



Transforming  
Lives

# AFH Administrator Training

## Module 2: Am I Qualified? What are the Rules?

*Adult Family Home Administrator Manual, Version 5.2*

# Agenda

- AFH Provider requirements
- Laws and Regulations for AFH's
- Introduction to Resident Rights/Quality of Life
- Notice of Rights and Service Requirement/s, Disaster Plan and Policies
- Abuse and Neglect
- Mandated Reporting



# Learning Objectives

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**At the end of this module, you will be able to...**

- Cite the AFH Provider requirements
- Locate and recite the laws and regulations for AFHs
- Describe resident rights/quality of life
- Complete Notice of Rights and Service Requirement's, Disaster Plan and Policies
- Define abuse and neglect
- Complete your Reporting Mandates

# What Do You Know?

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## True/False

1. You do not need to complete a background check if you are the AFH owner
2. The resident does not lose their rights when they move into your AFH
3. Your staff must report any suspicions of neglect or abuse to you, and you will report it to the department

# AFH Provider Requirements

- ✓ Age 21+
- ✓ Education
- ✓ Training and Certification
- ✓ English Literacy
- ✓ Resident Communication
- ✓ AFH Management and Administration
- ✓ Direct Care Experience
- ✓ Background Check/CCS
- ✓ Cardiopulmonary Resuscitation (CPR) and First-Aid
- ✓ Tuberculosis (TB) Screening



## Laws And Regulation For Adult Family Homes

- The Revised Code of Washington (RCW) is the law
- The Washington Administrative Code (WAC) is the rule or regulation which outlines how to administer the law



**You are required to know, understand,  
and keep up to date with all laws and  
regulations related to your AFH.  
Not understanding how to read the laws  
and regulations could put your residents  
at risk and result in citations, conditions  
on your AFH license, civil penalties, or  
other severe penalties.**



# How To Read A Law Or Regulation

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- It is critical to understand the differences in language or key words when reading a regulation
- The use of the word must, shall or will as opposed to may make a significant difference in the meaning
- Misunderstanding key words may result in a violation





# ACTIVITY: WAC Review (Group and Breakout)

1. Read WAC 388-76-10040 below and identify all instances of the words listed below:

Shall	Or	Must only	At all times
May	Must	If	Always
Will	Must endure	And	

*WAC 388-76-10040 License requirements—Qualified person must live-in or be on-site.*

*(1) The adult family home provider or entity representative must:*

*(a) Live in the home; or*

*(b) Employ or contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times.*

*(2) The provider, entity representative, or resident manager is exempt from the requirement to live in the home if:*

*(a) The home has twenty-four-hour staffing coverage; and*

*(b) A staff person who can make needed decisions is always present in the home.*

**Summarize what is to be done by the AFH provider.**



# Intent of Resident Laws



“No decision  
about me  
without me”

# Resident Rights

With: Ann Irwin

Play now!



*Centers for Medicare and Medicaid Services (CMS) is the federal entity that allows Washington to offer Home and Community based Medicaid Services.*

*...ensure that individuals receiving long-term services and supports have full access to the benefits of community living and the opportunity to receive services in the most integrated setting appropriate.*

# Resident Rights



You MUST ensure all residents have these basic rights:

- To receive appropriate care and services
- To be treated with courtesy, dignity and respect
- To continue to enjoy basic civil and legal rights – such as privacy and confidentiality
- To exercise reasonable control over life decisions





## Resident Rights, Continued

- The opportunity to engage in religious, political, civic, recreational, and other social activities of their choice;
- To be cared for in a manner that promotes the resident's present quality of life including a safe, clean, comfortable, and homelike environment; and
- The freedom to use their personal belongings to the extent possible.

# Exercise Residents Rights

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You MUST:

- Protect each resident's right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the home.
- Protect and promote the rights of each resident and assist the resident to exercise the rights of a resident of the home and the state of Washington.
- Ensure the Resident is free of interference, coercion, discrimination, and retaliation from the home in exercising the resident's rights.
- Ensure the resident's right to choose a representative who may exercise the resident's rights to the extent provided by law.



