PROVIDER REIMBURSEMENT GUIDANCE			
Adult Foster Care Services (AFC)			
Original Date Approved	**Effective Date SCO/ICO**	**Effective Date MAPD***	**Revision Date**
07/08/2019	04/01/2022		

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☐ CCA Medicare Preferred – (PPO) MA*
☐ CCA Medicare Value - (PPO) MA*
☐ CCA Medicare Preferred – (PPO) RI*
☐ CCA Medicare Value - (PPO) RI*
☐ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

Adult Foster Care (AFC) services are ordered by a primary care provider and delivered to a member in a qualified setting as described in 130 CMR 408.435 by a multi-disciplinary team (MDT) and qualified Adult Foster Care caregiver that includes assistance with activities of daily living, instrumental activities of daily living, other personal care as needed, nursing oversight, and AFC Care Management as described in 130 CMR 408.415(C).

ADULT FOSTER CARE REQUIREMENTS:

Eligibility: The patient must meet the Clinical Eligibility Criteria to receive AFC services. This entails the AFC services being ordered by the PCP and the patient having a medical or mental condition that requires daily physical assistance and cueing or supervision throughout the entirety of the activity in order for the activity to be completed. Documentation requirements as stated in 130 CMR 408.000 must be followed and must be accessible and available upon request.

Intake and Assessment Services: Intake and Assessment Services are required for the initial admission of a member to an AFC, and under the circumstance that the patient changes AFC providers. These services are inclusive of the following elements:

- Assessing the clinical need for AFC services
- Review and approval of AFC caregiver applicants
- Matching the patient with the most appropriate AFC caregiver
- Arrange meetings with the patient and potential AFC caregiver as well as the move in date of the AFC caregiver
- Instruct patients on the rules, policies, and procedures of the program
- Inform the patient of their rights and responsibilities during receipt of AFC services
- Provide instruction and initial training of AFC caregiver

REFERRAL/NOTIFICATION/PRIOR AUTHORIZATION REQUIREMENTS:

Authorization is required for all Adult Foster Care. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

BILLING AND CODING GUIDELINES:

There are two levels of service reimbursed at the per diem rate for Adult Foster Care Services:

Activities of Daily Living: Bathing, Dressing, Toileting, Transferring, Ambulation, and Eating

Level One: The patient has a medical or mental condition requiring daily physical assistance exceeding no more than two activities of daily living.

Level Two: The patient requires physical assistance with at least three activities of daily living as described above or if the patient requires assistance with at least two activities of daily living as well as management of behaviors requiring clinical intervention such as wandering, verbally abusive symptoms, physically abusive symptoms, socially inappropriate or Disruptive behavioral symptoms, or Resisting care.

Alternative Placement: Short term placement of a patient is allowed for up to 14 calendar days per year in which the patient is receiving services from an Alternative AFC Caregiver when the primary AFC caregiver is temporarily unavailable or unable to provide care. Care exceeding 14 calendar days is not reimbursed.

Medical Leave of Absence (MLOA): Reimbursement is provided only at the allowed 40 calendar days per year for short-term Medical Leave of Absence in the event the patient is admitted to a hospital or nursing facility.

Non-Medical Leave of Absence (NMLOA): Reimbursement is provided only at the allowed 15 days per calendar year for a short-term Non-Medical Leave of Absence in the event that the patient is away for non-medical reasons.

A Complex level of service should not be submitted, if CCA has only provided authorization for Basic services. Two different levels of service should never be submitted for the same date.

When billing for multiple dates of service, please submit the correct date range for the “from” and “to” dates with the appropriate number of units on one line item that correspond with those dates. (Ex: 1/1/20XX – 1/5/20XX should be S5140 [with modifier if applicable] and 5 units). Do not submit claims for dates already submitted to CCA.

Note**Unauthorized services billed, Duplicate billing of Level Two (Complex) and Level One (Basic) services on the same date of service and overlapping dates will result in denial of payment. For more information on inappropriate billing practices please review 130 CMR 450.307.

Service	Procedure Code	Modifier	Unit of Measure
Adult Foster Care: Short Term Alternative Care Day Level 2	S5140	U5	Per Diem
Adult Foster Care MLOA Day Level 1	S5140	U6	Per Diem
Adult Foster Care MLOA Day Level 2	S5140	TG, U6	Per Diem
Adult Foster Care NMLOA Day Level 1	S5140	U7	Per Diem
Adult Foster Care NMLOA Day Level 2	S5140	TG, U7	Per Diem
Adult Foster Care Intake and Assessment Services	T1028	-	One Time Payment, Per Member, Per Provider
Group Foster Care	H0043	-	Per Diem

CCA will use current industry standard procedure codes throughout their processing systems. The Health Insurance Portability & Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the code(s) that are valid at the time the service is provided. Providers must only use industry standard code sets and must use specific HCPCS and CPT codes when available.

RELATED SERVICE POLICIES:

Skilled Nursing Facilities

Homemaker Services

Adult Foster Care

Home Health Services

Personal Care Attendant

DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

Mass Health Adult Day Health Manual 130 CMR 404.000
Commonwealth Care Alliance

Payment Policies:
Massachusetts / Rhode Island

Provider Manuals:
Massachusetts / Rhode Island

Prior Authorization Forms:
Massachusetts / Rhode Island

POLICY TIMELINE DETAILS

1. Drafted: April 2019
2. Approved: July 2019
3. Revised: January 2022
4. Revisions Approved: February 2022
5. Revisions Implemented: April 2022