



## Group Adult Foster Care Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Group Adult Foster Care</b>		
<b>MNG #: 075</b>	<input checked="" type="checkbox"/> <b>SCO</b> <input checked="" type="checkbox"/> <b>One Care</b> <input type="checkbox"/> <b>MA Medicare Premier</b> <input type="checkbox"/> <b>MA Medicare Value</b> <input type="checkbox"/> <b>RI Medicare Preferred</b> <input type="checkbox"/> <b>RI Medicare Value</b> <input type="checkbox"/> <b>RI Medicare Maximum</b>	<b>Prior Authorization Needed?</b> <input checked="" type="checkbox"/> <b>Yes (always required)</b> <input type="checkbox"/> <b>Yes (only in certain situations. See this MNG for details)</b> <input type="checkbox"/> <b>No</b>
<b>Clinical:</b> <input checked="" type="checkbox"/>	<b>Operational:</b> <input type="checkbox"/>	<b>Informational:</b> <input type="checkbox"/>
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 7/1/2021;	<b>Effective Date:</b> 9/28/2021
<b>Last Revised Date:</b> 5/30/2022; 10/6/2022; 10/12/2023;	<b>Next Annual Review Date:</b> 7/1/2022; 5/30/2023; 10/6/2023; 10/12/2024;	<b>Retire Date:</b>

### OVERVIEW:

Group Adult Foster Care (GAFC) is a personal care service delivered to a member in their home (including an Assisted Living Residence), that includes assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). GAFC services are provided by a non-live-in direct care aide who is employed or contracted by a GAFC agency provider. In addition to the ADL and IADL assistance, GAFC services include care management and nursing oversight of the provided personal care.

The GAFC provider is responsible for recruiting, hiring, and training GAFC direct care aides. The provider is paid a daily rate (per diem) for each day on which personal care was delivered to the member.

Many housing entities, such as Assisted Living Residences, Senior Housing properties, and Affordable Housing properties have a GAFC line of business and are enrolled with MassHealth as a GAFC provider. This arrangement allows housing entities to better support residents as personal care needs are identified and helps prolong member’s ability to live independently in their community. In some circumstances, members who receive GAFC services may receive a subsidy from the Massachusetts Department of Transitional Assistance to offset the cost of their housing. **For members receiving GAFC, it is important to consult with the member and GAFC provider before changing or ending GAFC services to understand if the GAFC provider is also a housing provider and if a change will impact the member’s housing.**

### DEFINITIONS:

- **Activities of Daily Living (ADLs)** - Fundamental personal-care tasks performed daily as part of an individual's routine of self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and mobility/ambulation.
- **Assisted Living Residence (ALR)** - Any entity that meets the requirements for certification pursuant to M.G.L. c. 19D, and 651 CMR 12.00: Certification Procedures and Standards for Assisted Living Residences.



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- **Clinical Assessment** - The screening process of cataloging a member's need for AFC or GAFC using the Minimum Data Set (MDS) tool to form the basis for prior authorization.
- **Clinical Evaluations.** Nursing, fall risk, nutritional, skin, and other clinical or psychosocial evaluations conducted by the MDT that serve as the basis for the development of the AFC plan of care.
- **Family Member** - A spouse, parent of a minor member, including adoptive parent, or any legally responsible relative of the member.
- **GAFC Direct Care Aide** - A person who is employed or contracted by a GAFC provider and meets the qualifications and responsibilities provided in 130 CMR 408.524(C).
- **Instrumental Activities of Daily Living (IADLs)** - A activities related to independent living that are incidental to the care of the member and that include, but are not limited to, household-management tasks, laundry, shopping, housekeeping, meal preparation and cleanup, transportation (accompanying the member to medical providers and other appointments), care and maintenance of wheelchairs and adaptive devices, medication management and any paperwork required for receiving prescribed medications within the member's residence, or any other medical need determined by the provider as being instrumental to the health care and general well-being of the member.
- **Multidisciplinary Professional Team (MDT)** - A team employed or contracted by the provider, including but not limited to, a program director, a registered nurse or a licensed practical nurse, and a care manager.
- **Provider** - An organization that meets the requirements of 130 CMR 408.504 and contracts with MassHealth as the provider for GAFC.
- **Primary Care Provider (PCP)** – a physician or a physician assistant or nurse practitioner who operates under the supervision of a physician. Primary Care Provider (PCP) Summary Form – the form that a PCP uses to order AFC.
- **Primary Care Provider (PCP) Summary Form** – the form that a PCP uses to order GAFC.

### Clinical Coverage Determination:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

### Clinical Criteria:

- The member has a medical or mental condition that requires daily assistance with at least one of the ADLs described below. Such assistance must be either:
  - Cueing and supervision throughout the entire ADL; or
  - Hands-on (physical) assistance
- Qualifying ADLs include the following:



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- *Bathing* - a full-body bath or shower or a sponge (partial) bath which must include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up.
  - *Dressing* - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers.
  - *Toileting* - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care.
  - *Transferring* - member must be assisted or lifted to another position.
  - *Mobility (ambulation)* - member must be physically steadied, assisted, or guided during ambulation indoors and outdoors, or is unable to self-propel a wheelchair appropriately without the assistance of another person; and
  - *Eating* - if the member requires constant supervision and cueing during the entire meal, or physical assistance with consuming a portion or all the meal.
- There is only one daily rate (per diem) for GAFC services and is reimbursed only for days on which personal care was delivered to the member.

