



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
*www.mass.gov/masshealth*



MassHealth  
Transmittal Letter AFC-14  
April 2015

**TO:** Adult Foster Care Providers Participating in MassHealth  
**FROM:** Daniel Tsai, Assistant Secretary and Director of MassHealth  
**RE:** *Adult Foster Care Manual* (Alternative Placement Days)

The MassHealth Adult Foster Care (AFC) program provides assistance with personal care for members living with an AFC caregiver. Under the current MassHealth AFC provider regulations, AFC providers may bill MassHealth for 'alternative placement' days, which are days (up to 14 days per calendar year) during which a member receives AFC services from an alternative care giver when the primary AFC care giver is temporarily unavailable or unable to provide care. Currently the AFC provider regulations also permit AFC providers to bill for non-service days when a member receives alternative placement. The regulations are being revised to no longer permit AFC providers to claim for non-service days when the provider is also billing for alternative placement days. Under the revised regulations, AFC providers would not be able to claim non-service days for days they are also billing as alternative placement days.

These regulations are effective April 17, 2015.

### **MassHealth Website**

This transmittal letter and attached pages are available on the MassHealth website at [www.mass.gov/masshealth](http://www.mass.gov/masshealth).

### **Questions**

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Services Center at 1-800-841-2900, e-mail your inquiry to [providersupport@mahealth.net](mailto: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 4-9 and 4-10

### **OBSOLETE MATERIAL**

(The pages listed here are no longer in effect.)

#### **Adult Foster Care Manual**

Pages 4-9 and 4-10 — transmitted by Transmittal Letter AFC-12

<b>Commonwealth of Massachusetts MassHealth Provider Manual Series</b>  Adult Foster Care Manual	<b>Subchapter Number and Title</b> 4. Program Regulations (130 CMR 408.000)	<b>Page</b> 4-9
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(H) The MassHealth agency pays an intake and assessment rate for services provided to members who have been referred for AFC services. This rate is payable only once per member per provider as a preadmission service payment. Intake and assessment services are outlined in 130 CMR 408.431(A).

(I) MassHealth payment to an AFC provider ends on the date on which a member no longer meets the clinical criteria described in 130 CMR 408.417 or is no longer receiving AFC services.

(J) The MassHealth agency pays an AFC provider for days that an eligible member receives AFC. An AFC provider may not bill for non-service days and the MassHealth agency does not pay for any period during which an eligible member does not receive AFC, with the exception of a medical leave of absence or nonmedical leave of absence.

(K) The MassHealth agency pays for a maximum of 40 days each calendar year for medical leave of absence and up to 15 days each calendar year for nonmedical leave of absence. Any unused leave-of-absence days follow the member when transferring from one AFC provider to another AFC provider.

(L) An AFC provider may bill for up to 14 short-term alternative-placement days per member per calendar year. Any unused alternative-placement days follow the member when transferring from one AFC provider to another AFC provider.

(130 CMR 408.420 through 408.429 Reserved)

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#### 408.430: Adult Foster Care Provider Responsibilities

In addition to meeting all of the qualifications set forth in 130 CMR 408.000 and 450.000, the AFC provider must meet all of the following requirements.

(A) Policies and Procedures Manual. Each AFC provider must develop, maintain, review annually, and update a comprehensive policies and procedures manual governing the delivery of services. Each manual at a minimum must contain written policies and procedures on the following:

- (1) administrative policies and procedures, including but not limited to:
  - (a) human resource and personnel policies and procedures;
  - (b) personnel requirements;
  - (c) staff training;
  - (d) fire and safety;
  - (e) member rights;
  - (f) nondiscrimination;
  - (g) incident and accident reporting;
  - (h) outreach and marketing of the AFC;
  - (i) alternative-care arrangements for members when the AFC caregiver is temporarily absent or temporarily unable to provide care;
  - (j) staff, AFC caregiver, and member grievances;
  - (k) cultural competency;
  - (l) quality assurance and improvement;
  - (m) caregiver training;
  - (n) emergency services and plans;
  - (o) notifying the fire department and police in emergencies;
  - (p) relocating members in an emergency; and
  - (q) procedures to be followed if a member is missing or lost; and
- (2) clinical policies and procedures, including, but not limited to:
  - (a) confidentiality;
  - (b) 24-hour emergency coverage, including medical and other emergencies;
  - (c) documentation of visits and progress notes;
  - (d) medication management;
  - (e) universal precautions;
  - (f) communicable disease;
  - (g) recognizing and reporting elder or member abuse;
  - (h) AFC provider staff and AFC caregiver evaluation and monitoring; and
  - (i) member and caregiver counseling.

(B) Clinical Assessments. The AFC provider's multidisciplinary team must complete an MDS-HC or CDS and all other applicable clinical assessments on all members. The MDS-HC or CDS must be completed prior to admission. Other applicable clinical assessments must be completed

- (1) upon significant change; and
- (2) annually on the anniversary date of the member's admission.