed for each day the Adult Family Foster Care Home-facility remains out of compliance after the allowable time for the correction of deficiencies ends and must continue until a notice of correction is received by the Department Aging Services Division. Fiscal sanctions must be received by the Department Aging Services Division every fifteen (15) days after receipt of the notice of noncompliance and at fifteen (15) day intervals thereafter, as the fiscal sanctions accrue.

Recovery of an assessed fiscal sanction must be stayed if the provider makes written request to the Department Aging Services Division for an administrative hearing within ten (10) days after mailing or delivery of the notice of noncompliance.

Any fiscal sanction collected for any violation of the Family Adult Foster Care for Adults-state statute, rule, or policy must be paid into the state treasury for the general fund after the costs of recovering the fiscal sanction are deducted.

Revocation or Denial 660-05-45

The denial of an application or the revocation of an Adult family Foster Care license applies to all individuals who applied to be licensed at the home-facility or who are listed as providers on the license.

A license for Adult Family Foster Care may be denied or revoked for reasons listed below. See sSections 600-05-65-35, 600-05-65-40, and 600-05-65-45 for forms to be completed. ~~; also, contact the Program Administrator at the Division must be contacted prior to the denial or revocation of a license.~~

An applicant or provider has the right to a hearing as outlined ~~on SFN 741 and SFN 1212, "Notification of Rights" section in the letter of denial/revocation.~~ At the hearing for denial or revocation, the evidence submitted by the Department Aging Services Division in support of its denial or revocation of the applicant's or provider's license must be limited to supporting only those reasons, which were given by the Department Aging Services Division in its original notice of denial or revocation. Therefore, it is imperative that all applicable reasons for denial or revocation be listed in the original notice.

It is the responsibility of ~~the regional Human Service Center~~ Aging Services Division to provide the applicant or provider with instructions, forms, and assistance in filing an appeal.

Reasons for denying or revoking a license include:

1. The premises of the home facility are not in fit sanitary condition and properly equipped to provide good care.
2. The provider or substitute provider is not qualified.
3. The provider is not providing care with due regard for the health and well-being of the residents.
4. The home facility is not maintained according to standards prescribed by rules and regulation of the Department.
5. The license application or supporting documents contain fraudulent or misleading material information or the applicant intentionally withheld material information.
6. The provider, substitute caregiver, respite care provider, or agent of the home facility is not in compliance with the rules, policies, and state statutes governing Adult Family Foster Care.
7. The provider fails or refuses to comply with a Correction Order.
8. The license was issued upon false, misleading, or intentionally withheld material information.
9. An applicant, licensee, caregiver, employee, or agent of the facility has been convicted of an offense determined by the Aging Services Department-Division to have a direct bearing upon the individual's ability to serve the public or residents of the facility. Or, the Department determines, following conviction of any other offense, the individual is not sufficiently rehabilitated under NDCC section 12.133-02.1.

Continued Operation Pending Revocation 660-05-45-05

A provider who receives a notice of revocation, and who makes a timely appeal of that notice, may continue to operate the [home facility](#) pending a final administrative appeal decision, unless the revocation is based upon reasons which present an imminent danger to the health, welfare, or safety of residents receiving care in the [home facility](#) or unless the license expires.

Distribution of Notice of Denial or Revocation 660-05-45-10

A copy of the notice of revocation or a notice of denial of a license application may be provided to any resident, any person who resides in a place under circumstances which may require that place to be licensed as a [home facility](#) for care of that person, to any guardian, conservator, placement agency, or person making placement of such a resident or person, and to any placement agency which has placed residents for care in the [home facility](#) or in other licensed [homes facilities](#) in the region.

The applicant for a license to operate an Adult [Family](#) Foster Home and a person holding such a license may appeal to the district court any decision of the Department of Human Services denying an application or revoking a license.

Injunctive Relief 660-05-50

Effective August 1, 2001, the Department has the authority to petition the district court for an injunction to stop or prevent a violation of this Chapter or of Administrative Rules. Contact the Program Administrator at the [Aging Services](#) Division prior to pursuing this action.

Funding Sources 660-05-55

In a private pay situation, the recipient of Adult [Family](#) Foster Care Service, or other person paying [in on](#) behalf of the recipient is the funding source. The service rate is the amount negotiated between the recipient or their representative, and the licensed Adult [Family](#) Foster Care provider.

Respite care providers who are caring for residents whose services are funded by the county or state are limited to the respite care service-funding cap. AFFC residents whose care is being paid for by the county or state can only receive respite care from an individual who is enrolled as a qualified service provider of respite care by the Department. Respite care providers must bill the department for time spent caring for residents whose care is

being paid for by a ~~country~~ county or state agency.

