

The STAR Newsletter

Adult Foster Care (AFC) Issue

New Contact Information



Please keep your licensor informed of any changes to your email address and home/cell phone numbers so you continue to receive notifications/newsletters.

Adult Foster Care Licensing Team's Mission

To enrich the lives of adults by promoting safe and quality licensed care.



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Legislative Changes

Licensing Fees and Training Requirements

The Human Services Licensing Act ([Minn. Statute 245A.10](#)) was updated in 2025 and now requires the Department of Human Services (DHS) to charge a fee of \$2,100 for the evaluation and inspection of licensed Adult Foster Care (AFC) and Family Adult Day Services (FADS) programs. **This is an annual fee.** You will be charged this fee even if your license is not due for renewal during the calendar year. The county cannot reduce or waive this fee on behalf of providers. There is also a \$2,100 fee for an initial application for AFC and FADS programs. *This fee will not be prorated and is non-refundable.*

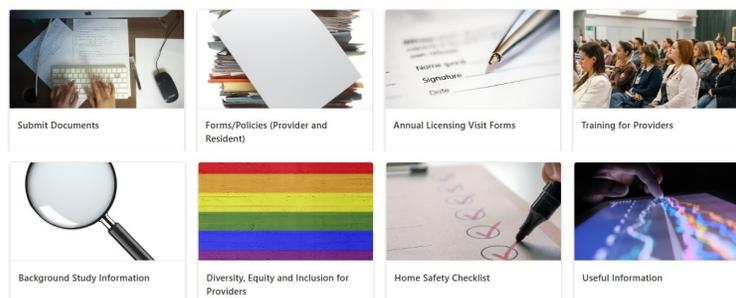
DHS will be responsible for invoicing and collecting the fee. No money should be sent to the county. **Beginning in March, DHS will send invoices to license holders via email, and payment will be due by June 30.** The invoice will give license holders an option to pay online using Automated Clearing House (ACH) or a credit card. *Payment must be made online.*

Nonpayment of the fee will affect your license status. Your license could be closed or not renewed for failure to pay. This was not a county sponsored initiative; counties were not consulted about the change. We will communicate more details as we receive them from DHS.

Additionally, as of August 2025, foster care providers must train substitute caregivers on the program's drug and alcohol policy **before** the caregiver has direct contact with a person served. Training on the drug and alcohol policy must be documented for each caregiver. Providers should also ensure the background study tracking logs for each caregiver accurately reflect their initial dates of both supervised and unsupervised contact with people served by the program.

Read more about these changes on the [AFC, CFRS, CRS, and FADS: Implementation plan for 2025 legislative changes document](#).

Introducing the AFC ExtraNet Site



On November 13, the Washington County AFC team hosted a training on the new ExtraNet site which is currently available to licensed providers. This site was created to transition away from the use of the public

Washington County AFC website. The ExtraNet site will be more applicable to currently

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licensed providers. While the Washington County website is still active, it will be updated soon to just share basic information for members of the general public looking into foster care services. After the transition, AFC providers will need to access specific forms and updates via the ExtraNet site.

Providers who attended the November training learned about the login authentication process, accessing resources on the page, and how to upload documents using the “Submit Documents,” feature. **If you were unable to attend, please note that an email with an invitation to the site was sent by Vickie Kittilson on October 30, 2025.** You must follow the link in this email to access the page. You will be directed to go through an authentication process when first logging in. Authentication can be done in multiple ways, including through the Microsoft Authenticator app, text, or email. Once you are done authenticating your account, you will

have access to AFC forms, newsletters, training details, and other useful information.

One benefit of this transition is that providers will be able to submit licensing documentation directly to the ExtraNet site by uploading files and scans from electronic devices. Hopefully, this will reduce time spent looking for forms at visits and allow licensors to review forms beforehand to ensure their accuracy. Providers will also be able to look at forms they previously uploaded to the site in case they need to reference past information. While licensors will still accept paper copies or emailed forms, we highly encourage providers to familiarize themselves with the site and periodically check it for updates. If you have not logged into the site yet, try it out!

Let your licensor know if you cannot locate the invitation email or if you are having any trouble accessing the site.

Reminder to Issue Certificates of Rent Paid Form

All AFC providers should have issued their residents a Certificate of Rent Paid (CRP) form by January 31, 2026. Residents need this form to apply for a Renter’s Property Tax Refund. Do not issue a CRP if the person’s **entire** room and board cost was paid for by Supplemental Security Income (SSI), Minnesota Supplemental Aid (MSA), or Housing Support funds. You must issue a CRP if assistance programs pay only part (or none) of a resident’s care.

As of 2024, providers must create and submit all Minnesota CRPs using e-Services. You will need to create an e-Services account if you do not already have one.

View more information on issuing CRPs via these Minnesota Department of Revenue links:

- [Certificate of Rent Paid \(CRP\) instructions](#)
- [Create a Certificate of Rent Paid \(CRP\) website](#)

Capacity Policy

Washington County aims to ensure family AFC providers offer clean, safe, supportive, and inclusive homes where individuals fully participate in family life. Guided by the Department of Human Services directives, capacity size is considered in shaping policies to keep individuals' needs as the primary focus.

At initial AFC licensing, the capacity will be set at no more than two individuals. Capacity will be determined during the licensing process. The following factors may be considered when determining initial capacity:

- Size and accessibility of the home.

- Potential population served by the provider.
- Ability of the provider to provide services and be the primary caregiver.