# Right To Personal Privacy

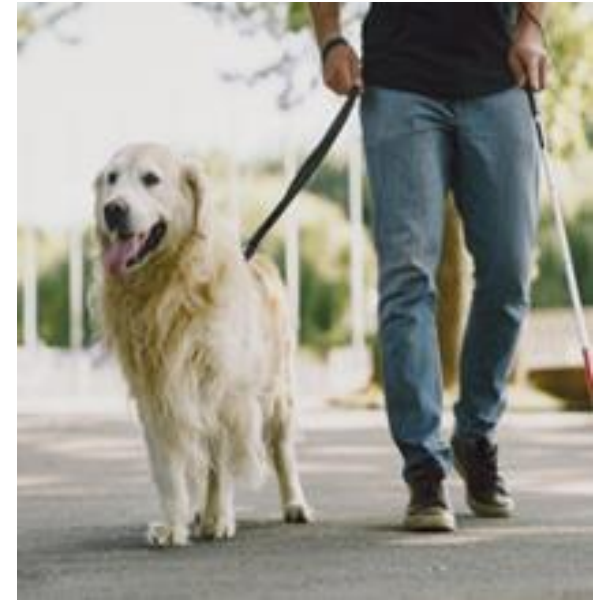
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- Medical treatment
- Resident records
- Personal care
- Visits, meetings, and phone calls

# Service Dogs

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- A service animal is a dog that has been individually trained to do work or perform tasks for your resident
- Emotional support, therapy, comfort or companion animals are not considered service animals under the ADA
- Even if you have a “no pets” policy for your home, you must allow service animals
- You or your staff are not required to take care of the service animal
- You cannot charge an extra fee for a service animal





## ACTIVITY:

# Understanding Regulation and Possible Violations



**PURPOSE:** To understand the intent of the WAC and how to recognize what would violate the rule.

**INSTRUCTIONS:** Read and analyze the assigned section of Resident Rights and explain the meaning of the section and what would cause you to be in violation of the section.





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### WAC 388-76-10510

**Section (1)** The adult family home must ensure that each resident receives appropriate necessary services, as identified in the assessment, and negotiated care plan.

- **Meaning-** the residents get what they need for mental, spiritual, nutritional, social, cultural, and physical health.
- **What would be a violation** - A resident's medication wasn't refilled on time, and they missed two days of their heart medication.

**ACTIVITY DIRECTIONS:** Read and analyze your assigned section and document the meaning and an example of a violation. Be prepared to report your analysis to the class.

- Choose activities based on their preferences
- Choose their daily schedule, such as bathing, sleeping and eating
- Choose health care consistent with their interests, assessments, and NCP
- Visit with members of the community, family, and friends both inside and outside the home

## Quality Of Life



- Choice of clothing, hair style, and other individual preferences
- Be informed in advance about recommended care and services and any changes in care and services
- Participate in their care planning and treatment, as well as any changes to such
- Direct their own care plan and changes to it
- Refuse any service

# Washington State Long Term Care Ombudsman (Ombuds) Program

- Ombudsman will provide Identification
- Access to Residents and Residents' Representatives
- Access to Resident Records (Within certain conditions)
- Interference Not Allowed (*You can be fined*)

[WA State Long Term Care Ombudsman Program Overview](#)

**Play now!**



## The DD Ombuds:

- Collects, investigates, and resolves DD complaints
- Protects choice, autonomy and makes sure people with developmental disabilities have access to advocacy.

