

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 351.00: ADULT FOSTER CARE

Section

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351.01: General Provisions

(1) Scope, Purpose and Effective Date. 101 CMR 351.00 governs the MassHealth payment rates effective December 1, 2013 for Adult Foster Care services described in 130 CMR 408.000 that are provided by participating Providers to eligible publicly-aided individuals.

(2) Authority. 101CMR 351.00 is adopted pursuant to M.G.L. c. 118E.

351.02: General Definitions

Activities of Daily Living (ADLs). Fundamental personal care tasks as defined in 130 CMR 408.402: *Definitions: Activities of Daily Living (ADLs)* performed as part of an individual's routine of self-care. ADLs include, but are not limited to, eating, toileting, dressing, bathing, transferring, and ambulation.

Adult Foster Care (AFC). Services as defined in 130 CMR 408.402: *Definitions: Adult Foster Care (AFC).*

Adult Foster Care (AFC) Caregiver. A person selected, supervised and paid by the Provider for the provision of direct care in accordance with 130 CMR 408.402 *Definitions: Adult Foster Care Caregiver(A).*

Alternative Placement. A short-term placement of up to 14 days per calendar year during which a Member receives Adult Foster Care from an alternative care provider when the AFC Caregiver is temporarily unavailable or unable to provide care.

AFC Level I. A level of payment for Adult Foster Care Services provided to a Member who meets the clinical criteria of 130 CMR 408.419(D)(1): *Level I.*

AFC Level II. A level of payment for Adult Foster Care Services provided to a Member who meets the clinical criteria of 130 CMR 408.419(D)(2): *Level II.*

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Intake and Assessment Services. Services as defined in 130 CMR 408.402: *Definitions: Intake and Assessment Services* and outlined in 130 CMR 408.431(A): *Preadmission Procedures* provided to a MassHealth member referred to a Provider for AFC Services.

MassHealth. A program of medical care and assistance which includes, but is not limited to, payment for certain health care services to eligible residents of the Commonwealth established under M.G.L. c. 118E and administered by the Executive Office of Health and Human Services through its Office of Medicaid.

Member. A MassHealth eligible member who has received clinical authorization by either MassHealth or its designated Screening Agent for payment of Adult Foster Care.

Procedure Code. The service code from the Healthcare Common Procedure Coding System (HCPCS).

Provider. An organization that meets the requirements of 130 CMR 408.000: *Adult Foster Care* and that contracts with MassHealth to provide Adult Foster Care to eligible MassHealth members.

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351.03: Rate Provisions

(1) General Rate Provisions.

(a) The payment rates in 101 CMR 351.00 are full compensation for all Adult Foster Care services rendered to Members, including any related administrative or supervisory duties in connection with the provision of AFC services outlined in 130 CMR 408.000: *Adult Foster Care*.

(b) Disclaimer of Authorization of Services. 101 CMR 351.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 351.00. Governmental units that purchase services from eligible Providers are responsible for the definition, authorization, and approval of services extended to publicly-aided patients.

(2) Payment Rates. The rates for AFC services are set in the following table.

<b>Procedure Code</b>	<b>Service Description</b>	<b>Rate</b>	<b>Unit</b>
S5140	AFC Level I	\$50.81	<i>Per Diem</i>
S5140TG	AFC Level II	\$85.18	<i>Per Diem</i>
S5140TF	AFC Level I Alternative Placement	\$50.81	<i>Per Diem</i>
S5140U5	AFC Level II Alternative Placement	\$85.18	<i>Per Diem</i>
T1028	AFC Intake and Assessment Services	\$242.38	Per Admission

351.04: Filing Requirements

(1) Required Reports. Each Provider must file a cost report as required by the Center. The Center may specify required filings and due dates by administrative bulletin.

(2) Examination of Records. Each Provider must make available all records of its operations for audit, if requested by the Center.

(3) Additional Information. Each Provider must file any additional information concerning its operations as the Center may require no later than 30 days after a written request.

(4) Accurate Data. All reports, schedules, additional information, books and records that are filed or made available to the Center must be certified under pains and penalties of perjury as true, correct and accurate by the Executive Director or Financial Officer of the Provider.

351.05: Other Provisions

(1) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify provisions of 101 CMR 351.00.

(2) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin if the coding system adds, deletes or changes relevant codes.

(3) Severability. The provisions of 101 CMR 351.00 are severable and if any provisions of 101 CMR 351.00 or application of such provision to any eligible Provider or any such circumstances are held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to any eligible Providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 351.00: M.G.L. c. 118E and c. 12C.