**Adult Foster Care: A New IO Waiver Service**

Ohio Department of MR/DD  
August 30, 2007

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**ATTACHMENTS:**

- Adult Foster Care Rule (OAC 5123:2-13-06)
- Rule Attachments A & B
**Purpose**
Adult foster care is intended to provide access to a natural rhythm of life similar to one that occurs as part of living in the family home. The service is available to eligible IO waiver enrollees who seek the supports available through a family home environment.

**Authorization**
This new IO waiver service was approved by CMS in July 2007.

The Ohio Administrative Code rule related to this service will be effective 10/1/07. The rule is OAC 5123:2-13-06 (see attached.)

**Service Definition**
Adult foster care is considered a “milieu” of personal care and supportive services provided in a private home by an unrelated, principal care giver who lives in the home and whose primary, legal residence is that home. The individual receiving adult foster care lives in the home with the provider.

Examples of services that may be included as components of the adult foster care milieu are listed below. Due to the environment provided by foster care, segregating these activities into discrete services is impractical.

1) Basic personal care and grooming, including but not limited to bathing, care of the hair, and assistance with clothing;
2) Assistance with bladder and/or bowel requirements or problems, including but not limited to helping the individual to and from the bathroom or assisting the individual with bedpan routines;
3) Assisting the individual with self-medication or provision of medication administration for prescribed medications and assisting the individual with, or performing, health care activities;
4) Performing household services essential to the individual's health and comfort in the home (e.g., necessary changing of bed linens or rearranging of furniture to enable the individual to move about more easily in his/her home);
5) Assessing, monitoring, and supervising the individual to ensure the individual's safety, health, and welfare;
6) Light cleaning tasks in areas of the home used by the individual;
7) Preparation of a shopping list appropriate to the individual's dietary needs and financial circumstances, performance of grocery shopping activities as necessary, and preparation of meals;
8) Personal laundry;
9) Incidental neighborhood errands as necessary, including but not limited to accompanying the individual to medical and other appropriate appointments, and accompanying the individual for short walks outside the home; and
10) Skill development to prevent the loss of skills and enhance skills that are already present that lead to greater independence and community integration.
11) Specific services as specified in the individual’s ISP.
**Eligibility**
In order to receive the adult foster care service, an individual must be:
1) Enrolled in the IO waiver
2) At least 18 years old
3) Have adult foster care included on his/her written ISP & included in PAWS
4) Living in the home of the adult foster care provider
5) Not eligible for foster care under Title IV-E

If a person is eligible for adult foster care and his home setting meets all requirements outlined below, the person must receive the adult foster care waiver service.

**Provider Requirements**
In order to be an adult foster care provider, all providers must meet the following criteria:

1) The home where adult foster care occurs must be the primary, legal residence of the principal caregiver. This person is either subcontracting with an agency provider who is actually the provider of record, OR is the non-agency provider. See the next section for more information regarding the roles of agency and non-agency providers.

2) The provider/principal caregiver shall not be related to the individual receiving services by blood, adoption or marriage.

3) The provider/principal caregiver shall not be the full guardian of the individual receiving services.

4) No more than three people may receive services in an unlicensed setting. Any or all of them may be enrolled on the waiver and eligible for adult foster care.

5) Submit an application and meet the applicable IO waiver homemaker personal care certification requirements. Current IO waiver providers who meet HPC certification are required only to submit an adult foster care application to ODMRDD.

6) Meet all applicable licensure requirements if the home where the individual and caregiver live is licensed.

7) If the setting is licensed, the total number of individuals with MR/DD living in the residence can not exceed four. (Note that there may be more than four people receiving services in the licensed setting, but there can be no more than four of them with MR/DD.) The following example scenarios would all be considered appropriate:
   a) Four IO waiver enrollees who receive adult foster care;
   b) Two IO waiver enrollees who receive adult foster care, one person who receives supported living services and one person who is enrolled in the Transitions MR/DD waiver; and
   c) One person enrolled in adult foster care, one person enrolled in the Level One waiver, and two family members of the provider who have developmental disabilities.

8) A county board of MR/DD shall not be certified as an adult foster care provider.
Agency and Non-Agency Providers
There are references to two types of providers in the adult foster care rule: agency providers and providers that are not affiliated with an agency.

**MODEL #1**

- **Agency Provider**
  - unrelated to the individual
  - not the full guardian of individual

- **Subcontracted Provider**
  - principal care provider
  - unrelated to the individual
  - primary, legal residence is the home
  - not the full guardian of individual

- **Individual receiving Adult Foster Care**

**MODEL #2**

- **Non-Agency Provider**
  - unrelated to the individual
  - not the full guardian of individual
  - also known as:
  - Independent Provider
  - Individual Provider

- **Individual receiving Adult Foster Care**
Substitute Coverage
Individuals who are eligible for adult foster care services effectively are opting to use this service instead of homemaker/personal care. This exclusion of homemaker/personal care is necessary due to the milieu concept that is inherent in adult foster care. However, it is recognized that in certain circumstances it may be necessary for the person to access homemaker/personal care in lieu of the adult foster care service. Examples include: an unexpected illness of the provider/principal caregiver, a special or unusual experience for the person receiving the services, short term respite, etc. As such, this section discusses the possible types of substitute coverage and related billing requirements.

