MONTANA DPHHS Healthy People. Healthy Communities. Department of Public Health & Human Services	**Addictive and Mental Disorders Division** **Treatment Bureau** Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: July 1, 2020 **Date revised:** July 1, 2020
Policy Number: *440*	**Subject:** Adult Foster Care (AFC)

Definition

AFC services are in-home supervised support services in a licensed foster home. The purpose of the service is to provide behavioral interventions to reduce disability, restore previous functioning levels in one or more areas, and encourage recovery so the member can be successful in an independent living setting.

Medical Necessity Criteria

The member must meet the Severe and Disabling Mental Illness (SDMI) criteria as described in this manual and all the following:

(1) The prognosis for treatment of the member at a less restrictive level of care is poor because the member demonstrates three or more of the following due to the SDMI:

(a) significantly impaired interpersonal or social functioning;

(b) significantly impaired occupational functioning;

(c) impaired judgment;

(d) poor impulse control; or

(e) lack of family or other community or social supports.

(2) Resulting from the SDMI, the member exhibits an impaired ability to perform daily living activities in an appropriate manner.

(3) The member exhibits symptoms related to the SDMI that are severe enough that a less intensive level of service would be insufficient to support the member in an independent living setting or the member is currently being treated or maintained in a more restrictive

environment and requires a structured treatment environment to be successfully treated in a less restrictive setting.

Provider Requirements

AFC must be provided by a licensed MHC with a Medicaid therapeutic foster care endorsement.

Service Requirements

(1) AFC must be provided in accordance with all applicable state and federal regulations.

(2) Members receiving AFC cannot be required to attend Day TX; it must be the member's choice to attend Day TX while receiving AFC.

(3) AFC must be billed as a bundled service and includes the following:

(a) clinical assessment; and

(b) crisis services.

(4) It is not required that each member receiving AFC receive every service listed above. Medically necessary services that are billed must be documented clearly in the member's individualized treatment plan in the member's file.

(5) A provider may be reimbursed for reserving a bed for a member who is on a THV for up to 14 days per member per SFY. The purpose of the THV must be to assess the ability of the member to successfully transition to a less restrictive level of care. The member's ITP must document the clinical need for a THV and the provider must clearly document staff contacts and member achievements or regressions during the THV.

Utilization Management

(1) Prior authorization is not required.

(2) Continued stay review is not required.

(3) The provider must document in the file of the member that he or she meets the medical necessity criteria.