Allowable Tasks/Activities - Adult ~~Family~~ Foster Care Service 660-05-60

Under the provisions of this service chapter, only tasks and service activities outlined in the "Individual Qualified Service Provider/Adult ~~Family~~ Foster Care Handbook" may be provided to recipients of Adult ~~Family~~ Foster Care.

Copies of the Handbook are available ~~at the County Social Service Agency, the Division or~~ on the Department of Human Services manual website.

~~Client Resident~~ Out-of-Home Facility with Foster Care Provider 660-05-60-05

A provider may claim payment for care of the ~~client resident~~ when the ~~client resident~~ vacations with the foster care provider if the ~~client resident~~ has continuously lived with the foster family for a substantial period of time and the ~~client resident~~ made an independent choice to vacation with the family. The provider must report the following to the County Social Service Agency prior to departure:

1. The dates the ~~client resident~~ will be vacationing with the foster ~~family provider~~;
2. The telephone number(s) where they can be reached;
3. The names and addresses of individuals who they will be visiting, if applicable; and
4. A travel itinerary, if applicable.

The ~~client resident~~ must remain in the care of the foster care provider. Care of the client cannot be transferred to other family, friends, or anyone else during that time.

Employment Outside of the ~~Home Facility~~ 660-05-60-10

Adult ~~family f~~Foster ~~e~~Care is an inclusive 24-hour service. Therefore, employment outside of the home is generally not allowable. An adult ~~family~~ foster care provider may be employed outside the home if the license to provide adult ~~family~~ foster care was issued to more than one individual and at least one of the licensed individuals remains in the ~~home facility~~ to provide the care.

If an AFFC ~~client resident~~ is enrolled in a day-program (documented in the

client's resident's plan of care) and is out of the home facility, outside employment by the AFC provider may be considered during the hours the client resident is away. However, client resident care cannot be compromised.

Employing individuals other than those who meet the definition of a respite provider or substitute caregiver is not permitted. Employing respite care providers or substitute caregivers to assist in the daily operation of the adult family foster care home is also prohibited.

Respite care and substitute caregivers may provide care only in the absence of the provider.

The County Social Service Agency must be informed of outside employment to evaluate whether client resident care would be negatively impacted.

Forms 660-05-65

Application to Provide Family Adult Foster Care ~~for Adults~~, SFN 1013 660-05-65-05

This is the initial application for an Adult Family Foster Care license. The applicant is responsible to complete this form. The application must be submitted to the ~~local~~ County Social Service Agency. A copy of the application must be sent to the ~~Human Service Center~~ Aging Services Division.

An electronic copy of this form may be obtained at <http://www.nd.gov/eforms/>.

Initial Licensing Study/Family Adult Foster Care ~~for Adults~~, SFN 669 660-05-65-10

This form is required for an initial ~~a~~Adult family ~~f~~Foster ~~e~~Care application. It is the responsibility of the County Social Service Agency to complete this form with the applicant. A copy of this application must be submitted by the County Social Service Agency to the ~~Human Service Center~~ Aging Services Division.

An electronic copy of this form may be obtained at <http://www.nd.gov/eforms/>.

Relicensing Study - Adult Family Foster Care, SFN 1031

660-05-65-15

The form is required to renew an ~~a~~Adult ~~family~~ ~~f~~Foster ~~e~~Care license.

It is the responsibility of the applicant to complete this form and return it to the County Social Service Agency 30 days prior to the expiration of the license. A copy of the application must be sent to the ~~Human Service Center~~ Aging Services Division.

An electronic copy of this form may be obtained at <http://www.nd.gov/eforms/>.

Fire Safety Self Declaration, SFN 800 660-05-65-20

This form is required for both an initial license and to renew a license.

It is the responsibility of the applicant or provider to complete this form and submit it to the County Social Service Agency. A copy of this form must be sent to the ~~Human Service Center~~ Aging Services Division.

An electronic copy of this form may be obtained at <http://www.nd.gov/eforms/>.

Reference Letter for Applicant Family ~~(Sample Form)~~ 660-05-65-25

~~This is~~ A request may be made for a sample of a reference letter for use upon the initial application for a license from the Aging Services Division.

It is the applicant's responsibility to obtain three letters of reference.

The letters of reference are required for the initial application and must be sent to the County Social Service Agency. A copy of each reference letter must be sent to the ~~Human Service Center~~ Aging Services Division.

~~This form may be duplicated.~~

License to Provide Adult Foster Care, SFN 1020 660-05-65-30

This license authorizes an individual to be an ~~adult family foster care~~ Adult Foster Care provider.

The ~~Human Service Center Agency~~ Aging Services Division issues this license, SFN 1020, upon completion of the initial application process and the license renewal application process.

The original goes to the applicant/provider with a copy ~~copies~~ to the County Social Service Agency ~~and the Division~~.

This form is in a pdf format through the ~~Human Service Center regional representative~~ Aging Services Division.