Institutional Respite
This service is allowable during a short-term absence of the provider/personal caregiver or a need for that person to have some respite relief.

Another Adult Foster Care Provider
Aside from its usual subcontracted relationship with the principal caregiver, an agency provider may subcontract for services from a different provider in the event that substitute coverage is needed. If an agency chooses to subcontract, the daily rate for adult foster care may be billed by the agency provider and payment to the subcontractors will be worked out between the two private parties. See OAC 5123:2-13-04 (I) for more information.

Homemaker/Personal Care
Individuals may receive homemaker/personal care when substitute coverage is needed and the services are provided by a certified homemaker/personal care provider. Examples of this include summer camp or times when the principal caregiver is unavailable to provide service to the individual. These services may occur in the individual’s foster care setting or in a different location agreed to by the individual.

• An agency provider may choose to not subcontract and instead another certified provider would render homemaker/personal care services for a period of time. In these cases, the main provider would NOT bill for the adult foster care service on those same day(s).

  o This prohibition exists regardless of whether the HPC provider’s claims were submitted to the department for an entire 24-hour period or for some lesser period of time.
  o The reason for this prohibition is the state’s inability to establish a “partial day” adult foster care billing code at this time, and thus for audit reasons we can not authorize payment for both HPC claims and an adult foster care daily rate payment for the same person on the same day. While a “partial code” approach is something that we would like to accomplish in the future, the functionality does not exist today.

• Unlike agency providers, non-agency providers are not permitted to subcontract the provision of services. If substitute coverage is needed (either in that residence or in another setting with the approval of the individual being served) the provider should work with the SSA in order to arrange it. In these
cases, the main provider would **NOT** bill for the adult foster care service on those same day(s).

- This prohibition exists regardless of whether the HPC provider’s claims were submitted to the department for an entire 24-hour period or for some lesser period of time.
- The reason for this prohibition is the state’s inability to establish a “partial day” adult foster care billing code at this time, and thus for audit reasons we cannot authorize payment for both HPC claims and an adult foster care daily rate payment for the same person on the same day. While a “partial code” approach is something that we would like to accomplish in the future, the functionality does not exist today.

- Adult foster care providers are not permitted to provide homemaker/personal care for individuals to whom they provide adult foster care.

### Reimbursement Rates

Reimbursement rates for adult foster care are outlined in Attachment 1 of OAC 5123:2-13-04. The reimbursement amount depends on four variables:

1. ODDP funding range of the individual;
2. Number of individuals who share the service, regardless of funding source;
3. Cost of doing business factors of the county; and
4. Provider type (agency or individual.)

Providers shall be reimbursed at the lesser of their charge for the service OR the statewide payment rate for waiver service that is delivered. For more information, please see OAC 5123:2-13-06 (M)(7).

Reimbursement for this service does **NOT** include payment for room & board, items of comfort or convenience, or costs for the maintenance, upkeep and improvement of the foster home.

### Reimbursement Process

Providers may bill for each day that the adult foster care service was rendered; however, the provider may **NOT** bill for those days when homemaker personal care services also were billed for that individual by another provider.

Providers shall bill only for those days of service that were rendered, and shall **NOT** bill prior to the day a service is delivered.

Documentation requirements related to the reimbursement process are outlined in OAC 5123:2-13-06 (L).
**Prior Authorization**

Individuals who receive adult foster care services may make a request for prior authorization in accordance with OAC 5101:3-41-12. In no instance shall the prior authorization result in a per diem rate that is greater than the rate authorized for band 4 in the adult foster care rule. *See Attachment A of OAC 5123:2-13-04 for more information.*

For individuals with ODDP funding ranges 1 and 2, it should be noted that the CMS-approved adult foster care rates are higher than what their ODDP funding range will allow. ODMR/DD will handle this process administratively and will not require prior authorization requests to be submitted in these situations. If you are aware of an individual who has a ODDP funding range of 1 or 2 and is otherwise eligible for adult foster care, please contact your county board’s regional consultant and the Department will authorize the additional PAWS amount necessary in order to move this individuals’ funding into the adult foster care rate band 1.

**Forthcoming Rule Clarifications**

The OAC rule will be effective 10/1/07, and soon thereafter ODMRDD will work with the Joint Committee on Agency Rule Review (JCARR) to add two clarifications to the rule:

1) Remove reference in section (K) of the rule that mentions ODMR/DD “notwithstanding” the prior authorization rule for individuals in ODDP funding ranges 1 and 2. Note that this clarification will have no impact on individuals’ access to the adult foster care service.

2) Per JCARR request, add a clarification that individuals who received adult foster care services under the former negotiated rate system and who are related to their provider will be unable to access the new adult foster care waiver service; however, these individuals will be able to have access to services in that setting via homemaker personal care. Note that this clarification will have no impact on individuals’ access to the adult foster care service.

ODMRDD will offer these two clarifications to the rule soon after the rule's effective date.

**Additional Questions**

Materials related to the new adult foster care service are available at: [http://mrddevlweb/medicaid/reimbursement.htm](http://mrddevlweb/medicaid/reimbursement.htm)

Please direct additional questions to ODMRDD’s Medicaid Division at: waiver.support@odmrdd.state.oh.us