

A&D/TBI – Waiver Services Supplemental – Adult Foster Care

The waiver includes adult day services, attendant care, case management, homemaker, residential based habilitation, respite care, structured day program, supported employment, behavior management/behavior program and counseling, environmental modifications, healthcare coordination, occupational therapy, personal emergency response system, physical therapy, specialized medical equipment, and supplies, speech-language therapy and transportation. These are waiver services options that can be provided and will be services that people are receiving. Not everyone will be receiving the same services, however. Some will receive Physical Therapy or Transportation or Attendant Care, or some other service that reflects their needs.

The **Person Centered Compliance Tool** will be supplemented with the following tool depending on what waiver service the person is currently receiving. A review of the CCB/PPOC will determine what services the person has. The surveyor will determine by reviewing the CCB/PPOC and talking with the Case Manager the exact services the person has. By so doing, the surveyor will take the appropriate supplemental Provider Survey Tool to complete the survey. The following is an example of that supplemental Provider Survey Tool for a person who is receiving: **Adult Foster Care (AFC)**.

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Adult Foster Care (AFC)		Discovery Mechanisms		
<p>Waiver Services: Adult Foster Care (AFC)</p> <p>Waiver Assurances</p> <p>Recommended Probes</p>	<p>Discovery mechanisms are not meant to be inclusive. They are meant to be suggestions to gather information for the surveyor. Guidelines are intended to help the surveyor to make decisions about the presence or absence of the indicators. The Discovery mechanisms listed here in no way imply they are meant to be directives for completion, or a requirement to be answered in every instance.</p>			
<p>Adult Foster Care (AFC): Desired Outcome: <i>Adult Foster Care is a comprehensive service in which the participant of services resides with an unrelated caregiver in order for the participant to receive personal assistance designed to provide options for alternative long term care to the individuals who meet nursing facility level of care and whose needs can be met in a home-like environment.</i></p>	<p>Spending Time With People (Initially during the conversation with the person using the Personal Outcome Measure®, then throughout the survey process.)</p> <p>Examples only: specific situations may change observations.</p>	<p>Conversations With People</p> <p>Selected Examples only: specific situations may change conversations with people.</p>	<p>Review of Documents</p> <p>Examples only: specific situations may change documents needing review.</p>	
<p>AFC 1.A Independence Maintained</p>	<p>AFC 1.A.1 The person receives AFC while emphasizing personal Independence.</p> <p>1. Does the person and/or the person's legal representative, Case Manager and AFC provider work cooperatively to foster a relationship of independence to help the person live in a home-like environment? 2. Does the AFC service provide only the amount of service necessary to maximize the person's abilities to</p>	<p>Observe the level of prompting and hands-on service being provided to the person.</p> <p>Observe the home to determine it is a home-like environment and does not favor furnishing usually found in institutional settings.</p>	<p>Ask the person about the level of actual hands-on help received during any given activity.</p> <p>Ask the person if direct service staff and Case Manager work with them in developing the AFC services.</p>	<p>Review POC/CCE for appropriate goals/service objectives approved.</p>

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	function independently?			
Dignity, Self-Respect and Privacy	AFC I.B.1 The person's dignity, self-respect and privacy are respected in a home-like environment that is a non-institutional setting. 1. Does the AFC direct service staff encourage independence for the person? 2. Is there a range of options for care and services offered that enables the person to make on-going choices for those services as the person's needs change?	Observe the interactions between the direct service staff and the person.	Ask the person if they are involved in reviewing any options for services as their needs change. Ask the Case Manager to describe the process for offering a range of options of services. Ask the Case Manager to describe the process of service selection as the person's needs change.	Check any documentation that describes service options. Review the POC/CGB to determine if any options for services have been presented to the person.
AFC Services	AFC I.C.1 The person receives a wide range of services consistent with personal identified needs that enhance independence. 1. Does the person receive personal care services? 2. Does the person receive homemaker services? 3. Does direct service staff provide services that help with chores? 4. Are attendant care and companion services provided? 5. Are mobility services provided related to proper body mechanics, transfers, and non-assistive device ambulation? 6. Are services provided that maximizes independence in elimination?	Observe the implementation of services as described in the person's POC/CGB. Observe to notice if Ombudsman and APS phone numbers are posted, or does the individual know where to obtain these numbers and are they readily accessible? Observe to notice if safety plans are posted, or does the individual know where to obtain these numbers and are they readily accessible?	Ask the person to describe any services they believe they need. Ask the Case Manager to describe the services the person receives.	Review any schedules or other documentation that verifies services are implemented and appropriate. Review documented evidence of detailed information sheets on each resident including who to call in an emergency, physician contact, and hospital preferences. Review the POC for evidences of services. Review Medication

