

Adult Foster Care New Placement Worksheet

In order to be in compliance with MN Rule 9555 regarding the assessment and placement of an individual into an Adult Foster Care home, the following information must be on file with the AFC provider prior to admitting a new AFC resident into the AFC home. The information must be gathered in cooperation by the AFC provider and the placing social worker. In private pay situations, the licensing social worker will assist in gathering the information in consultation with the individual's family/legal representative. If the individual has received a Long-Term Care Consultation screening, that document may be used in place of the Needs Assessment section.

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|-----------------------------------|--|------------------------|--|
| AFC Provider: | | Address: | |
| Individual Requesting AFC: | | DOB: | |
| Placing Social Worker: | | SW Phone/email: | |

MN Rule 9555.5605, Subpart 1. Assessment. A social worker from the local agency or service agency of the county of financial responsibility shall ensure that a person seeking adult foster home placement has an assessment to determine the person's need for adult foster care.

A. An adult who has or may have a diagnosis of developmental disability shall be assessed under parts 9525.0004 to 9525.0036.

B. An adult requesting adult foster care services shall be assessed.

C. An assessment performed under Minnesota Statutes, section 256B.0911 shall satisfy the provisions of item D.

D. An assessment coordinated by a social worker and review of any information gathered from professionals must be made of the adult's: (1) ability to manage activities of daily living; (2) physical health, including impairments of mobility, sight, hearing, and speech; (3) intellectual functioning and mental health, including impairments of judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life; (4) need for supervision; (5) need for protection; (6) need for assistance in safeguarding cash resources; (7) need for medication assistance; (8) employability and vocational skills; (9) need for family and community involvement; and (10) need for community, social, or health services.

Needs Assessment N/A – LTCC screening was completed on _____

| | | | |
|--|--|-----------------------|--|
| Assessment Date: | | Assessor Name: | |
| Ability to manage Activities of Daily Living (ADLs) | | | |
| Dressing | | | |
| Bathing | | | |
| Grooming | | | |
| Toileting | | | |
| Eating/feeding | | | |
| Needs other assistance | | | |
| Nighttime assistance | | | |
| Physical Health | | | |
| Diagnosis(es) | | | |
| Mobility concerns; e.g. wheelchair, assist in transferring from bed, etc. | | | |
| Sight | | | |
| Hearing | | | |
| Speech/communication | | | |
| Special medical needs; e.g. oxygen, tube feeding, diabetes, colostomy, etc. | | | |
| Intellectual Functioning & Mental Health | | | |
| Any diagnosis or history of Mental Illness | | | |
| Impairments of judgment | | | |
| Capacity to recognize reality | | | |

| | |
|--|--|
| Ability to cope with ordinary demands of life | |
| Supervision | |
| Is person awake at night requiring awake supervision | |
| Is the person able to be alone for any amount of time in the community (specify in minutes/hours) | |
| Is the person able to be alone for any amount of time in the AFC home (specify restrictions, i.e. no other residents home) | |
| Need for Protection | |
| Behavioral Concerns | |
| Is person physically aggressive | |
| Is person verbally aggressive | |
| Wandering/Eloping | |
| Does person need assistance in safeguarding & monitoring spending money (max. \$300)? | |
| Family | |
| Guardian or Conservator | |
| Self | |
| Adult Foster Care assistance needed | |
| Medication assistance | |
| Able to manage own meds | |
| Need monitoring or assistance | |
| Working on self-administering meds | |
| Vocational Skills | |
| Education involvement | |
| Job support | |
| Current skills | |
| Other | |
| Family & Community Involvement | |
| | |
| Need for community, social, or health services; e.g. hospice, therapy, dialysis, special medical care, etc. | |
| | |

MN Rule 9555.5605, Subpart 2. Mobility access assessment. Before placement, or after placement if the local agency has reasonable cause to believe a mobility access, seizure, or disability problem has developed, the social worker shall determine, in consultation with the prospective resident and the resident's representative and any other person knowledgeable about the resident's needs, whether accessibility aides or modifications to the residence are needed. The need for accessibility aides or modifications to the residence shall be determined for persons with regular seizures or physical disabilities using an accessibility checklist approved by the commissioner in consultation with persons knowledgeable about the accessibility and mobility needs of the resident and persons knowledgeable about accessibility modifications to residential occupancies. A person confined to a wheelchair must be housed on a level with an exit directly to grade.