Denial Notice and Notification of Rights, ~~SFN 741~~ 660-05-65-35

To deny an application for a license, ~~SFN 741~~ a letter must be completed written by the Aging Services Division and sent to the applicant along with the documents listed below. ~~Contact the Program Administrator of Adult Family Foster Care, Division, for guidance prior to initiating this action.~~

1. The ~~regional Human Service Center~~ Aging Services Division shall notify the applicant of the intent to deny an application by certified mail, return requested.
2. A copy of the statutes and Department rules authorizing denial must be given to the applicant.
3. Specific reasons for denial must be cited in writing. ~~(List each reason under "Notice of Intent to Deny the Applicant for a License to Provide Adult Family Foster Care.")~~ in the letter to the provider. A copy of applicable statutes and Department rules must be given to the applicant.
4. The applicant must be given notice in writing of their rights. The ~~"Notification of Rights" section addresses~~ letter must address all requirements of the law (N.D.C.C. Section 50-11-08) regarding the applicant's rights.

~~A~~ The Aging Services Division must retain a copy of the ~~completed form~~ must be sent to the Division letter.

~~This form has attached carbon copies.~~ Copies of this ~~form~~ letter can be obtained from the Aging Services Division ~~by contacting the AFFC Program Administrator~~.

Revocation Notice and Notification of Rights, ~~SFN 1212~~

660-05-65-40

Before any revocation of a license takes place, ~~SFN 1212 a revocation notice~~ must be ~~completed and~~ sent to the provider along with the documents listed below ~~by the Aging Services Division. Contact the Program Administrator of Adult Family Foster Care, Division, for guidance prior to initiation of this action.~~

1. The ~~regional Human Service Center~~ Aging Services Division shall notify the provider of the intent to revoke a license by certified mail, return requested. (The return requested is essential to validate twenty calendar day time period.) *
2. A copy of the statutes and Department rules authorizing revocation must be given to the provider.
3. Specific reasons must be cited in writing. ~~(List each reason under "Notice of Intent to Revoke a License to Provide Adult Family Foster Care.")~~ in the letter to the provider. A copy of applicable statutes and Department rules must be given to the provider.
4. The provider must be given notice in writing of their rights. The ~~"Notification of Rights" section addresses~~ letter must address all requirements of the law (N.D.C.C. Section 50-11-08) regarding the provider's rights.

~~A copy of this form must be sent to the~~ The Aging Services Division must retain a copy of this letter.

Copies of this ~~form letter~~ can be obtained from the Aging Services Division ~~by contacting the AFFC Program Administrator.~~

* In computing the twenty-day time period, the day the intended revocation issued is not included. The last day of the period is included, unless it is a Saturday, a Sunday, or a legal holiday; then it is the next working day.

Reference: Administrative Code Chapter 75-01-03-06.1 (Appeals and Hearings) Computation of time.

Appeal Form, SFN 747 600-05-65-45

The purpose of this form is for the provider to request an appeal in the event of a license denial or revocation.

It is the responsibility of the provider to complete this form with the

assistance of the County Social Service Agency or ~~the Human Service Center~~
~~the Department~~.

A copy of this form must be sent to the Aging Services Division.

Copies of this form can be obtained at <http://www.nd.gov/eforms/>.

Adult Foster Care Affidavit of Standard of Compliance-In Lieu of License, SFN 915 660-05-65-50

Adult ~~Family~~ Foster Care that is provided on Federal Reservations such as an Indian Reservation or Military base may be approved, if requests for such approvals are made by the appropriate reservation authority (i.e. Military Base Commander or Tribal Council) to the North Dakota Department of Human Services and all the licensing standards of the Department have been met.

A copy of this form must be sent to the ~~Human Service Center~~ Department
and the Aging Services Division.

An electronic copy of this form may be obtained at
<http://www.nd.gov/eforms/>.

Correction Order (Sample Form Letter) 660-05-65-55

The ~~Human Service Center~~ Aging Services Division issues a Correction Order when there has been a violation. The Aging Services Division ~~Human Service Center staff in conjunction with the AFFC Program Administrator~~ completes the Correction Order. The order is sent to the provider with copies to the County Social Service Agency ~~and the Division~~.

~~This form may be duplicated.~~

Cover Letter for Provisional License (Sample Form Letter) 660-05-65-60

The ~~Human Service Center~~ Aging Services Division, ~~following consultation with the AFFC Program Administrator~~, may issue a provisional license for up to six months for an initial applicant or renewal of a license. A copy of the provisional license must be sent to the County Social Service Agency ~~and the Division~~.

This form may be duplicated.

Provisional License Agreement (Sample Form or SFN 1020 pdf format) 660-05-65-65

A provisional license shall be issued only to an applicant who has in writing waived:

1. The right to a written statement of changes as to the reasons for the denial of an unrestricted license; and
2. Waived the right to an administrative hearing, in the manner provided in the North Dakota Century Code chapter 28-32, concerning non-issuance of an unrestricted license.