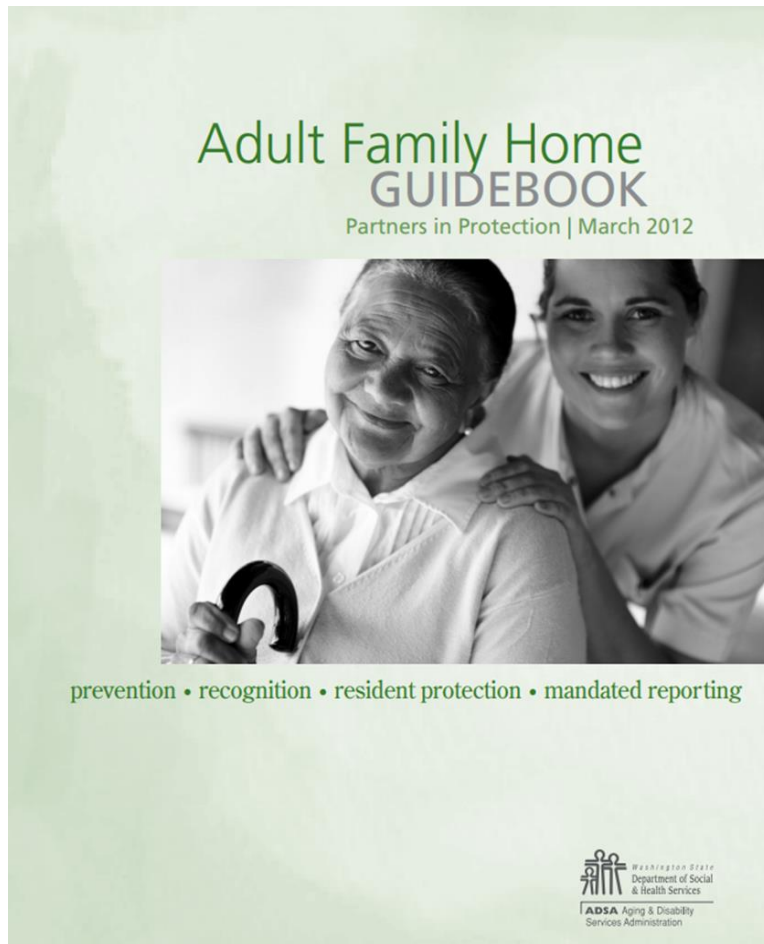
## The Behavior Health Ombuds:

- Help people navigate and resolve problems
- Assist with mental health and substance use
- Primarily for individuals receiving Medicaid



# Partners In Protection

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Each resident who lives and receives services in an AFH deserves our full efforts as “Partners in Protection” to protect them from abandonment, abuse, neglect (possible criminal mistreatment) and financial exploitation.



You are responsible for everything that happens in your adult family home... including the actions of your staff.

## Who Is A Vulnerable Adult?



# Vulnerable Adult Definition

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- 60+ who has the functional, mental, or physical inability to care for themselves
- Is Incapacitated
- Has a developmental disability
- Lives in any facility
- Receives services from home health, hospice, or home care agencies
- Receives services from an individual provider
- Self-directs their own care and receives services from a personal aide

## Abuse Definitions:

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**“Abuse”** may be many things, including acts of violence such as physical or sexual assault, or it may be yelling, intimidating or swearing at residents which can be verbal abuse.

**"Physical Abuse"** means...

the willful action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.

# Abuse Definitions:

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**"Mental/Emotional/Verbal Abuse"** means...

a willful verbal or nonverbal action that threatens, humiliates, harasses, coerces, intimidates, isolates, unreasonably confines, or punishes a vulnerable adult. Mental abuse may include ridiculing, yelling, or swearing.

**"Sexual Abuse"** means...

any form of nonconsensual sexual conduct, including but not limited to unwanted or inappropriate touching, rape, sodomy, sexual coercion, sexually explicit photographing, and sexual harassment.

# Exploitation Definitions:

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**"Personal Exploitation"** means...

an act of forcing, compelling, or exerting undue influence over a vulnerable adult causing the vulnerable adult to act in a way that is inconsistent with relevant past behavior or causing the vulnerable adult to perform services for the benefit of another.

**"Financial Exploitation"** means...

the illegal or improper use, control over, or withholding of the property, income, resources, or trust funds of the vulnerable adult by any person or entity for any person's or entity's profit or advantage other than for the vulnerable adult's profit or advantage.



# Restraints Definitions

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**"Improper use of restraint"** means...

the inappropriate use of chemical, physical, or mechanical restraints for convenience or discipline.

**"Chemical restraint"** means...

- the administration of any drug to manage a vulnerable adult's behavior in a way that reduces the safety risk to the vulnerable adult or others,
- has the temporary effect of restricting the vulnerable adult's freedom of movement, and
- is not standard treatment for the vulnerable adult's medical or psychiatric condition.

# Restraints Definitions

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**“Physical restraint”** means...

