

	Addictive and Mental Disorders Division Severe and Disabling Mental Illness, Home and Community Based Services Waiver Manual
	Date effective: July 1, 2020 Date revised:
Policy Number: <i>SDMI HCBS 377</i>	Subject: Residential Habilitation, Adult Foster Care

Definition

Adult Foster Care provides 24-hour available services and supports designed to ensure health, safety, and welfare of a member and assist the member in the acquisition and improvement of behaviors necessary to live and participate in the community.

Determination of Need

Adult Foster Care would be appropriate for a member who is mostly independent but requires 24 hours of supports to ensure their health and safety. This member may appear to have the ability to live independently but would decompensate without the structured support of a residential setting. This setting would be appropriate for members who do not do well within a group living situation.

Provider Requirements

- (1) An Adult Foster Care must:
 - (a) be licensed by the state of Montana, <https://dphhs.mt.gov/qad/licensure>.
- (2) Providers are required to meet the Home and Community-Based setting requirements (setting rule). The provider self-assessment and additional information about the settings rule can be found at: <https://dphhs.mt.gov/hcbs>.

Service Requirements

- (1) Medicaid does not reimburse for room and board in a residential habilitation setting.
- (2) Adult Foster Care may provide these service components:
 - (a) personal assistance supports or habilitation to meet the specific needs of the member;
 - (b) homemaker services;
 - (c) medication management and oversight;
 - (d) social activities;

- (e) personal care;
 - (f) recreational activities;
 - (g) non-medical transportation; and
 - (h) 24-hour on-site awake staff to meet the needs of the member and provide supervision for safety and security.
- (3) The following services cannot be provided concurrently:
- (a) personal assistance;
 - (b) homemaker chore;
 - (c) respite care;
 - (d) environmental accessibility adaptations;
 - (e) meals; or
 - (f) non-Medical Transportation.
- (4) Staff are required to report all medication errors to their respective management and to the case management team. The case management team must complete a serious occurrence report in the Quality Assurance Management System within five days of receiving the information.
- (5) The provider may not bill Medicaid for services on days the resident is absent from the facility, unless retainer days have been authorized by the CMT. Retainer days are days on which the member is either in hospital, nursing facility, or on vacation and the team has authorized the provider to be reimbursed for services in order to keep their placement in the residential setting.
- (6) Retainer days are limited to 30 days a Person-Centered Recovery Plan year and may not be used for any other service if used for residential habilitation.
- (7) The provider may bill on date of admission and discharge from a hospital or nursing facility. If the member is transferring from one residential care setting to another, the discharging facility may not bill on day of transfer.
- (8) Behavioral Intervention Assistant may be provided to assist transition of the member to a new facility or as authorized by the department on a short-term basis.

Utilization

- (1) Adult Foster Care is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.
- (2) If a provider needs additional assistance with the settings rule, contact the SDMI waiver program manager at 406-444-4927.