



## Group Adult Foster Care Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Group Adult Foster Care		
MNG #: 075	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Original Approval Date: 7/1/2021	Effective Date: 9/28/2021; 11/26/2024; 1/1/2025
Last Revised Date: 5/30/2022; 10/6/2022; 10/12/2023; 11/14/2024; 3/19/2025	Next Annual Review Date: 7/1/2022; 5/30/2023; 10/6/2023; 10/12/2024; 11/14/2025	Retire Date:

### 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.

**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.



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**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 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.

**Interdisciplinary Care Team (ICT):** A team consisting of Member, Care Coordinator, Clinical Care Manager (RN and/or BH), PCP, GSSC/LTSC, and other individuals at the Member's discretion. The care team is responsible for effective coordination and care delivery for the Member. The care team works with the Member to develop, implement, and maintain their Individualized Care Plan ("care plan").

**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.

**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 GAFC.

### DECISION GUIDELINES:

Members may attend an Adult Day Health or Day Habilitation program if they meet the medical necessity guidelines governing Adult Day Health (MNG #073) or Day Habilitation (MNG #053).

### Clinical Coverage Criteria:

1. The member has a medical or behavioral condition that requires daily assistance with at least one of the ADLs



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described below. Such assistance must be either:

- a. Cueing and supervision throughout the entire ADL; or
  - b. Hands-on (physical) assistance
2. Qualifying ADLs include the following:
- a. 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.
  - 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 indoors and outdoors, 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 consuming a portion or all the meal.
3. 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.

### **Prior Authorization Documentation:**

Documentation of medical necessity for Group Adult Foster Care must include, at a minimum, the following:

1. CCA Standardized Prior Authorization Request Form submitted by Provider; and
2. 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
3. GAFC provider must include both of the following:
  - a. Clinical Assessment within 6 months of authorization request; and
  - b. PCP Summary Form within 6 months of authorization request; and
4. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, member's interim/final GAFC plan of care, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

NOTE: The GAFC clinical assessment and documentation from the AFC provider are required for CCA to determine whether to authorize GAFC services. 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**

#### **Exclusions**

CCA does not pay a GAFC provider when:

1. The GAFC provider has not received prior authorization from CCA; or
2. The GAFC staff person is related to or legally responsible for the member receiving GAFC; or



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3. Is duplicative of other services that provide personal care services, including, but not limited to:
  - a. Personal Care Attendant (PCA) services
  - b. Personal Care Agency (PC-agency) services
  - c. Adult Foster Care (AFC) services
  - d. Home health aide services provided by a Home Health Agency (HHA)
  - e. Supportive Home Care Aide servicesOR
3. 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; OR
4. Is duplicative of other services that provide IADL services, including, but not limited to:
  - Chore
  - Companion
  - Grocery & Shopping
  - Homemaker
  - Home Delivered Meals
  - Laundry

### 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.

HCPSC Codes	Description
H0043	Supported housing, per diem

### 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. Commonwealth of Massachusetts EXECUTIVE AND ADMINISTRATIVE OFFICERS OF THE COMMONWEALTH. Title II Chapter 19D ASSISTED LIVING <https://malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter19D>
5. Mass.gov 651 CMR 12.00: Certification procedures and standards for assisted living residences  
<https://www.mass.gov/doc/651-cmr-12-certification-procedures-and-standards-for-assisted-living-residences/download>



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### 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.

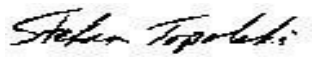
### REVISION LOG:


REVISION DATE	DESCRIPTION
3/19/2025	Template Update
12/17/2024	Utilization Management Committee approval
11/14/2024	Template Update; Revised HCPCS code description
10/10/2023	Template updated to include Prior Authorization section and Determination of Need Sub-sec
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
6/10/2022	Template changed to include PA requirements and benefit type. Regulatory notes and disclai



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### APPROVALS:

Stefan Topolski	Medical Director
<b>CCA Senior Clinical Lead [Print]</b>	<b>Print Title</b>
	3/19/2025
<b>Signature</b>	<b>Date</b>

Nazlim Hagmann, MD	Chief Medical Officer
<b>CCA CMO or Designee [Print]</b>	<b>Print Title</b>
	3/19/2025
<b>Signature</b>	<b>Date</b>