

101 CMR 351.00: ADULT FOSTER CARE

Section

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351.01: General Provisions

Scope, Purpose, and Effective Date. 101 CMR 351.00 governs the MassHealth payment rates effective May 1, 2019 for adult foster care services described in 130 CMR 408.000: *Adult Foster Care* that are provided by participating providers to eligible publicly aided individuals.

351.02: Definitions

As used in 101 CMR 351.00, unless the context requires otherwise, terms have the meanings ascribed in 101 CMR 351.02.

Activities of Daily Living (ADLs). Fundamental personal care tasks as defined in 130 CMR 408.402: 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: 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 408.415(A): *Direct 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*.

Alternative Caregiver Days. A short-term placement 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.

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: 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 that 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.

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

Member. A MassHealth eligible member who has received clinical authorization by either MassHealth or its designated screening agent for payment of adult foster care.

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Nonmedical Leave of Absence (NMLOA). A short-term absence during which a member does not receive AFC from the AFC caregiver because the member is away from the AFC-qualified setting for nonmedical reasons.

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 Services* and that contracts with MassHealth to provide adult foster care to eligible MassHealth members.

351.03: Rate Provisions

(1) General Rate Provisions.

(a) Payment in Full. 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 forth in 101 CMR 351.03(2).

(a) The rates for AFC services are set forth in 101 CMR 351.03(2)(a).

<i>Procedure Code</i>	<i>Rate</i>	<i>Unit</i>	<i>Service Description</i>
S5140	\$48.10	<i>Per Diem</i>	AFC Level I
S5140TG	\$82.67	<i>Per Diem</i>	AFC Level II
S5140TF	\$48.10	<i>Per Diem</i>	AFC Level I Alternative Caregiver Day
S5140U5	\$82.67	<i>Per Diem</i>	AFC Level II Alternative Caregiver Day
S5140U6	\$48.10	<i>Per Diem</i>	AFC Level I MLOA Day
S5140TGU6	\$82.67	<i>Per Diem</i>	AFC Level II MLOA Day
S5140U7	\$48.10	<i>Per Diem</i>	AFC Level I NMLOA Day
S5140TGU7	\$82.67	<i>Per Diem</i>	AFC Level II NMLOA Day
T1028	\$242.38	Per Admission	AFC Intake and Assessment Services

(b) For the period May 1, 2019 through June 30, 2019, the rates for AFC services will include an annualization adjustment as listed in 101 CMR 351.03(2)(b).

<i>Procedure Code</i>	<i>Per Unit Annualization Adjustment</i>	<i>Unit</i>	<i>Service Description</i>
S5140	\$1.78	<i>Per Diem</i>	AFC Level I
S5140TG	\$3.06	<i>Per Diem</i>	AFC Level II
S5140TF	\$1.78	<i>Per Diem</i>	AFC Level I Alternative Caregiver Day
S5140U5	\$3.06	<i>Per Diem</i>	AFC Level II Alternative Caregiver Day
S5140U6	\$1.78	<i>Per Diem</i>	AFC Level I MLOA Day

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<i>Procedure Code</i>	<i>Per Unit Annualization Adjustment</i>	<i>Unit</i>	<i>Service Description</i>
S5140TGU6	\$3.06	<i>Per Diem</i>	AFC Level II MLOA Day
S5140U7	\$1.78	<i>Per Diem</i>	AFC Level I NMLOA Day
S5140TGU7	\$3.06	<i>Per Diem</i>	AFC Level II NMLOA Day
T1028	\$0.00	Per Admission	AFC Intake and Assessment Services

351.04: Filing and Reporting Requirements

- (1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements.*
- (2) Penalty for Noncompliance. A purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 351.04(2).

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.