After initial licensing, capacity increases will only be considered at AFC renewal. Currently, initial licenses are renewed after one year and every other year following that. *Providers may request a decrease in capacity at any time.* To decrease capacity, the AFC provider must:

- Provide rationale for the decrease in capacity.
- Communicate their desire to lower capacity to:

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- The residents and/or their guardians of the home.
- Receive prior approval from the case manager/care coordinator if this **results** in a change of rate for the remaining residents. (Note: Capacity may not impact rates for some individuals due to [upcoming disability waiver changes.](#))

The County recognizes there may be a need to increase the overall capacity to serve people needing family AFC services in Washington County. Therefore, the county may approach a provider at any time and ask them to consider increasing their capacity. Requests for increases and decreases are not guaranteed to be approved. All requests will be reviewed by the AFC team.

Background Study Consent and Disclosure Update

Last summer background study timelines changed. Previously, study subjects had 14 days to complete the consent disclosure, fingerprint, and photography requirements.

As of July 14, 2025, individuals must complete their consent disclosure within four days of submitting a study. Once this is done, the study subject has

10 days to finish the fingerprinting and photography requirements. *This change was made by DHS to align with federal requirements.* View more about this change on the [DHS Background Studies Consent and Disclosure FAQs web page.](#)

As a reminder, please inform your licensor of any caregiver changes and 245D study affiliations.

Upcoming Provider Training Group

Our next provider training group, titled Advocating for Your Client With Health Care Providers, will be presented by Dan Stewart and Annelies Stevens-de Jong from The Office of Ombudsman for Mental Health and Developmental Disabilities.

January 27 | 6:30-8 p.m. | Via Teams

The online meeting link for this training was included in the flyer emailed to providers on December 29, 2025. *Providers do not need to RSVP to attend this training.*

We hope to see you there!

Winter Medical Alerts

In November, the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD) published their [Winter Medical Alerts for 2025-2026](#). Seasonal alerts come from the Medical Review Unit, who assess patterns in serious injuries and deaths. By staying aware of recent medical trends, AFC providers can be better prepared to assist residents who may be at risk of serious medical incidents. Read more from the OMHDD alert below:

Trends in Deaths

During the past two calendar years, 3,337 deaths have been reported to OMHDD. A total of 3,202 of these have been finalized, which means a manner and cause of death have been established. The vast majority of

reported deaths, about 70%, were natural deaths, which could include causes like sepsis, influenza, pneumonia, and seizures. The most common causes of death involved in unexpected deaths (including all manners of death) were related to pneumonia (337, or 10.5%), fentanyl and/or another illicit substance (305, or 9.5%), sepsis (232, or 7.2%), a fall (57, or 1.8%), a bowel obstruction (27, or 0.8%), and choking on food (25, or 0.8%).

There are numerous interventions that can help prevent these types of deaths, including implementing fall risk plans, early action when signs of illness are noticed,

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following established plans regarding eating protocols (and especially regarding food consistency), supporting clients with their vaccinations, and making naloxone and fentanyl test strips easily accessible. Focusing on efforts to have all staff trained in emergency procedures like CPR and choking interventions is another great step to take.

We very commonly receive reports that staff reached out to managers or nurses before calling 911. *We want to encourage each of you that you are empowered to call 911 when you believe there is a life-threatening situation.* Several medical alerts we have issued in the past go more in-depth on prevention strategies. The most important thing to remember is to pay attention to each person's baseline, and to report, document, and take action when a significant, consistent, or sudden change is noted. Behavioral changes can mean that someone is experiencing a medical problem!

Respiratory Illness

The COVID health emergency officially ended on May 11, 2023, but we continue to see cases in community and congregate care settings. Influenza and RSV (Respiratory Syncytial Virus) are also very present in the community, as is typical this time of year. For up-to-date guidance on how to help people be safe and healthy, we recommend checking out the following links from the Minn. Department of Health:

- [Coronavirus Disease 2019 \(COVID-19\)](#)
- [Respiratory Syncytial Virus \(RSV\)](#)
- [Influenza \(Flu\)](#)

Substance Use and Fentanyl

Fentanyl remains high on our radar, just like it is for many other agencies and organizations in Minnesota. It is a very powerful synthetic opioid that is often added to drugs like heroin and methamphetamine, and the person using the drug may not even know they are using it. This creates a very real risk of death or serious injury, because the effects of fentanyl are much more severe than those of other opioids. It is not uncommon for people to (intentionally or unintentionally) use fentanyl while they are in treatment for substance use or mental health. Knowing what to look for can help prevent death. Common signs of a fentanyl overdose include:

- Pinpoint pupils.
- Loss of consciousness.
- Slow, weak, or no breathing.
- Choking or gurgling sounds (which may include loud snoring sounds).
- Limp body.
- Cold and/or clammy skin.
- Discolored skin, especially in lips and nails.

If you notice any of these signs, call 911 immediately, and administer naloxone. *A second dose should be given if you do not see a response after 2-3 minutes.* It is best practice to have at least two doses of naloxone readily available at each facility and to make sure all staff are trained on how to administer it.

- [Fentanyl Facts | Stop Overdose](#) Centers for Disease Control and Prevention (CDC)
- [Lifesaving Naloxone | Stop Overdose](#) CDC
- [Opioids and Fentanyl](#) Minn. Department of Health
- [What to Do if You Think Someone is Overdosing | Stop Overdose](#) CDC

Adapted from original source: [Winter 2025-2026 Medical Alert Letter](#).

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