Mobility Access Assessment

| | | | |
|---|--|-----------------------|--|
| Assessment Date: | | Assessor Name: | |
| Does not apply/no mobility concerns (check here) | | | |
| Condition causing disability | | Date of onset | |
| Required mobility equipment | | | |
| Hand control/range of motion | | | |

| | |
|---------------------------------|--|
| Vision | |
| Hearing | |
| Temperature/humidity | |
| Seizures (type, duration, etc.) | |
| Other | |

** Attach any relevant reports from PT, OT, physician, etc.

CAN THE RESIDENT SAFELY AND INDEPENDENTLY:

YES NO

| | | | |
|-----|---|-----------------------|--|
| 1. | Get up to the front/back door? | | |
| 2. | Comfortably pause, open the door and enter? | | |
| 3. | Move from the entry to the main floor? | | |
| 4. | Approach, open door and move around in the living room? | | |
| 5. | Approach, open door and move around in the area where meals are served? | | |
| 6. | Approach, open door and move around in his/her bedroom? | | |
| 7. | Approach, open door and use the closet in his/her bedroom? | | |
| 8. | Approach, open door and enter the bathroom? | | |
| 9. | Approach, transfer to and/or use: | the tub/shower? | |
| | | the sink? | |
| | | the toilet? | |
| | | the medicine cabinet? | |
| 10. | If kitchen access is required by the ISP for other than meals, can the resident safely and independently use the sink, storage, etc.? | | |
| 11. | Is access to any other area not previously identified required? | | |
| | If so, identify area: | | |
| | Are there problems with access to or within this area? | | |
| 12. | Does the resident have a special sensitivity that requires temperature/humidity controls? | | |

Identify specific areas where changes to the adult foster care home must be completed for placement to be approved or continued, and give detailed instructions for changes. If accepting a placement, the license holder is responsible for cooperating with the plan to make the residence safe for that specific resident.

| | |
|-------------------|--|
| 1. Problem Area | |
| Proposed Change | |
| Completion Date | |
| Party Responsible | |
| 2. Problem Area | |
| Proposed Change | |
| Completion Date | |
| Party Responsible | |

MN Rule 9555.5605, Subpart 3. Placement standards. A person shall be appropriate for adult foster home placement if the person: A. is an adult; B. is functionally impaired; C. has requested, or the adult's legal representative has requested, foster care placement; D. has demonstrated a need for foster care based on the assessment in subpart 1; E. does not require continuous medical care or treatment in a facility licensed for acute care under chapter 4640; and F. has been approved for placement under parts 9525.0004 to 9525.0036, if the adult has a developmental disability.

| | | | |
|--|-----|--|----|
| Who requested AFC: | | | |
| Requires continuous medical care or treatment: | Yes | | No |

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|---|--|
| Date of approval for DD individuals: | |
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MN Rule 9555.5605, Subpart 4. Placement and consumer choice. A person who is appropriate for adult foster home placement, and the person's legal representative must be allowed to choose among/between the homes that the social worker determines would meet the person's foster care needs.

MN Rule 9555.5605, Subpart 5. Matching. When referring the adult seeking foster care to a licensed adult foster home, the social worker shall match the licensing study information and the capacity of the adult foster home program developed by the operator under part 9555.6235 with the assessed needs of the functionally impaired adult determined under part 9555.5605, subparts 1 and 2.

