



# AGENCY FOSTER HOME FOR ADULTS

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Aging Services

NORTH  
**Dakota**  
Be Legendary.™

Human Services

# OBJECTIVES



# SETTING

- **Agency Adult Foster Home (AFHA)**
  - An AFHA is the setting where an individual who **has Medicaid** can receive Home and Community Based Services (HCBS): Residential Habilitation and Community Supports.
  - It is a **licensed, home-like setting**, where **Residential Habilitation** and **Community Supports** services can be provided to up to **4 adults**, and **up to 24 hours per day** by a Qualified Service Provider (QSP) Agency.



# SERVICES

## **Residential Habilitation & Community Supports**

- Formalized training and supports provided to eligible individuals who require some level of ongoing **daily** support.
- These services are designed to assist with and develop self-help, socialization, and adaptive skills that improve the participant's ability to independently reside and participate in an integrated community.
- Residential Habilitation or Community Supports may be provided in community residential settings leased, owned, or controlled by the provider agency (Agency Adult Foster Home).
  - These services can also be provided in a private residence owned or leased by a participant.
- Higher level of services
- All-inclusive care

HCBS FUNCTIONAL & FINANCIAL ELIGIBILITY REQUIREMENTS COMPARISON (07/2021)

|                        | EXPED (Expanded Service Payments for the Elderly & Disabled)   | SPED (Service Payments for the Elderly & Disabled)  | MSP-Personal Care (Level A)  | MSP-Personal Care (Level B)  | MSP-Personal Care (Level C)  | Medicaid Waiver for HCBS (Elderly & Disabled)   | Technology Dependent Medicaid Waiver  |
|------------------------|--|---|--|--|--|---|---|
| Services               | <ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Emergency Response</li> <li>Environmental Modification</li> <li>Family Home Care</li> <li>HCBS Case Management (billed under Targeted Case Management)</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transportation</li> <li>Respite</li> </ul> | <ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Chore &amp; ERS</li> <li>Emergency Response</li> <li>Environ. Modification</li> <li>Ext. Personal Care</li> <li>Family Home Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Medical Transp.</li> <li>Personal Care Services</li> <li>Respite</li> </ul> <p>Personal Care Service: Assistance with activities of daily living (ADLs) such as bathing, dressing, toileting, transferring, eating, mobility and incontinence care and with instrumental activities of daily living (IADLs) may be provided in conjunction with the tasks for ADLs</p> | <ul style="list-style-type: none"> <li>Personal Care Services (includes Daily/Rate &amp; PC-Basic Care)</li> </ul>   | <ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>   | <ul style="list-style-type: none"> <li>Personal Care Services</li> </ul>   | <ul style="list-style-type: none"> <li>Adult Day Care</li> <li>Adult Foster Care</li> <li>Adult Residential</li> <li>Chore &amp; ERS Systems</li> <li>Community Support</li> <li>Community Transition</li> <li>Companionship</li> <li>Environmental Modification</li> <li>Extended Personal Care</li> <li>Family Personal Care</li> <li>HCBS Case Management</li> <li>Home Delivered Meals</li> <li>Homemaker</li> <li>Non-Med Transportation</li> <li>Residential Habilitation</li> <li>Respite</li> <li>Sp. Equipment/Supplies</li> <li>Supervision</li> <li>Supported Employment</li> <li>Transitional Living</li> </ul> | <ul style="list-style-type: none"> <li>Attendant Care Service</li> <li>HCBS Case Management</li> <li>Non-Medical Transportation</li> <li>Specialized Equipment and Supplies</li> </ul>  |
| Functional Eligibility | <p>Not severely impaired in ADLs: Toileting, Transferring, Eating And Impaired in 3 of the 4 following IADLs:</p> <ul style="list-style-type: none"> <li>Meal Preparation</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> <p>Or Have health, welfare, or safety needs, requiring supervision or structured environment</p>                                   | <p>Impaired in 2 ADLs, OR in at least 4 IADLs, totaling six (6) or more points or if living alone totaling at least four (4) points</p> <p>Or</p> <p>If under age 18, meet LOC screening criteria</p> <p>And</p> <p>Impairments must have lasted or are expected to last 3 months or more</p>   | <p>Impaired in 1 ADL</p> <p>Or</p> <p>Impaired in 3 of the 4 following IADLs:</p> <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> | <p>Impaired in 1 ADL</p> <p>Or</p> <p>Impaired in 3 of the following 4 IADLs:</p> <ul style="list-style-type: none"> <li>Meal Prep</li> <li>Housework</li> <li>Laundry</li> <li>Medication Assistance</li> </ul> <p>And</p> <p>Meet LOC criteria</p> | <p>Impaired in 5 ADLs</p> <p>And</p> <p>Meet LOC criteria</p> <p>And</p> <p>No units allocated to the tasks of laundry, shopping, &amp; housekeeping</p> <p>And</p> <p>Prior approval from the Dept.</p> | <ul style="list-style-type: none"> <li>Meet LOC criteria</li> <li>Age 18 or older</li> <li>Choose waiver services</li> <li>Receive service on a monthly basis</li> <li>Participate in planning</li> <li>Functional impairment cannot be the result of a mental illness or intellectual disability</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul>  | <ul style="list-style-type: none"> <li>Meet LOC criteria</li> <li>Vent Dependent at least 20 hrs per day</li> <li>Medically stable</li> <li>Has an informal caregiver system for contingency planning</li> <li>Is competent to participate in planning</li> <li>If under 65 the disability must meet Social Security criteria or determined to be physically disabled by the state review team</li> </ul> |
|                        | Nursing Facility Level of Care Screening - (LOC) Criteria for LOC Screening - NDAC 75-02-02-09   |   |  |  |  |   |   |
| Financial Eligibility  | Medicaid Eligible and receiving SSI or income is at or less than max SSI (currently \$794)   | Income & Asset Based Sliding Fee Scale Resources \$50,000 or less   | Medicaid Eligible  |  |  | Medicaid Eligible   |   |
| Program Cap            | \$3791.00 per month  | \$3791.00 per month   | Level A-480 units per month (a unit is 15 minutes)<br>Level B-960 units per month<br>Level C-1200 units per month  |  |  | Total cost of all waiver services is limited to the highest monthly rate allowed to a nursing facility within the rate setting structure of the Department. Individual service caps may also apply.   |   |