- a manual method, obstacle, or physical or mechanical device, material, or
- equipment attached or adjacent to the resident’s body that restricts freedom of movement or access to his or her body,
- is used for discipline or convenience, and
- not required to treat the resident’s medical symptoms

**A physical restraint may be used if all conditions of WAC 388-76-10655 are met.**

[WAC 388-76-10655](#) - Physical and mechanical restraints.

The adult family home must ensure:

- (1) Each resident's right to be free from physical and mechanical restraints used for discipline or convenience;
- (2) Prior to the use of physical or mechanical restraints, less restrictive alternatives have been tried and documented in the resident's negotiated care plan;
- (3) The physical or mechanical restraints have been assessed as necessary to treat the resident's medical symptoms and addressed on the resident's negotiated care plan; and
- (4) If physical or mechanical restraints are used to treat a resident's medical symptoms, the restraints are applied and immediately supervised on-site by a:
  - a. Licensed registered nurse;
  - b. Licensed practical nurse; or
  - c. Licensed physician.
- (5) For the purposes of this section, "immediately supervised" means that the licensed person is in the home and quickly and easily available.

# Neglect Definition:

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**“Neglect” is...**

conduct or inaction (whether intentional, careless, due to inadequate experience, training, or skill, or insufficient staffing) that results in failure to provide the basic necessities of life, and, to deliver care and services when there is an implied or agreed-upon responsibility to a resident.



## Potential Resident Risk Factors:

- Calling out or repeated vocalization that is not easily redirected by caregiver or others
- Demanding or impatient behaviors when making requests
- Inability to self-feed adequate food/fluids for good nutrition and sufficient hydration
- Resistive to care given by others

## Potential AFH Staff Risk Factors:

- Alcohol abuse or prescription/illegal drug abuse – current or in past
- Apathy or indifference to care needs of residents
- Excessive/unexplained work absences or chronic tardiness
- Ineffective coping when experiencing stressful events on-the-job or in one's personal/family life
- Not able to understand and speak the English language





# Failed Facility Practices:



Examples include:

- Lack of understanding, ability, emotional stability and physical health necessary to meet the psychosocial, personal, and special care needs of adults with complex needs
- Fails to ensure that there is always a staff person present in the AFH who can make needed decisions
- Fails to call the hotline when required
- Fails to keep current medication logs for residents



# A Mandated Reporter Is:

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- An employee of the department
- Law enforcement officer
- Social worker
- Professional school personnel
- Individual provider
- **An employee of a facility**
- **An operator of a facility**
- An employee of a social service
- Welfare
- Mental health
- Adult day health
- Adult day care
- Home health
- Home care
- Hospice agency
- County coroner or medical examiner
- Christian Science practitioner
- Health care provider

# Reporting

- **FIRST:** Protect
- **SECOND:** Report as soon as possible

Licensed facilities and staff of those facilities are required to make separate mandated reports

What to Report:	Where to Report:
<b>Staff to Resident</b> <ul style="list-style-type: none"> <li>Abuse – Sexual, Physical, Assault with bodily harm</li> <li>Neglect / Mistreatment / Negligent treatment</li> <li>Financial Exploitation / Misappropriation of Resident Property</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Police/911</li> <li>Department of Health</li> </ul>
<b>Non-Staff to Resident</b> <ul style="list-style-type: none"> <li>Abuse/Assault, Neglect</li> <li>Misappropriation / Exploitation</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Police/911</li> </ul>
<b>Injuries of Unknown Source</b> <ul style="list-style-type: none"> <li>Substantial injury</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> </ul>
<b>Resident-to-Resident</b> <ul style="list-style-type: none"> <li>Physical abuse with bodily harm or psychological harm</li> <li>Mental abuse with psychological harm</li> <li>Sexual abuse/assault</li> <li>Misappropriation/Financial Exploitation</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Police/911</li> </ul>
<b>Unexpected Resident Death</b> <ul style="list-style-type: none"> <li>Possibly related to abuse or neglect</li> <li>Suicide</li> <li>Not related to abuse or neglect but suspicious</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Coroner/Medical Examiner</li> </ul>
<b>Other Miscellaneous</b> <ul style="list-style-type: none"> <li>Evacuation (Actual/Potential Event)</li> <li>Risk of Discontinuance of Services (such as no food, water, or care supplies)</li> </ul>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> </ul>
<b>Fire/Explosion</b>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Police/911</li> <li>Local Fire Department</li> </ul>

