

Choices for Care: Adult Family Care Homes (AFC)

Frequently Asked Questions (FAQ)

Q1: Who is eligible to be in an AFC Home?

A1: Anyone who is eligible for Choices for Care (meets both financial and clinical criteria, be a VT resident, be 65 + or 18 with a physical disability).

Q2: Who has oversight of AFC Homes?

A2: The CFC Authorized Agency oversees AFC homes through a contract for services.

Q3: How does the Department of Aging and Independent Living (DAIL) determine who is enrolled as an Authorized Agency?

A3: DAIL will initially consider agencies already certified as providers with the Department of Aging and Independent Living (DAIL), who have experience managing unlicensed private homes, such as: Designated Agencies, Traumatic Brain Injury Association, and local home health agencies or special service agencies. DAIL will review the Agency's history and compliance with existing standards/regulations before approving them as an authorized agency. Agencies with significant unresolved quality or compliance issues will not be approved by DAIL to be an authorized agency.

Q4: How are the Authorized Agencies compensated?

A4: AA receive 5% of the CFC participant's AFC tier rate for administrative services. The administrative fee is capped at this percentage.

Q5: Who is the contracted agency for the Home Inspection?

A5: Currently Green Dolphin is contracted with the State of Vermont DAIL to perform the safety and accessibility housing inspections.

Q6: How will the Home Provider's stipend be determined?

A6: Based on the tier, the Authorized Agency, home provider, and participant will agree on the Home Provider tax free stipend.

Q7: How is the training for home providers done?

A7: The Authorized Agency determines the training needs for a Home Provider. Training may be through different media such as the Alzheimer's Association, various on-line applications (self-study), webinars and conferences and will correlate to the participant's needs and circumstances. DAIL will continue to work with the AA's to further develop or identify training opportunities.

Q8: Is the home provider stipend-tax free?

A8: Yes. In order to qualify for the tax free stipend, home providers must contract with an authorized agency.

Q9: How much control do participants have over their money?

A9: Participants (or their legal representatives) maintain full control over their money as accorded by law.

Q10: How much will Participant's pay Home Providers for Room & Board?

A10: Home providers must follow the DAIL Room & Board standards which set the maximum amount of room and board that can be charged and require that participants maintain a minimum of \$115/month personal spending money after their room and board is paid to the home provider. The room and board and personal spending limits are subject to change based on the social security, SSI limits. DAIL generates an annual notice to providers when the SSI limits are updated.

Q11: How much case management do people in AFC Homes receive?

A11: The participants may receive up to 24 hours of case management per calendar year. This amount is based on the expectation that the Authorized Agency service coordinator will be responsible for many tasks such as service coordination with the participant and home provider.

Q12: What is the difference between Adult Family Care home care coordination and case management (CM)?

A12: Case Managers will continue to perform their duties as outlined and defined in the Choices for Care manual. (<http://www.ddas.vermont.gov/ddas-programs/programs-cfc/programs-cfc-default-page#policies>) The AFC Coordinator will be the Home Provider's primary contact and perform functions identified by the Authorized Agency. AFC service coordination assists participants in gaining access to an Adult Family Care Home of their choice including facilitating the matching process. Prior to arranging for an individual to move to an AFC Home, the AFC coordinator will ensure that the Home Provider has passed the safety & accessibility housing inspection. AFC coordinators assist the participant and home provider in development of the person centered plan to meet the needs identified in the care plan. They also provide the case manager with a copy of the person centered plan and Room & Board agreement. AFC coordinators facilitate the Room & Board agreement between the home provider and the individual. The AFC coordinator arranges for respite as needed by the Home Provider.. The AFC coordinator will communicate all concerns that may affect the individual to the appropriate people in a timely manner (Individual, Guardian, AA, CM, HP). In the event of conflict between the participant and the home provider, the AFC coordinator will immediately contact the case manager. AFC Coordinator will contact the case manager to inform them of any significant changes in the individual's status. It is anticipated that case managers will provide monitoring, tier assessment and technical assistance when needed.

Q13: How will services offered under other waivers, such as mental health, be funded?