Individual QSP Rate \$5.43 per/unit, HMK \$4.89 per/unit - Agency QSP Rate \$7.46 per/unit, HMK \$6.71 per/unit (Some rates are also daily, one time, half day, or specific to the service)

# RESIDENTIAL HABILITATION

- Medicaid eligible under Medicaid Waiver
- Meet Skilled Nursing Facility LOC
- Daily need for services up to 24 hours/day
- Supervision cannot be the only need
- Assist with socialization, skills training and restoration
- Improves ability to reside in community
- Target population: Traumatic brain injury, stroke, or early-stage dementia



# RESIDENTIAL HABILITATION

- Service tasks/activities are all inclusive:
  - Adaptive skill development (education/training)
  - Assistance with activities of daily living/ IADLs
  - Personal Care/Homemaker
  - Medication management and administration
  - Community inclusion
  - Social and leisure skill development
  - Protective oversight and supervision
  - Care coordination is responsibility of provider
    - Includes coordination between medical providers and family, managing budget, psychosocial needs, arranging supportive services, etc.

# PERSONA: RESIDENTIAL HABILITATION



Medical Diagnosis: Traumatic Brain Injury

## Service Needs

- Personal Cares- cueing, but can complete task
- Homemaking
- Medication administration including cueing
- Grocery shopping and assistance with meal planning
- Social integration and community inclusion
- Medical coordination: frequent medical appointments with primary care provider, neurologist, speech therapist
- Supervision- cannot be left alone

Average cost estimate= 24 hours care = \$889.36 per day



# COMMUNITY SUPPORTS

- Medicaid eligible under Medicaid Waiver
- Meet Skilled Nursing Facility LOC
- Daily need for services up to 24 hours/day
- Supervision cannot be only need
- Custodial and maintenance care
- Complex medical needs, high ADL needs
- Target population: physical disability, complex health needs

# COMMUNITY SUPPORTS

- Service tasks/activities are all-inclusive:
  - Assistance with activities of daily living/ IADLs
  - Personal care/homemaker
  - Community inclusion
  - Social leisure skill development
  - Protective oversight and supervision
  - Medication management and administration
  - Care coordination is responsibility of provider
    - Includes coordination between medical providers and family, managing budget, psychosocial needs, arranging supportive services, etc.)



# PERSONA: COMMUNITY SUPPORTS



Medical Diagnosis: Stroke

## Service Needs

- Personal Cares- unable to physically bathe/dress without help, dependent for toileting and transfers
- Homemaking- physically unable to do laundry, cleaning
- Medication management- full assistance, unable to open bottles and administer medications to self
- Grocery shopping and making meals
- Social integration and community integration
- Assistance in going to medical appointments, transportation and care coordination

Average cost estimate= 15 hours per day of care  
x\$37.06= \$555.90 per day

# COMMUNITY SUPPORTS VS. RESIDENTIAL HABILITATION

## Residential Habilitation

- Skills training in order to assist individuals to independently complete tasks
  - Example: menu development and creating a grocery list for shopping

## Community Supports

- No training component as individual is not physically able to complete the tasks
  - Example: knows steps to make a meal, but physically unable
  - maintenance

# RATES

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Direct service rate: daily rate of **\$37.06** per hour and a maximum of **\$889.36** per day .

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Agency Foster Care: current maximum room and board that providers may charge a recipient is **\$766 per month**, adjusted annually.

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Agency Foster Care providers are not required to charge room and board rate and may choose to charge less than the maximum. This room and board rate is paid for by the recipient.

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HCBS case managers complete assessment to determine number of hours & rate that will be authorized.