What to Report:	Where to Report:
<b>Communicable Disease Outbreak</b> <b>Suspected Food borne Illness</b>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Department of Health</li> </ul>
<b>Missing Resident</b>	<ul style="list-style-type: none"> <li>DSHS – Call hotline or report on-line</li> <li>Police/911</li> </ul>



# Incident Reporting To CRU



Washington State Department of Social and Health Services

Aging and Long-Term Support Administration



1-800-562-6078

Home > Residential Care Services Online Incident Reporting > Online Incident Report

Reporter/Fac. Information   Involved Individuals   Incident Details   Verify & Submit

## Online Incident Report

\*Incident Report Type:

### Reporter Information

\*First Name:

\*Last Name:

\*Job Title:

Callback Number:

### Facility Information

\*Facility/Agency Type:

\*License/Cert. Number:

\*City:

[Residential Care Services Online Incident Reporting | DSHS \(wa.gov\)](#)

Next

acer



# AFH Incident Log (DSHS 13-645)

You must keep an incident log to document:

- any injury to a resident
- any accidents or incidents affecting a resident's welfare
- all alleged/suspected incidents of abandonment, neglect, abuse or financial exploitation



AGING AND LONG-TERM SUPPORT ADMINISTRATION (AL TSA)

## Adult Family Home Incident Log

WAC 388-76-10220)

WAC 388-76-10220 states: "The Adult Family Home must keep a log of:

- (1) Alleged or suspected instances of abandonment, neglect, abuse or financial exploitation;
- (2) Accidents or incidents affecting a resident's welfare; and
- (3) Any injury to a resident..."

**INSTRUCTIONS:** Provider, Resident Manager, or caregiver completes a log entry whenever there is an injury or accident involving a resident. Keep this log in the Adult Family Home in a readily accessible area.

PROVIDER'S NAME		STREET ADDRESS		CITY
DATE	NAME OF RESIDENT	NATURE OF INJURY OR ACCIDENT	REPORTED TO WHOM AND WHEN	OUTCOME



## ACTIVITY: Abuse and Reporting Scenarios

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## Abuse and Reporting Scenarios - #1

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A caregiver assigned to John, an 82-year-old resident with severe contractures of the arms and legs, approaches his bed and begins morning care. Without introducing herself or offering an explanation, she roughly turns John from side to side, causing John to cry out in pain.





## Abuse and Reporting Scenarios - #2

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Nancy, a 68-year-old resident with Alzheimer's disease, is weeping and calling out for her daughter. The AFH provider says to Nancy, "Stop that! Your daughter never comes to visit you, and she's not coming now".





## Abuse and Reporting Scenarios - #3

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A caregiver, while helping a female resident out of bed, intentionally fondles the resident's breasts



## Abuse and Reporting Scenarios - #4

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Helen, a 70-year-old cognitively impaired resident, frequently gives their caregiver small amounts of money. The caregiver keeps the money and does not notify anyone of this practice.



## Abuse and Reporting Scenarios - #5

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The facility has a difficult time finding staff to work on weekends and nights. To deal with this chronic staff shortage, most residents must remain in bed during these periods and are not toileted according to their care plans.



## Abuse and Reporting Scenarios - #6

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Susan is the only weekend caregiver at the XYZ Adult Family Home. Susan regularly leaves the residents alone for three hours on Sunday mornings so she can attend church services by herself.



## Abuse and Reporting Scenarios - #7

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Lisa has Dementia and has lived at the XYZ AFH for 2 years. She loves to watch old Bonanza reruns. The AFH provider leaves Lisa in her favorite chair to watch Bonanza to go fix dinner. When the provider goes to get Lisa for dinner, she was gone. Three hours later, Lisa was found on a bench in the neighborhood park.