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	<p>7. Are services in nutrition provided? 8. Are safety issues such as health and safety, eliminating safety hazards, waste disposal and household tasks considered and provided as necessary? 9. Does the person receive assistance with correspondence and bill paying? 10. Are natural supports enhanced by providing transportation for the person to therapeutic events such as medical appointments or community activities? 11. Is medication oversight provided only to the extent necessary for the person? 12. If medications are to be managed during the time the individual is present and the AFC are those medication records maintained, current and accurate; are errors recorded and errors reported via DA Incident Report website?</p>	<p>Observe the home for hazards, cleanliness, exits, fire extinguishers, working smoke alarms.</p>		<p>records to determine if they are properly maintained. Review documents to determine if a personal safety assessment has been completed by the AFC.</p>
<p>Standard Services</p>	<p>AFC I.D.1 AFC services fall within the standard provisions of the Waiver Services and are provided with maximum dignity and enhancement of independence for the person. 1. Does the POC/CCB reflect the person's need for AFC? 2. Do the services provided reflect those identified documented needs? 3. Does the provider, or other appropriate person, live in the home where the person receives AFC services? 4. Are the house rules (rules of management) for the home approved by the Medicaid Waiver program? 5. Were the rules of management for</p>	<p>Observe for any "house rules" that the person must follow.</p>	<p>Ask the person to describe any rules that must be followed. Ask the person how comfortable they feel in following the rules established by the AFC provider. Ask the person if they believe the rules of management for the home are fair. Ask the person if they received information about the rules of</p>	<p>Review the POC/CCB for any requirements to establish certain rules of management in the AFC home. Review the documents for any evidence of the person questioning the rules of management in the AFC home. Review any staff training documentation for evidence that staff have been informed about medication preparation and</p>

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	<p>the home provided to the person prior to the start of AFC services? 6. Are the rules of management for the home <i>free</i> from restrictions normally afforded to persons under state and federal law? 7. If the person receives service for medication oversight, does provider staff receive necessary instruction from health care practitioners or the pharmacist on the administration of controlled substances prescribed to the person?</p>	<p>management prior to coming to the home. Ask the direct service staff if any instruction regarding medication had been provided. Ask the Case Manager how the rules were approved by the Medicaid waiver.</p>	<p>delivery. Review any documentation that verifies Medicaid approval.</p>
<p>Documentation Standards</p> <p>AFC I.E.1 Adult Foster Care services are based on the person's identified needs and is reflected in the person's POC/CGB. 1. Have the person's needs been documented in the POC/CGB? 2. Is there evidence that person requires the level of service provided? 3. Do all data recorded by the service provider include the date of service and number of units of service delivered? 4. Is there evidence of a negotiated risk agreement, if applicable? 5. Is there evidence of a completed Adult Foster Care Level of Service Evaluation form? 6. Is there evidence that this form has been given to the provider by the Case Manager?</p>	<p>Observe to ensure Ombudsman and APS phone numbers are posted. Observe to ensure that safety plans are posted. Determine if safety plans are readily available</p>	<p>Ask the staff about the documentation requirements for services provided. Ask the Case Manager if there are any documentation requirements for the services provided.</p>	<p>Check any documentation to verify the services outlined in the POC are being provided. This may include logs, a sample of reimbursement data etc. Check any data record to discover if there is a negotiated risk assessment, if applicable. Check any documentation to discover if the Adult Foster Care Level of Service Evaluation form has been completed and sent to the provider. Review documents for detailed information sheets for that individual including who</p>

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			<p>to call in an emergency, physician contact, and hospital preferences. Review the POC to ensure it is in evidence.</p> <p>Review the <u>Level of Service</u> Assessment/Evaluation for <u>Adult Foster Care</u> form to ensure that the correct level of services is consistent with what is being provided.</p>
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