# PROVIDER REQUIREMENTS

## Enrolled as a Qualified Service Provider (QSP) Agency

- Complete required forms and documentation and submit to provider enrollment (handbook)
- Staff must meet documentation of competency (SFN 750)
- Staff must clear all required checks and validations (i.e. no direct barring offenses, etc.)
- Cannot employ a legal guardian or family member to provide the care
- All staff must have a BCI background check (SFN 466 & SFN 467)
  - Fingerprinting if they have not lived in North Dakota for 11 years or more

## Agency QSP must achieve Council on Quality and Leadership (CQL) Accreditation

- Provides recommendations and action steps for Quality Improvement, policy development and ensuring individual's rights
- Funding available through the State

# PROVIDER REQUIREMENTS

## Agency Program Coordinator

- Must have a Bachelor's Degree
- Meet with individual to determine if needs may be met
- Collaborate with HCBS case manager
- Develop the individual program plan (IPP) and submit to HCBS case manager for review every 6 months
- Sign completed authorization
- Document cares according to QSP protocol
- Coordinates care which can include management of property/budgeting/money management; coordinating medical needs, communication with family/guardians and HCBS case manager, assessing for additional support needs and services

# PROVIDER REQUIREMENTS

## All staff must complete training modules

- Traumatic Brain Injury Modules through ND Brain Injury Network
- Dementia Training Modules through the Alzheimer's Association
- Minot State Medication Module written test and practicum prior to medication administration
  - RN within the agency must complete the practicum with the employee

## Employ a Registered Nurse

- RN oversees medication administration, completes practicum with employees



# LICENSURE OF THE HOME

- **Chapter 50-11** Century Code Foster Care Homes for Children and Adults
- **Chapter 75-03-21.1** Licensing of Agency Foster Homes for Adults
- Home and Community Based Services (HCBS) case manager in Human Service Zone completes the licensing



# LICENSURE OF HOME

## Facility requirements

- Free of hazards that affect safety of a resident (e.g. damaged flooring, broken windows, loose handrails)
- Central heating and cooling system at a temp of at least 60 degrees Fahrenheit
- Handrails in all stairways
- Nonporous surfaces for shower enclosure and safety mats in tub/shower
- Physically accessible for to the resident
- Telecommunication device on main floor available

# LICENSURE OF HOME

## Facility Requirements

- Homelike atmosphere
- Accessible to nonambulatory residents, visitors and employees
- Space for privacy and appropriate access to quiet areas where a resident can be alone
- Must be located in residential neighborhoods reasonable accessible to shops, commercial facilities and other community facilities; and must be located not less than 600 feet from group homes/day service facilities, long term care facilities, agency foster care home for adults, or other institutional facilities.

# LICENSURE OF HOME

## Bedrooms

- Must provide at least 100 square feet per resident in a single bedroom and at least 80 square feet per resident in double occupancy room
- Each resident must have the opportunity to furnish and decorate their rooms as they choose
- Must provide storage for clothing which is accessible to all, including nonambulatory residents
- Bedrooms in a level of the facility below grade level must have **two** means of egress, one of which leads to the outside of the facility

# LICENSURE OF HOME

## Kitchen

- Must provide sufficient space to permit participation by both employees and residents in preparation of food
- Must provide appropriate space and equipment including two-compartment sink

## Bathroom

- At least one bathroom per facility must be accessible and usable by nonambulatory residents, visitors and employees

## Laundry

- Must provide washer and dryer, storage for laundry supplies and accommodations for ironing, and counterspace for folding clothing and linen

# LICENSURE OF HOME

## Water supply and sewage disposal

- Must be located in areas where public or private water supplies approved by the department of environmental quality are available

## Emergency plan

- Agency has written plans and procedures for emergency including fire, serious illness, severe weather and missing residents
- Requirements of state law and regulations by the state fire marshal and applicable licensing authorities must be met

# LICENSURE OF HOME

## Meals and Nutrition

- Three meals must be served daily
- Access to meals and food at any time and meal choices must be provided. Any restrictions due to health and safety concerns must be documented and justified in the person-centered plan
- Each meal must be nutritious and well balanced
- No more than 14 hours between the conclusion of the evening meal and the serving of breakfast
- Adequate amounts of food must be available at all meals
- Consideration for residents' cultural, ethnic and religious backgrounds in food preparation
- Meals must be regularly and routinely prepared in the facility where the residents live
- Charges imposed for resident meals provided by individuals or businesses other than the provider must be paid by the provider unless the provider made a meal available at the facility



# LICENSURE OF HOME

- HCBS Settings and Experience Interview
  - 30 days after opening/time of licensure, license renewal, upon evidence of noncompliance
- Professional inspection of heating and electrical system
- Proof of auto insurance
- Water testing if applicable
- Floor plan drawn to scale showing use of each room and a site plan showing the sources of utilities and waste disposal
- Pet vaccinations
- Sample Meal Plans
- Service and Lease/Rental Agreement
- Examples of Service Logs
- Fire safety course completion and self declaration form (SFN 800)



# QUESTIONS?



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