Adult Foster Care
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Adult Foster Care		
MNG# 051	☒ CCA Senior Care Options (HMO D-SNP) (MA) ☒ CCA One Care (Medicare-Medicaid) (MA)	**Prior Authorization Needed?** **☒ Yes (always required)** **☐ Yes (only in certain situations. See this MNG for details)** **☐ No**
Benefit Type: **☐ Medicare** **☒ Medicaid**	**Original Approval Date:** 3/4/2021	**Effective Date:** 5/22/2021; 1/1/2025
Last Revised Date: 10/6/2022; 10/12/2023; 11/14/2024; 2/13/2025	**Next Annual Review Date:** 3/4/2022; 10/6/2023; 10/12/2024; 11/14/2025	**Retire Date:**

OVERVIEW:
Adult Foster Care (AFC) is a personal care service delivered to a member in their home or in the home of the AFC caregiver that includes daily assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). AFC services are provided by a live-in caregiver who is employed or contracted by an AFC agency provider. In addition to the ADL and IADL assistance, AFC services include care management and nursing oversight of the provided personal care, such as managing medication and medical transportation.

The AFC provider is responsible for recruiting, hiring, and training AFC caregivers, ensuring that the AFC home meets basic safety and program requirements, and ensuring that the AFC caregiver is available to provide support and assistance to the member throughout the day as needed. The provider is paid a daily rate (per diem) for each day on which personal care was delivered to the member, and the provider pays the caregiver a stipend for their services.

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.

AFC Alternative Caregiver Days - A short-term period during which a member receives AFC in a qualified setting from an alternative caregiver when the AFC caregiver is temporarily unavailable or unable to provide care.

AFC Caregiver - A person who lives in the residence with the AFC member and paid by the AFC provider for the provision of direct care.

Clinical Assessment -The comprehensive screening process of documenting a member's need 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.

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Family Member - A spouse, parent of a minor member, including adoptive parent, or any legally responsible relative of the member.

Instrumental Activities of Daily Living (IADLs) - 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 qualified setting, or any other medical need determined by the provider as being instrumental to the health care and general well-being of the member.

Medical Leave of Absence (MLOA) - A short-term absence from an AFC-qualified setting, during which a member does not receive AFC services because the member is temporarily admitted to a hospital, nursing facility, or other medical setting.

Member - A person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.

Minimum Data Set (MDS) - A standardized primary screening and assessment tool that serves as the foundation of the comprehensive assessment. Also referred to as the Clinical Assessment.

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; and which may also include a community support specialist, who works in conjunction with the AFC caregiver.

Provider - An organization that meets the requirements of 130 CMR 408.404 and contracts with MassHealth as the provider for AFC.

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) Order Form - The form that a PCP uses to order AFC.

Qualified Setting - A location for the provision of AFC that meets all of the standards described in 130 CMR 408.435.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance may cover Adult Foster Care services when all of the following are met:

1. The member has a medical, physical, and/or behavioral health condition that requires daily assistance with **at least <u>ONE</u> ADL** described below*. Such assistance must be either:
    a. Hands-on (physical) assistance; or
    b. Cueing and supervision throughout the entire ADL.

* Qualifying ADLs include any of the following:

a. 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

b. Dressing - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers
c. Toileting - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care
d. Transferring - member must be assisted or lifted to another position
e. 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
f. Eating - if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal; and

