Adult Foster Home (AFH)
Supplemental Payment Request
FORM

(Residential Habilitation (ResHab) providers use this form for requesting supplemental payments for neighbor island placements)

There are two (2) supplemental payments available for ResHab providers who successfully place participants into a newly certified AFH on the neighbor islands. Review the reimbursable activities and limits listed below to ensure eligibility for receiving supplemental payment is met. Refer to Waiver Standards 4.2.1 for all eligibility requirements. Retain a copy of the AFH Certificate of Approval to verify DDD certification and the certification period.

Complete and email this form to the DDD Outcomes and Compliance Branch, Compliance Section at doh.dddafh@doh.hawaii.gov. Additional information may be requested to authorize the supplemental payment.

ResHab Agency:	**Case Manager:**
AFH Address:	**Certification Period:**
Participant Name:	**Placement Date:**

☐ **Supplemental Payment for First Participant Placement:**

- This is a newly certified home and has not been certified as an AFH by DDD within the past six (6) months.
- Participant has remained in the AFH for a minimum of 120 days.

☐ **Supplemental Payment for Second Participant Placement (AFH must be certified for up to two (2) participants):**

- The first participant is still living in the AFH at the time a second participant is placed;
- The second participant remains in the AFH for a minimum of 120 days;
- The second placement occurs within one (1) year of the start of the AFH certification period.

Note: The second supplemental payment is not contingent on the first participant remaining in the home after the second participant has been placed.

By signing, I attest I am authorized to sign on the provider agency's behalf and the information in this document is true and accurate.

_____ _____
Print Name of Person Completing Form Title

_____ _____
Signature Date

This form can be signed electronically ("E-sign") or printed and signed. An E-sign is accepted as an original signature.

For OCB Compliance Section Use Only

☐ As of today, this AFH is in compliance with current Hawaii Administrative Rules (HAR) requirements for DDD AFH.

☐ As of today, this AFH is not in compliance with current HAR requirements for DDD AFH. See attached Plan of Correction.

Print Name of OCB Compliance Section Supervisor or Designee

Signature

Date