Any provisional license issued shall be accompanied by a written statement of the violations signed by the ~~regional director of the Human Service Center or their designee~~ Aging Services Division and, in writing acknowledged by the applicant/provider.

Copies of the provisional license must be sent to the County Social Service Agency ~~and the Division~~.

SFN 1020 pdf format is available through ~~human service center regional representative~~ Aging Services Division.

Fire Prevention and Safety Course (Sample Form) 660-05-65-70

An applicant must complete a Department approved "Fire Prevention and Safety Course." Completion of the course is also required for renewal of a license.

Information is available about the course from the County Social Service Agency.

A copy of the form verifying completion of the course must be sent to the ~~Human Service Center~~ Aging Services Division.

This form may be duplicated.

Background Check Address Disclosure, SFN 466 660-05-65-75

All applicants/providers and anyone age 18 or over living in the foster ~~home~~

facility, other than foster care recipients, are subject to mandatory state and nationwide background checks. Individuals who provide respite care in the home facility of a provider or those acting as substitute caregivers are also subject to the state and nationwide background check requirement.

Applicants are required to complete the form and return to the County Social Service Agency. The County Social Service Agency will review for completion and send the form to the Aging Services Division for processing.

~~SFN 466 has an attached carbon copy. Copies of this form can be obtained from Aging Services by contacting the Division. An electronic copy of this form may be obtained at <http://www.nd.gov/eforms>.~~

Personal Authorization for Criminal Record Inquiry, SFN 467 660-05-65-80

All applicants/providers and anyone age 18 or over living in the foster home facility, other than foster care recipients, are subject to mandatory state and nationwide background checks. Individuals who provide respite care in the home facility of a provider or those acting as substitute caregivers are also subject to the state and nationwide background check requirement.

The applicant is responsible to complete the form and return to the County Social Service Agency Office. The form is reviewed for completion and is sent to the Aging Services Division for processing.

~~SFN 467 has an attached carbon copy. Copies of this form can be obtained from Aging Services by contacting the AFFC Program Administrator. An electronic copy of this form may be obtained at <http://www.nd.gov/eforms>.~~

Fingerprint Requirement for Background Check, FD-258 660-05-65-85

All applicants/providers and anyone the age of 18 or over living in the foster home facility, other than foster care recipients, are subject to mandatory state and nationwide background checks. Individuals who provide respite care in the home facility of a provider or those acting substitute caregivers are also subject to the state and nationwide background check requirement.

Fingerprints need not be taken and a nationwide background check need not be made if an individual:

- Has resided continuously in this state for eleven years or since reaching age 18, whichever is less;
- Is on active United States military duty or has resided continuously in this state since receiving an honorable discharge; or
- Is excused from providing fingerprints under rules adopted by the ~~d~~Department.

The fee for fingerprinting is the responsibility of the individual. ~~t~~The individual is responsible to complete the fingerprint cards, in addition to SFN 466 and SFN 467, and return all three forms to the County Social Service Office. The forms are reviewed for completion and are sent to the Aging Services Division for processing.

Fingerprint cards can be completed at their local Police or Sheriff's office or local Human Service Center. There is a small fee for fingerprinting services. The fee for fingerprinting is the responsibility of the applicant/provider.

Copies of this form can be obtained from the Aging Services Division Office by contacting the AFFC Program Administrator.

Family Disaster Evacuation Disaster Plan -Adult Foster Care, SFN 823 660-05-65-90

~~This form is required for all applicants and AFFC providers. completed by the applicant/provider as part of the application process for an initial license or if moving to a new facility. AFFC applicants and providers will put in writing their plan should there be need to relocate in the event of a disaster. The purpose is to insure AFFC providers and recipients can be located in the event of an evacuation.~~

~~This form is completed by the AFFC provider applicant as part of the application process for an initial license.~~

An electronic copy of this form may be obtained at <http://www.nd.gov/eforms/>.

Provider Service Logs (Sample Forms) 660-05-65-95

As a part of the Adult ~~Family~~-Foster Care licensing process, applicants are required to provide examples of service logs that will be used to account for service time and tasks performed.

A provider may create their own service log provided it meets the standards

for accounting of services provided.

An example service log must be completed by the applicant and kept in the provider's file. A copy must be sent to the ~~Regional Human Service Center office~~ Aging Services Division for their records.

For AFFC providers caring for individuals on public pay programs, specific information will be required on the provider service log. Providers will receive provider service logs from Medical Services/Home and Community Based Services.

These forms may be duplicated.

- ~~Adult Family Foster Care Daily Service Log~~
- ~~AFFC Monthly Provider Service Log~~
- ~~AFFC Daily Provider Log~~
- ~~AFFC Qualified Service Provider Log~~