2. The member's PCP ordered AFC no more than six months before the date of the PA request; and
3. AFC provider Clinical Assessment, completed no more than six months before the date of the PA request, that supports eligibility criteria for AFC (Level I or Level II). Clinical Assessment from the AFC provider will be reviewed and validated against the most recent CCA Clinical Assessment on record; and
4. Any other documentation at CCA request, that includes, but is not limited to, other nursing, medical or psychosocial evaluations or assessments or provider interim care plan, in order to complete its review and determination of prior authorization;
5. There are two AFC levels of clinical eligibility that correspond to two payment categories:
    a. AFC Level I - Provided to members who:
        I. Meet the minimum clinical eligibility criteria for AFC, requiring hands on (physical) assistance with **at least ONE ADL** above*; or
        II. Require cueing and supervision throughout the activity with **at least ONE ADL above***.
    b. AFC Level II - Provided to members who require either:
        I. Hands-on (physical) assistance with **at least THREE ADLs above***; or
        II. Hands on (physical) assistance with both of the following:
            - **TWO ADLs above***; and
            - Management of any of the following 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: refusing care (physically or verbally) or interfering with assistance

LIMITATIONS/EXCLUSIONS:

1. CCA does not pay for AFC in the following (a through e) circumstances:
    a. The AFC provider has not received prior authorization from CCA
    b. The AFC caregiver is a Family Member
    c. The member is receiving any other personal care services, including, but not limited to:
        I. Personal Care Attendant (PCA)
        II. Personal Care Services (-Agency Delivered)
        III. Group Adult Foster Care (GAFC) services
        IV. Home health aide services provided by a home health agency
        V. Supportive Home Care Aide services

d. AFC services are duplicative with the same or different AFC provider.
e. The member is a resident or inpatient of a hospital, nursing facility (with the exception of Medical Leave of Absence (MLOA) days), 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, such as Assisted Living Facility.

2. CCA does not authorize AFC with any of the following IADL services:
   a. Chore
   b. Companion
   c. Grocery & Shopping Delivery
   d. Homemaker
   e. Home Delivered Meals
   f. Laundry

3. CCA does not authorize payment for any of the following:
   a. Alternative caregiver days in excess of 14 days within a calendar year; nor
   b. Non-Medical Leave of Absence (NMLOA) days in excess of 15 days within a calendar year; nor
   c. MLOA days in excess of 40 days within a calendar year.

4. AFC providers may bill CCA for any of the following non-service days:
   a. Maximum of 40 days 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.
   b. 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.
   c. 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.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

HCPCS Codes	Description
S5140	Foster care, adult; per diem (adult foster care personal care and administration; per diem, Level I)
S5140 TG	Foster care, adult; per diem (adult foster care personal care and administration; per diem, Level II)

REFERENCES:

1. 130 CMR 408.00 MassHealth Adult Foster Care program regulations https://www.mass.gov/doc/130-cmr-408-adult-foster-care/download
2. 101 CMR 351.00 MassHealth Adult Foster Care rate regulations https://www.mass.gov/doc/101-cmr-351-rates-for-certain-adult-foster-care-services/download

3. 42 CFR 441.301(c)(4) related to home- and community-based services (HCBS) https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301
4. MassHealth Guidelines for Medical Necessity Determination for Adult Foster Care (AFC) https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-adult-foster-care-afc/download

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, 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. 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.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. 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).

This Medical Necessity Guideline is not a rigid rule. As with all 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.

REVISION LOG:

REVISION DATE	DESCRIPTION
2/13/2025	Definition of "Family Member" revised to align with MassHealth definition. Updated template.
12/17/2024	UMC Approval
11/14/2024	Annual review: Added definitions, Updated template, removed exception for AFC Level II request and care plan for Personal Care Attendant (PCA) services or Personal Care Agency (PC-agency) services up to 10 hours per week for caregiver relief with ADL assistance. Revised description of code S5140.
9/1/2022	Updated template, added 'Definitions' section, removed" Key Care Planning Considerations" section, aligned content with MassHealth Adult Foster Care 130 CMR 408 regulatory updates effective 7/1/2022

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APPROVALS:

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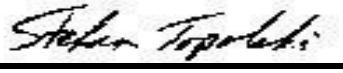
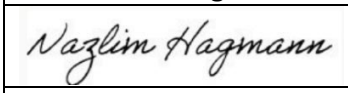
CCA Clinical Lead	**Title**
	2/13/2025
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**

Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	**Title**
	2/13/2025
Signature	**Date**