Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
600 Washington Street
Boston, MA 02111
www.mass.gov/masshealth

MassHealth
Transmittal Letter AFC-13
May 2008

TO: Adult Foster Care Providers Participating in MassHealth

FROM: Tom Dehner, Medicaid Director

RE: *Adult Foster Care Manual* (Revisions to Service Codes and Descriptions)

MassHealth pays participating adult foster care (AFC) providers for AFC ordered by a physician and provided to eligible MassHealth members in a qualified setting. AFC services include assistance with activities of daily living, instrumental activities of daily living and other personal care, nursing services and oversight, and care management.

MassHealth pays AFC providers for arranging and providing alternative placement for AFC members in the event that a member's primary caregiver is temporarily unavailable or unable to provide care (see 130 CMR 408.402 and 408.419(L)). Historically, MassHealth has paid one payment rate or alternative-placement days regardless of the member's level of need. Effective May 1, 2008, MassHealth has revised the mechanism to pay for alternative-placement days. MassHealth will now pay AFC providers for alternative-placement days at a rate that corresponds to the member's assessed level of need for AFC services.

This letter describes the billing requirements of the new rate, and transmits a revised Subchapter 6, identifying the service code-modifier combination required to bill for the Level I and II alternative placement rates.

Billing Requirements

AFC providers seeking payment for short-term alternative placement as defined in 130 CMR 408.402 and 408.419(L), must bill with the approved service code and modifiers listed in Subchapter 6 of the *Adult Foster Care Manual*. Effective May 1, 2008, AFC providers must bill for AFC short-term alternative-placement days that correspond to the member's assessed level of need. AFC providers may bill for alternative-placement services with Service Code S5140 and modifier TF for members assessed at Level I and Service Code S5140 with modifier U5 for members assessed at Level II.

If you have any questions about the information in this transmittal letter please contact MassHealth Customer Service at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL
(The pages listed here contain new or revised language.)

Adult Foster Care Manual

Pages 6-1 and 6-2

OBSOLETE MATERIAL
(The pages listed here are no longer in effect.)

Adult Foster Care Manual

Pages 6-1 and 6-2 — transmitted by Transmittal Letter AFC-11

601 <u>Service Codes and Descriptions</u>

Service
<u>Code</u>   <u>Modifier</u>   <u>Service Description</u>

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)

S5140   TF   Foster care, adult; per diem (adult foster care short-term alternative placement; per
                                 diem for caregiver, Level I)

S5140   U5   Foster care, adult; per diem (Adult foster care short-term alternative placement; per
                                 diem for caregiver, Level II)

T1028   Assessment of home, physical, and family environment, to determine suitability to
                                 meet patient's medical needs (adult foster care intake and assessment services
                                 rate; one-time payment per member per provider)

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