### Determination of Need:

#### Prior Authorization:

1. Prior authorization determines the Medical Necessity for Group Adult Foster Care service as described above, under the Clinical Criteria section.
2. Requests for prior authorization must be submitted to CCA as outlined in the CCA Provider Manual
3. As a prerequisite for payment of AFC, prior authorization must be obtained before the first date of service delivery and at various intervals. CCA may take up to 14 days to process a request.
4. Prior Authorization request must be submitted at the following intervals:
  - a. Initial Authorization – Before the first date of service delivery; service will not be approved retroactively
  - b. Re-authorization – For member with an existing prior authorization a new authorization request should be submitted at least 14 calendar days before the authorization end date

#### Prior Authorization Documentation:

1. Documentation of medical necessity for Group Adult Foster Care must include, at a minimum, the following:
  - a. CCA Standardized Prior Authorization Request Form submitted by Provider; and
  - b. Evidence that the member has medical or mental condition such that he or she requires daily assistance with ADLs and IADLs as described above in the Clinical Criteria section; and
  - c. GAFC provider must include the following:
    - Clinical Assessment within 6 months of authorization request; and
    - PCP Order Form within 6 months of authorization request
  - d. Other Clinical Evaluation(s) to support the medical necessity review may also be submitted, such as, but not limited to:
    - Member's interim and final GAFC plan of care.
    - Other nursing, medical or psychosocial evaluations or assessments.
    - Any other documentation that CCA requests to complete the review and determination of prior authorization.



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2. The GAFC clinical assessment and documentation from the AFC provider are required for CCA to determine whether to authorize GAFC services.
  - a. Documentation from the GAFC provider will be reviewed and validated against the most recent CCA Clinical Assessment on record and progress notes as available.

### EXCLUSIONS/LIMITATIONS/EXCEPTIONS

#### Exclusions

1. CCA does not pay a GAFC provider when:
  - a. The GAFC provider has not received prior authorization from CCA
  - b. The member is receiving any other personal care services, including, but not limited to:
    - i. Personal Care Attendant (PCA) services
    - ii. Personal Care Agency (PC-agency) services
    - iii. Adult Foster Care (AFC) services
    - iv. Home health aide services provided by a Home Health Agency (HHA)
    - v. Supportive Home Care Aide services
  - c. The member is a resident or inpatient of a hospital, nursing facility, ICF/IID, or other provider-operated residential facility that receives state funding to provide personal care services and is subject to state licensure, such as group homes licensed by the Department of Developmental Services (DDS) or the Department of Mental Health (DMH), or other facility that provides the member's medically necessary personal care

#### Limitations

1. GAFC is not combined with the following IADL services *unless there are unique member-specific needs requiring consideration*, and those other services do not duplicate services the GAFC direct care aide or GAFC provider agency are expected to provide:
  - Chore
  - Companion
  - Grocery & Shopping
  - Homemaker
  - Home Delivered Meals
  - Laundry

#### Exceptions:

1. Members may attend an Adult Day Health or Day Habilitation program if they meet the medical necessity guidelines governing Adult Day Health or Day Habilitation.

#### AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require



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coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

HCPCS Codes	Description
H0043	Group Adult Foster Care Per Day

### REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

- 130 CMR 408.00 MassHealth Adult Foster Care program regulations
- 101 CMR 351.00 MassHealth Adult Foster Care rate regulations
- 42 CFR 441.301(c)(4) related to home- and community-based services (HCBS)

### 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:

EXHIBIT A	
EXHIBIT B	

### REVISION LOG:



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REVISION DATE	DESCRIPTION
6/10/2022	Template changed to include PA requirements and benefit type. Regulatory notes and disclaimer
9/1/2022	Updated template, added 'Definitions' section, removed "Key Care Planning Considerations" with MassHealth Adult Foster Care 130 CMR 408 regulatory updates effective 7/1/2022
10/10/2023	Template updated to include Prior Authorization section and Determination of Need Sub-section

**APPROVALS:**

CCA Business Process Owner	
Laura Jankowski	Manager, Utilization Management
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<i>Laura Jankowski</i>	10/12/2023
<b>Signature</b>	<b>Date</b>

CCA Senior Clinical/Operational Lead	
Whitney Moyer	Vice President, LTSS
<b>Print Name</b>	<b>Print Title</b>
<i>Whitney Moyer</i>	10/12/2023
<b>Signature</b>	<b>Date</b>

CCA CMO or Designee	
Nazlim Hagmann, MD	Chief Medical Officer
<b>Print Name</b>	<b>Print Title</b>
<i>Nazlim Hagmann</i>	10/12/2023
<b>Signature</b>	<b>Date</b>