

Participant Information

Full Name: _____
Last *First* *M.I.*

Address: _____

City *State* *ZIP Code*

Home Phone: _____

Birth Date: _____

Requested Tier # _____ **Tier Daily Rate \$** _____ *(\$35/day for pre-transition work using code 086)*

Enrollment

I, _____, agree to enroll with the
 _____, as my agency of choice to work on my behalf to find
 a shared living arrangement for me on this date: _____.

Participant Signature: _____

Authorized Agency Signature: _____

Disenrollment

I, _____, wish to terminate my agreement with the above
 listed Agency effective on this date: _____.

Participant Signature: _____

Authorized Agency Signature: _____

Reason (s) for terminating the agreement (optional):

Referral made to another Authorized Agency:

No Yes, **Agency Name:** _____

Pre-Transition Process

Pre-Transition Services Include:

- a. Interviewing and enrolling the CFC participant with the AA
- b. Developing a person centered plan
- c. Advertising for AFC home providers
- d. Arranging for and assuring completed AFC home inspections according to CFC standards
- e. Orienting/training the approved AFC home provider
- f. Creating a contract with the approved AFC home provider
- g. Managing other required AFC documentation
- h. Attending discharge planning meetings

Once the AA has verified that an individual is clinically and financially eligible for Choices for Care and has chosen AFC, the AA may begin providing AFC pre-transition services for reimbursement using the following protocol:

1. Participants shall receive AFC pre-transition services from one AA at a time.
2. To receive pre-transition services, a participant must enroll with the chosen AA.
3. The AA Enrollment/Disenrollment form must be signed by the AA and the participant.
4. The participant can voluntarily terminate the agreement at any time. The AA and participant must sign the Enrollment/Disenrollment form with date of termination.
5. The AA enrollment form must be sent to the LTCCC Nurse.
6. Pre-transition services will end when the person moves into an approved AFC home or within 60 non-consecutive days of the signature date on the AA's enrollment form, whichever is sooner.
7. Any transition delays must be communicated between the AA and LTCCC Nurse.
8. AA's submit for reimbursement using the Adult Family Care **revenue code 086 at \$35 per day** for up to 60 non-consecutive days from the signature date on the Enrollment/Disenrollment form.
9. Billing can only occur for the actual date the pre-transition services were provided. If the time exceeds 60 non-consecutive days, then the work continues without daily reimbursement.
10. The individual has the option to sign the Disenrollment portion of the form and work with another AA. If the individual dis-enrolls, the Enrollment/Disenrollment form must be sent to the LTCCC Nurse with the disenrollment portion of the form filled out.
11. On the date the participant moves into the approved AFC home, the AA may bill the full approved tier rate that appears on the authorized CFC Service Plan, following the applicable CFC standards.
12. AA's shall maintain documentation of all pre-transition activities which are to be made available to the State upon request.

*****Authorized Agency sends a copy of this form to the Local LTCCC Nurse*****