A13: The Case Management Agency or Authorized Agency will make the appropriate referrals. The participants can access any other insurance benefits for which they are eligible for as they do today. For example, participants may access CRT (mental health) services as long as it does not duplicate the CFC services being provided. Participants may not be on the TBI or DS services waiver while on the CFC program.

Q14: How does patient share work?

A14: The Department for Children and Families (DCF) is responsible for the Long Term Care Medicaid financial eligibility determination for CFC. If the participant's income is over the maximum allowed, they may be determined to have a patient share towards the cost of their CFC services in order to be financially eligible. If DCF determines that the participant owes a patient share each month, DCF will send a notice with the amount and the CFC provider they are to pay the patient share to. The notice is sent to the participant, legal representative and Authorized Agency. The AA must bill the participant for the patient share monthly. The participant or legal representative must pay the patient share each month to the Authorized Agency. That amount of the patient share will be automatically deducted each month from the Authorized Agency Medicaid claims. DCF will send a new notice if the patient share changes.

Q15: What services can participants access within their tier rate?

A15: The tier rate is designed to meet all of the participant needs for long-term services and supports in a 24-hour setting. This includes personal care, adult day, supervision, companionship, respite, PERS, assistive devices, social activities and community access.

Q16: How will boundaries be established to allow the participant to retain privacy?

A16: Participants retain all of their civil rights for privacy (see Resident Rights). During the matching process and before placement, agreements outlining and stating privacy issues, advanced directives, personal preferences, and if necessary a negotiated risk agreement will be detailed and agreed upon. Updates and changes will occur if all parties agree to the change(s). All HIPAA rules will be followed.

Q17: What is the grievance and appeals process for home providers and AFC Home participants?

A17: All Choices for Care providers are required to have a complaint (grievance) process and to inform participants of that process. Additionally, the Authorized Agencies are required to supply participants with the Long-Term Care Ombudsman brochure to assist with complaints if needed. AFC Home providers and participants must give each other a 30-day notice of termination of the live-in agreement. Authorized Agencies must follow the CFC “Denials and Terminations” process as well. Appeals follow the same Choices for Care appeals process when a determination is made by the state to reduce or terminate services. Refer to CFC Manual sections *V.7 Denials and Terminations* and *V.8 Notices, Variance and Appeals*.

Q18: How are participants supported during a crisis?

A18: The Authorized Agency (AA) will work together with the participant, legal representative, AFC Home provider and case manager to determine the plan during a crisis. The AA agency is responsible for making a critical incident report to DAIL according to the AFC standards. Since each crisis situation is different, there will be a different plan of action for each. Resources includes, but are not limited to, 1) local mental health crisis services, 2) physician ordered medical services, 3) emergency medical or police services (911), 4) transition to another home provider or CFC setting, 5) Ombudsman services (if requested by the participant or legal representative), and 6) Adult Protective Services (for abuse, neglect or exploitation).

Q19: What is the role of the Money Follows the Person (MFP) Housing Specialists?

A19: The Housing Specialists work with participants, authorized agencies, and case managers to identify housing gaps, barriers, and assist in facilitating the return of participants to the community. There are 4 Housing Specialists, 3 of whom are paired with Transition Coordinators in the following regions: Northern, Central and Southern Vermont. The fourth Housing Specialist is based in Williston focusing on general support to the MFP team.

Q20: What is the AFC advisory board? When and where do the AFC advisory board meetings occur?

A20: The AFC advisory board is a working group of AFC stakeholders and DAIL staff who meet quarterly at the State offices at 94 Harvest Lane in Williston to discuss policies and procedures related to AFC Homes. If interested, contact Jill Allen by email at jill.allen@state.vt.us or by phone at (802) 871-3067.

Q21: If someone wants more information about AFC Homes, whom do they contact?

A21: Contact Rio Demers, MFP Program and Quality Specialist, by email at rio.demers@state.vt.us or by phone at (802) 871-3364 or CFC contact Megan Tierney-Ward by email at megan.tierney-ward@state.vt.us or by phone at (802) 871-3047.

Q22: Where can I find the AFC Home Policies?

A22: <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/programs-cfc-default-page#policies>

Q23: Where can I find Critical Incident Policies and forms?

A23: The Critical Incident Report process can be found online at <http://www.ddas.vermont.gov/ddas-programs/programs-cfc/programs-cfc-default-page#policies>.