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| Date of notification to Licensing Social Worker of placement: | |
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MN Rule 9555.5605, Subpart 6. Preplacement visit. The social worker shall arrange for the functionally impaired adult to visit the prospective adult foster home before placement, except in cases of emergency placement or placement for less than 30 consecutive days. Before placement, the following shall be discussed with the operator:

| | | | |
|-------------------------------------|--|------------------------------------|--|
| Date of Pre-placement Visit: | | Anticipated Placement Date: | |
|-------------------------------------|--|------------------------------------|--|

(please check each box as it is discussed at the Pre-placement Visit)

- A. the needs of the functionally impaired adult as determined by the assessment in part 9555.5605, subparts 1 and 2;
- B. the foster care that must be provided by the operator to the adult seeking placement;
- C. the adult's need for additional community health and social services and the operator's responsibility in assisting with provision of or access to those services; and
- D. the financial arrangements to pay for the adult foster care.

MN Rule 9555.6225 Subpart 3. Physical examination of resident. The operator must ensure that each resident is examined by a physician no more than 30 days before or within three days after placement in the adult foster home to ensure that the resident is free of the reportable communicable diseases named in parts 4605.7000 to 4605.7800. Transfer records from a health care facility licensed by the Department of Health may be substituted for this requirement.

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|--|--|
| Date of Physician's Report, within 30 days before move in or 3 days after; or | |
| Transfer Papers | |

MN Rule 9555.5705, Subpart 2. Development of individual resident placement agreement. If the resident or prospective resident requests and receives adult foster care services, then the service agency shall develop, and the resident, resident's legal representative, and the operator shall agree on and sign an individual resident placement agreement as defined in part 9555.5105, subpart 19. The agreement must be signed within 30 days of placement and be coordinated with the adult's individual service plan as defined in part 9555.5105, subpart 18. The service agency shall give a copy of the individual service plan to the operator. If the resident is appropriate for adult foster home placement and does not require [county-funded] adult foster care services [i.e. private pay], the individual resident placement agreement shall be developed by the operator, resident, and resident's legal representative under part 9555.6167.

MN Rule 9555.5105, Subpart 18. Individual service plan. "Individual service plan" means the written plan agreed upon and signed by the county of financial responsibility and the resident or resident's legal representative for the provision of social services. For persons with a developmental disability or otherwise determined eligible for case management, it means the plan agreed upon and signed under parts 9525.0004 to 9525.0036.

MN Rule 9555.5105, Subpart 19. Individual resident placement agreement. "Individual resident placement agreement" means the written document specifying the terms for provision of foster care to an adult that is developed under part 9555.5705 for persons receiving services under parts 9525.0004 to 9525.0036 or under part 9555.6167 for

persons not receiving community social services or services for persons with a developmental disability. The individual resident placement agreement must: A. describe the reason for placement; B. describe what the operator must provide in the areas of lodging, food, protection, household or living skills training or assistance, personal care assistance, assistance safeguarding cash resources, transportation, residence accessibility modifications, medication assistance, and supervision; C. describe who is financially responsible for the payment of the foster care provided by the operator; D. describe any other community, health and social services that the operator will assist in providing; E. coordinate with the contents of the individual program plan as defined under part 9525.0004, subpart 11, for persons with a developmental disability; and F. coordinate with the individual service plan developed under parts 9525.0004 to 9525.0036.

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| Status of the development of the Individual Resident Placement Agreement (IRPA): | |
|---|--|

MN Rule 9555.5705, Subpart 3. Placement review for residents with an individual service plan. The service agency assigned to a resident in an adult foster home with an individual service plan must:

- A. visit the resident and operator within 30 days of placement to confirm the appropriateness of the placement;
- B. provide consultation services to the operator in meeting the resident's assessed needs;
- C. provide a telephone number where caregivers and the resident or resident's legal representative may call for emergency social service assistance 24 hours a day;
- D. assist in developing the individual abuse prevention plan for the resident under parts 9555.7100 to 9555.7700.

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| Anticipated date of 30 day visit (within 45 days if on a waiver, n/a private pay): | |
| Service Agency's Number during Business Hours (n/a private pay): | |
| Service Agency's Emergency Social Service Assistance Number (n/a private pay): | |
| Status of the development of the Individual Abuse Prevention Plan (IAPP): | |

Maintain this documentation of compliance with AFC rules regarding assessment and placement in the individual's record at the residence.