## Abuse and Reporting Scenarios - #8

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Sarah has paralysis in her legs and lower body. She loves to paint and can spend hours working on her latest art project. Sarah gets impatient with caregivers when they come in to help reposition her in her wheelchair. Lately, she has been refusing to be repositioned or to help as it interferes with her art “vibes”. The provider documents each refusal and conversation with Sarah’s doctor. Sarah develops a pressure ulcer.



## CASE SCENARIO FOR MANDATORY REPORTING

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You are a caregiver in Blessed Bees Adult Family Home. Mrs. Smith, who lives in the home has dementia. Her condition is deteriorating. She is using her wheelchair daily now, her speech is low and mumbling, and she is confused. Her daughter picks her up for an outing as she feels her mother will feel better and help her remember the good times. When Mrs. Smith returns, she is quiet and subdued. As you lean down to help her remove her coat, she flinches, pulls back and mumbles, “No, no, no!” You speak calmly and quietly to Mrs. Smith and after waiting a few moments, you can get her coat off. You immediately notice that she has bruises on both upper arms that look almost like fingerprints. You call and report your suspicions to your supervisor.



1. Is Mrs. Smith considered a 'vulnerable adult' as defined by law?
2. Would you be considered a 'mandatory reporter' as defined by law?
3. Do you think she has been mistreated?
4. Are you legally required to make a report about your experience with Mrs. Smith?
5. Who would you call?

# Adult Family Home Policies and Procedures Attestation Form

- Attached to your licensing application
- Available to RCS upon request
- Attests to the following Policies:
  - Notice of Rights and Services
  - Accepting Medicaid
  - Medication Disposal
  - Response to medical emergencies
  - Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation
  - Disclosure of Services form
  - Emergency and Disaster Plan
  - Respiratory Protection Program



## Adult Family Home Policies and Procedures Attestation

\_\_\_\_\_  
(Print Name) declares and states as follows:

1. I am the Applicant / Entity Representative of \_\_\_\_\_ and attest  
(Name of Home)  
that the information provided in this document is based on personal knowledge, and I have been duly authorized by the Home to make the representations stated herein.
2. I hereby certify that \_\_\_\_\_ has developed and will implement  
(Name of Home)  
the policies and procedures necessary to:
  - Maintain or enhance the quality of life for residents including resident decision-making rights and mandated reporting requirements;
  - Provide the necessary care and services for residents, including those with special needs;
  - Safely operate the home; and
  - Operate in compliance with applicable state and federal laws including, but not limited to, Chapters [70.128](#), [70.129](#), and [74.34](#) RCW, and any applicable rules under these statutes.
3. I also certify that the home's policies and procedures agree with all of the laws and rules that apply to the home and the home's operations. At a minimum the policies and procedures cover all of the care and services the home provides. These policies include, but are not limited to, the following:
  - 1) Notice of Rights and Services provided in the home, consistent with WAC [388-76-10530](#);
  - 2) Accepting Medicaid as a payment, consistent with WAC [388-76-10522](#);
  - 3) Medication Disposal, consistent with WAC [388-76-10490](#);
  - 4) Response to medical emergencies, consistent with WAC [388-76-10250](#);
  - 5) Preventing and responding to suspected abandonment, abuse, neglect, exploitation, or financial exploitation of any resident, consistent with WAC [388-76-10675](#);
  - 6) Disclosure of Services form (DSHS [10-508](#)), consistent with WAC [388-76-10532](#);
  - 7) Emergency and Disaster Plan, consistent with WAC [388-76-10830](#); and
  - 8) [Respiratory Protection Program](#), consistent with Labor and Industries regulations.

I certify and declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

I understand I am required to maintain the policies in Section 3 and make them available to department staff upon request.

Signature (for sole proprietors one or both applicants may sign)		Date
Printed Name		Title / Role

# Notice of Rights and Service Requirements, Disaster Plan and Policies

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- This checklist will help you develop your AFH **Notice of Rights and Service Requirements, Disaster Plan and Policies**
- Ensure that all your documents comply with the minimum licensing requirements.
- After June 2023, Initial Licensors will no longer review these documents as part of their licensing inspection. The Notice of Rights and Services document will be reviewed by RCS during their first regulatory visit.

