

Adult Family Care

AFC

Available under PathWays, Health and Wellness, and TBI

What is AFC?

AFC is provided in a home to up to 4 individuals at any given time. Individuals live in the home with an **unrelated** caregiver and are provided with socialization, meals, supervision and hands on assistance with ADLs/IADLs, and medication oversight, while still maintaining appropriate independence.

Care is provided 24/7; individuals are not to be left alone for any period of time.

Please note that agencies will be required to have staff hired at the time of certification, and proof of 24/7 scheduling will be required to be uploaded.

What is needed to provide AFC?

Each home/facility must include the following:

- Privacy
- Safe place that is free of environmental hazards such as pests
- Habitable environment
- Comfortable surroundings
- Opportunity to modify one's living area to suit preferences

Provider/Owner/Caregiver **cannot** be related to the individual providing services to. This includes parent/child relationships, spouses, POAs, health care representatives, and legal guardians.

How to apply for AFC?

Prepare the following documents:

Will require on site visit to verify compliance with the Settings Rule

Documents to Gather

- ☐ Background Check Results
- ☐ Negative TB Test or Chest X-Ray Results
- ☐ Proof of Liability Insurance*
- ☐ Secretary of State Letter
- ☐ W-9 Tax Form/EIN Letter

**This service requires Commercial General Liability Insurance*

Operations Manual

- ☐ Employee's Rights and Responsibilities
- ☐ File Retention Policy
- ☐ HIPAA Compliance Policy
- ☐ Incident Reporting Policy
- ☐ Job Descriptions

- ☐ Job Performance Evaluation Policy
- ☐ Organizational Chart
- ☐ Personnel Policy
- ☐ Quality Assurance/Quality Improvement Policy
- ☐ Transfer of Information Policy

Resources

- [OMPP HCBS Waiver Manual](#)
- [DDRS HCBS Waiver Manual](#)
- [Aging Rule](#)
- [Settings Rule](#)

Application Fee Notice

Please note that this service requires an application fee for the IHCP enrollment process. For more information: [Provider Enrollment Application Fee Site](#).

If paying the application fee will cause financial hardship for you or your business, you may request an application fee waiver.

To support your request for an application fee waiver, you should submit the following:

- Copies of bank statements, cash flow statements, tax returns or any other documentation demonstrating the financial status of your business
- Copies of any other outcomes of measures used to raise the application fee, such as bank loan requests, credit card withdrawals, or assistance from family or friends.