

Unlicensed Alternative Family Living (AFL) Review Tool Provider Guide



Vaya Health uses the following information as part of initial and annual Unlicensed Alternative Family Living (AFL) reviews. This guide is intended for network provider reference only to assist in your review.

Review Information

1. AFL Site Name
2. Provider Agency Name
3. AFL Address
4. Caregiver Name
5. Member Name
6. Member Date of Birth
7. Reviewer(s)
8. Date of Review
9. This AFL site provides AFL-type services to only one member and is the primary residence of AFL caregiver, who receives reimbursement for the cost of care. (Yes/No)
10. Has the Home- and Community-Based Services (HCBS) Assessment been completed? (Yes/No)
11. Review format: (In person/Virtual/Photographic)
12. Review Type: (Initial/Annual)

Initial Reviews

Privacy

1. The AFL living environment provides privacy for the member as evidenced by: The member has privacy to make phone calls, use technology, open and read mail, and visit with others privately unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)
2. Door locks utilized in home allow for member privacy while meeting safety requirements. This includes that bedrooms and bathrooms are equipped with a door that can be closed and locked by the individual unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)

Member Rights

1. The member has unrestricted access to the home and freedom to move throughout the home as evidenced by: No alarms, locks, or monitors are installed to restrict the member's movements or privacy unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)
2. Evidence that meals, food, and water are available and provided and include, when applicable, physician-recommended dietary requirements; also, the member is given a choice based on wants and needs. (Met/Not met)
3. The member is free to furnish and decorate sleeping and personal areas. The member bedroom is furnished according to member preferences and includes a separate bed, bedding, pillow, and storage for personal belongings. (Met/Not met)
4. Evidence is available that the provider agency completed quarterly accounting for the individual and their legal guardians. The agency provides individuals and legal guardians with a financial record that contains an accurate accounting record of deposits, withdrawals, and fund status. (Met/Not met/Not applicable)

Indoor and Outdoor Environment

1. The home and grounds are safe, clean, free from insects/rodents, and free from obstructions impacting egress. (Met/Not met)
2. The AFL home has sufficient smoke detectors. (Met/Not met)

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Emergency Preparedness

1. First aid supplies are easily accessible for use, and all items are within the expiration date. (Met/Not met)
2. Emergency/disaster plans and medical preparedness plans are present in the AFL home, and there is evidence plans are viewed/practiced periodically. (Met/Not met)

Medication Administration and Storage

1. Medication/storage and Medication Administration Record (MAR): All items must be marked as Met for this item to be met.
 - MAR includes the member's name. (Met/Not met)
 - MAR includes the name of the drug. (Met/Not met)
 - MAR includes the strength of the drug. (Met/Not met)
 - MAR includes the quantity of drugs. (Met/Not met)
 - MAR includes instructions for administration. (Met/Not met)
 - MAR includes the time the drug is administered. (Met/Not met)
 - MAR includes the date the drug is administered. (Met/Not met)
 - MAR includes initials of the person administering the drug, with staff initials verified on the form. (Met/Not met)
 - Medication is stored per 10A NCAC 27G.0209. (Met/Not met)

Personnel

1. The provider has submitted an attestation that attests to: the provider having agency policy(ies) on background checks and health care registry checks for staff and all adults residing in the home, the provider has completed a background check for all staff and all adults (ages 18 and older) in the home, the provider has a back-up staffing plan and has completed background/health care registry checks prior to the back-up staff's start date, and the provider has completed training on member-specific needs, CPR/First Aid, Documentation Requirements, Medication Administration and Storage, Crisis Services, and Incident Reporting. (Yes/No)
2. Comments (optional):

Annual Reviews

Member Rights/Home- and Community-Based Services

1. The member has access to common areas of the home and can use all amenities at their leisure (e.g., use phone, read mail, have visits) unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)
2. Evidence that meals, food, and water are available and provided and include, when applicable, physician-recommended dietary requirements; also, the member is given a choice based on wants and needs. (Met/Not met)
3. No alarms, locks, monitors are installed to restrict the member's movements or privacy unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)

Member's Bedroom

1. A bedroom above or below the ground level is used only by individuals who are capable of moving up and down the steps independently. (Met/Not met)
2. The member bedroom's is furnished with the member's input. The bedroom must include bed, linens, and personal storage space. (Met/Not met)

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3. The bedroom is equipped with a door that the member can close and lock while meeting safety requirements, unless written in the member's treatment plan and reviewed by the agency's Client Rights Committee. (Met/Not met)
4. The member is free to furnish and decorate sleeping and personal areas. (Met/Not met)

Indoor and Outdoor Environment

1. The facility and grounds are safe, clean, and free from insects/rodents. (Met/Not met)
2. A sturdy rail is present on porches, balconies, or raised flooring surfaces of 30 inches above grade. (Met/Not met/Not applicable)
3. All hallways, doorways, entrances, ramps, steps, and corridors are kept clear and unobstructed at all times. (Met/Not met)

Emergency Preparedness

1. The AFL home has sufficient smoke detectors. (Met/Not met)
2. First aid supplies are easily accessible for use, and all items are within the expiration date. (Met/Not met)
3. Emergency/disaster plans and medical preparedness plans are present in the AFL home, and there is evidence plans are viewed/practiced periodically. The address of the home is easily identified. (Met/Not met)

Medication Administration and Storage

1. Medication/storage and Medication Administration Record (MAR): All items must be marked as Met for this item to be met.
 - MAR includes the member's name. (Met/Not met)
 - MAR includes the name of the drug. (Met/Not met)
 - MAR includes the strength of the drug. (Met/Not met)
 - MAR includes the quantity of drugs. (Met/Not met)
 - MAR includes instructions for administration. (Met/Not met)
 - MAR includes the time the drug is administered. (Met/Not met)
 - MAR includes the date the drug is administered. (Met/Not met)
 - MAR includes initials of the person administering the drug, with staff initials verified on the form. (Met/Not met)
 - Medication is stored per 10A NCAC 27G .0209. (Met/Not met)

Staffing, including Training and Background/Health Care Personnel Registry Checks

1. Are the AFL staff the same staff as during the prior review? (Yes/No)
2. Is the back-up staffing plan the same as during the prior review? (Yes/No)
3. The provider has submitted an attestation that attests to: the provider having agency policy(ies) on background checks and health care registry checks for staff and all adults residing in the home, the provider has completed a background check for all staff and all adults (ages 18 and older) in the home, the provider has a back-up staffing plan and has completed background/health care registry checks prior to the back-up staff's start date, and the provider has completed training on member-specific needs, CPR/First Aid, Documentation Requirements, Medication Administration and Storage, Crisis Services, and Incident Reporting. (Yes/No)
4. Comments (optional):