# Notice of Rights and Service Requirements, Disaster Plan and Policies Form

- Use this checklist when completing Assignment #2



## Notice of Rights and Service Requirements, Disaster Plan and Policies

Applicant:	Name of Home:	Date:
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The purpose of this form is to assist you in developing your Adult Family Home (AFH) Notice of Rights and Service Requirements, Disaster Plan and Policies. The department's AFH Initial Licensur identified the following Washington Administrative Codes (WACs) that were not addressed clearly, concisely, accurately, and/or completely in the policies you provided. In addition, the licensur discussed the identified issues with you.

The Licensur will not review further revisions of the Notice of Rights and Services document during the initial licensure process. It is your responsibility to ensure that this document complies with the minimum licensing requirements.

The Emergency and Disaster Plan Procedures, Medication Disposal Policy, Contacting Emergency Medical Services, Medicaid Policy and Abuse Policies must meet minimum licensing requirements prior to your home being recommended for licensure.

Areas needing improvement to meet minimum licensing requirements are marked below. Please review any comments written in separate comment sections.

Upon admission to the AFH residents receive, review, and sign a notice of rights and service requirements that contains the information below:

Medicaid (M) and/or Private Pay (P)      M=Met requirements      N=Not met requirements

M	P	Notice of Rights and Service Requirements	WAC
		<b>Resident rights—Notice of rights and services</b> provided in the home, including items and activities available/arranged by the home.	388-76-10530
		<b>Resident rights—Notice of rights and services - Statement of Charges -</b> including ADDITIONAL CHARGES for those Services, Items, & Activities not covered by the AFH's basic rate or applicable public benefits programs. [include examples such as charges for nurse delegation, assessments, transportation, etc. if any]	388-76-10530





# Adult Family Home Disclosure of Services

- Attached to your AFH information that is viewable on-line
- It is provided on request and maintained in the resident record
- **Part of your application packet**



See Sample in the [AFH Locator](#)



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
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**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home	
1. PROVIDERS STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	



# Adult Family Home Disclosure of Charges

- Is given to all residents prior to or upon admission or to anyone who asks for it.
- This form is NOT included in your application packet
- Can not be used on its own to meet WAC 388-76-10540
- Unless listed individually on the form, charges for care, services, items, and activities are included in the daily and/or monthly rate

Washington State Department of Social & Health Services Transforming lives		Adult Family Home Disclosure of Charges Required by RCW 70.128.280	DATE							
HOME / PROVIDER'S NAME		LICENSE NUMBER								
<p><b>NOTE:</b> The term "the home" refers to the adult family home / provider listed above.</p> <p>The information in this form is meant to help people search for a home that best suits their needs and choices. The lists of services and charges on this form are not necessarily complete or binding. In addition to looking at these forms, potential residents and their family members may wish to contact the home directly by phone or email, interview the providers at the home, and use other available resources to choose a home that most fits their needs.</p> <p>The care, services, items, and activities listed on this form do not reflect all required and/or available care, services, items, and activities that an adult family home provides for residents. This form may not be used on its own to meet the requirements of section 388-76-10540 WAC. Unless listed individually on this form, charges for care, services, items, and activities are included in the daily and/or monthly rate. For more information on reasonable accommodations and the regulations for adult family homes, see <a href="#">Chapter 388-76</a> of Washington Administrative Code or call the Long Term Care Ombuds with questions at 1-800-562-6028.</p> <p style="text-align: center;"><b>Table of Contents</b></p> <p><a href="#">Medicaid Information</a> <a href="#">Admission Fees</a> <a href="#">Deposits</a> <a href="#">Prepaid Charges</a> <a href="#">Other Fees / Charges</a> <a href="#">Daily and/or Monthly Rates</a> <a href="#">Personal Care</a> <a href="#">Medication Services</a> <a href="#">Other Services</a> <a href="#">Items</a> <a href="#">Activities</a> <a href="#">Other Charges (Not covered by Medicaid, Medicare, or other programs)</a> <a href="#">Resident Acknowledgement of Receipt</a></p> <table border="1"><thead><tr><th>Medicaid Information</th></tr></thead><tbody><tr><td>Medicaid payments made by DSHS are considered payment in full for the services, items, activities, and room and board. Supplementation (Medicaid payments plus additional payment/s) of this rate is only allowed in limited situations. See WAC 388-105-0050 or speak to your case manager for more information on supplementation.</td></tr><tr><td>The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522). The home may change any policy with a 30 day written notice.</td></tr><tr><td><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions:</td></tr><tr><td>ADDITIONAL COMMENTS REGARDING MEDICAID</td></tr></tbody></table> <table border="1"><thead><tr><th>Admission Fee *</th></tr></thead><tbody><tr><td>If the home requires payment of an admission fee, the home must give full disclosure in writing. (WAC 388-76-10540)</td></tr></tbody></table>				Medicaid Information	Medicaid payments made by DSHS are considered payment in full for the services, items, activities, and room and board. Supplementation (Medicaid payments plus additional payment/s) of this rate is only allowed in limited situations. See WAC 388-105-0050 or speak to your case manager for more information on supplementation.	The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522). The home may change any policy with a 30 day written notice.	<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions:	ADDITIONAL COMMENTS REGARDING MEDICAID	Admission Fee *	If the home requires payment of an admission fee, the home must give full disclosure in writing. (WAC 388-76-10540)
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\* This section does not apply to residents receiving Medicaid, as this is either covered by Medicaid or not applicable to residents paying Medicaid.



