



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Adult Foster Care		
MNG# 51	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Approval Date: 3/4/2021	Effective Date: 05/22/2021
Last Revised Date:	Next Annual Review Date: 03/04/2022	Retire Date:

OVERVIEW:

Adult Foster Care: A residential service that includes 24-hour supervision, daily assistance with activities of daily living provided (ADLs) and Instrumental Activities of Daily Living (IADLs) in a qualified AFC home by an AFC Caregiver. The AFC Provider is a human services or health care organization responsible for recruiting and training AFC Caregivers, ensuring that the AFC home meets basic safety and program requirements, and managing the provision of care through the oversight of a multidisciplinary team (RN and care coordinator). The AFC Provider pays the AFC Caregiver a daily rate for each billable AFC day. The member is responsible for paying the AFC Caregiver for room and board when appropriate.

There are two AFC levels that correspond to two payment categories: AFC Levels I and II.

AFC Level I is provided to members who meet the minimum clinical eligibility criteria for AFC, requiring hands on (physical assist) throughout the activity with at least one activities of daily living (ADL) or requiring cueing and supervision throughout one or more ADL.

AFC Level II is provided to members who require physical assistance with at least three ADLs, or hands on physical assistance with two ADLs AND management of behaviors that require frequent caregiver intervention:

- Wandering: moving with no rational purpose, seemingly oblivious to needs or safety
- Verbally abusive behavioral symptoms: threatening, screaming, or cursing at others.
- Physically abusive behavioral symptoms: hitting, shoving or scratching
- Socially inappropriate or disruptive behavioral symptoms: disruptive sounds, noisiness, screaming, self- abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, or causing general disruption
- Resisting care

AFC Providers are required to provide

- Nursing oversight by a Registered Nurse
- Clinical assessments and evaluations
- Development of an AFC Care plan



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- Coordination of health services and supportive services
- Level I on site visit every other month by the RN alternating with the AFC Care manager or more often as member's condition warrants.
- Level II on site visit every month by the RN alternating with the AFC Care manager or more often as the member's condition warrants.
- Developing an emergency backup and personal care contingency plan if AFC caregiver is temporarily unable to provide care.

AFC Caregivers must:

- Be 18 years of age or older with the ability to make mature and accurate judgments with no mental, physical or other impairments that would interfere with the adequate performance of the duties and responsibilities of an AFC caregiver.
- Not suffer from alcohol or substance use disorder.
- Be able to devote appropriate time necessary to provide needed personal care to the member to ensure the member's safety and wellbeing at all times.
- May not be the spouse or any legally responsible relatives of the member

AFC qualified setting requirements:

- A private residence located in Massachusetts, occupied by the AFC caregiver and not subject to state licensure or certification as a hospital, nursing facility, rest home, group home, Intermediate Care Facility (ICF) / Individuals with Intellectual Disabilities (IID) or Assisted Living Residence (ALR).
- Accessible to meet the specific needs of the member.
- Compliant with local health, fire, safety, occupancy and state building codes.
- Equipped with appropriate safety equipment.
- Adequately heated and clean
- In good repair
- Occupied by no more than three people receiving services from AFC Caregiver.



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Payment for Non-Service Days:

AFC providers may bill CCA for the following non-service days:

- Maximum of 40 days for per calendar year for Medical Leave of Absence, during which the member does not receive AFC from the AFC Caregiver because the member is in a hospital or nursing facility;
- Maximum of 15 days per calendar year for non-medical leave of absence days, during which the member does not receive AFC services from the AFC Caregiver because the member is away from the qualified AFC setting for non-medical reasons;
- Up to 14 Alternative Placement days per calendar year (sometimes referred to as respite days for the AFC caregiver), during which the member receives AFC services from an alternative care provider because the AFC caregiver is unavailable or unable to provide care

DECISION GUIDELINES:

Clinical Coverage Criteria:

The member has a medical or mental condition that requires daily hands-on (physical) assistance or cueing and supervision throughout the entire activity in order for the member to successfully complete the qualifying number of ADLs for either Level I or Level II AFC services:

- (1) Bathing - a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area plus personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying makeup;
- (2) Dressing - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers;
- (3) Toileting - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;
- (4) Transferring - member must be assisted or lifted to another position;
- (5) Mobility (ambulation) - member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
- (6) Eating - if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal.