# Tips for Writing Great House Rules

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- Think of items that might come up on a day-to-day basis
- Always promote resident rights
- Place resident needs first
- Do not ask residents or families to waive any of their rights, or discharge yourself from responsibility
- Be specific
- Use friendly language that is “conversational” yet professional

# Helpful Hint for Searching WAC – DON'T

**Avoid using this search tool...**  
It returns 100's or 1000's of results.



**WASHINGTON STATE LEGISLATURE**

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Senate

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Bill Information

Agendas, Schedules, and Calendars

Legislative Committees

Coming to the Legislature

WACs > Title 388 > Chapter 388-76

HTML has links - PDF has Authentication

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Including dispositions

Chapter 388-76 WAC | [Show Dispositions](#)

Last Update: 2/6/20

**ADULT FAMILY HOME MINIMUM LICENSING REQUIREMENTS**

**WAC Sections**



# Helpful Hint for Searching WAC – DO

Use your browser search tool instead.  
This returns on-page keywords + count so you  
DO NOT MISS ANYTHING.

PC = Control + F  
Mac = Command + F

app.leg.wa.gov/wac/default.aspx?cite=388-76

HTML	PDF	WAC Cite	Description
		388-76-10835	Elements of a
		388-76-10840	Emergency fo
		388-76-10845	Emergency drinking water supply.
		388-76-10850	Emergency medical supplies.
		388-76-10855	Emergency and disaster plan training—Required.
FIRE DRILL PLAN FOR EMERGENCY EVACUATION			
		388-76-10860	Fire drill plan and procedures for emergency evacuation—Required.
		388-76-10865	Resident evacuation from adult family home.
		388-76-10870	Resident evacuation capability levels—Identification required.
		388-76-10885	Elements of emergency evacuation floor plan.
		388-76-10890	Posting the emergency evacuation floor plan—Required.
		388-76-10895	Emergency evacuation drills—Frequency and participation.
		388-76-10900	Documentation of emergency evacuation drills—Required.
		388-76-10905	Emergency evacuation—Notification of department required.



## Module 2 - Assignments

- **Assignment #2** – Notice of Rights and Services
- **Assignment #3** – Write House Rules
- **Assignment #4** – Write Abuse and Neglect Policy



# Summary Review

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## **In this module we learned:**

- About provider requirements and many of the laws that support resident rights including your responsibility as a mandated reporter.
- How to complete the Notice of Rights and Service Requirements, Disaster Plan and Policies.
- How to recognize and prevent abuse and neglect.

# Test Your Knowledge

## True/ False?

1. You can refuse to allow an ombudsman private access to a resident.
2. You only need to know the critical rules related to your AFH.
3. You can report suspected resident neglect and abuse by phone or online.





## Get Ready For Your Next Class

- Assignment #2 - Notice of Rights and Services
- Assignment #3 - Write House Rules for Your AFH
- Assignment #4 - Write your Abuse and Neglect Policy
- Read assigned modules for next class