Determination of need: In order to receive AFC, the member must have a medical, cognitive, or behavioral-health related disability such that he or she requires 24-hour supervision and daily assistance with ADLs and IADLs. The MDS Assessment is used to determine the needs and qualify the member for the service. Member may be able to safely be left unattended for short periods of time but must be included in the AFC Care Plan.



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24- hour care and supervision may include:

- Unsteady gait that requires constant guarding and / or hands on assist for ambulation and transfers.
- Incontinence where member is unable to toilet or manage incontinent products independently.
- Severe cognitive impairment that requires full guidance and support, including reorientation and directional cues.

CCA will determine the level of AFC. The clinical assessment and documentation from the AFC Provider along with CCA MDS, progress notes and GSSC/ LTSC Assessments are utilized to make this determination.

AFC Services can be initiated by CCA with a referral to the AFC Provider. A referral does not constitute authorization. AFC Providers are required to complete the program requirements to establish program eligibility. AFC Providers are required to submit request for Prior Authorization and receive approval before initiating AFC Services.

LIMITATIONS/EXCLUSIONS/ INCLUSIONS:

In certain situations, it may be appropriate to request and care plan for PCA or agency personal care services to be included in the care plan for up to 10 hours per week for caregiver relief with ADL assistance. Typically, this would be used for AFC Level II. Service cannot be provided on days the member attends a day program. The AFC Caregivers (including any other residents in the home) may not be the PCA or agency worker. This service is not provided for IADL tasks.

CCA does not pay for AFC when:

- the member is receiving any other personal care services, including, but not limited to, personal care attendant services under 130 CMR 422.000: *Personal Care Attendant Services*. (exception listed above)
- the member receives home health aide services provided by a home health agency under 130 CMR 403.000: *Home Health Agency*.
- the member is a resident or inpatient of a hospital, nursing facility [with the exception of Medical Leave Of Absence (MLOA) days], rest home, ICF/IID, ALR, or any other residential facility subject to state licensure or certification;
- the AFC provider has not received prior authorization from CCA
- the provider is seeking payment for alternative caregiver days in excess of 14 days within a calendar year, or payment for Non-Medical Leave Of Absence (NMLOA) days in excess of 15 days within a calendar year, or payment for MLOA days in excess of 40 days within a calendar year.

KEY CARE PLANNING CONSIDERATIONS:



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If the member meets the clinical eligibility standard, but does not require the specific features of AFC (such as 24 hr. supervision), ADL needs can be met through other long-term services, such as PCA, Support Homecare Aide, PC Agency or ADH. Members may attend Adult Day health program up to 5 days a week.

AUTHORIZATION:

- AFC requires prior authorization. Authorization decision is made utilizing the in-person MDS assessment, completed by CCA staff in conjunction with the AFC clinical documentation (MDS, AFC care plan) to support the medical necessity review.
- Service plans are 7 days per week.

S5140 Adult Foster Care Level I per day

S5140 TG Adult Foster Care Level II per day

REGULATORY NOTES:

130 CMR 408.00 MassHealth Adult Foster Care regulations

101 CMR 351.00 Executive Office of Health & Human

Services (EOHHS) Adult Foster Care rate regulations

RELATED REFERENCES:

This DST guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal MNGs conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity [supporting literature (full text preferred)] should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

ATTACHMENTS:



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N/A

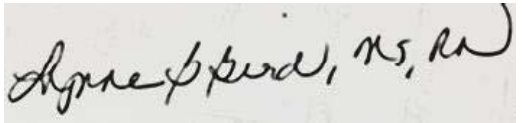
REVISION LOG:

REVISION DATE	DESCRIPTION

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