




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Division of Medical Assistance
600 Washington Street
Boston, MA 02111
www.mass.gov/dma

MassHealth
Group Adult Foster Care Bulletin 2
August 2002

TO: Group Adult Foster Care Providers Participating in MassHealth
FROM: Wendy E. Warring, Commissioner 
RE: Changes in Clinical Assessment for Group Adult Foster Care Services

Background

To be eligible for MassHealth, individuals must meet financial standards. To be covered for certain MassHealth programs, members or applicants must meet clinical criteria. The Division or its clinical screening agent, Coastline Elderly Services, Inc. (Coastline), determines clinical eligibility for coverage of group adult foster care services based upon documentation submitted by the provider and the member's physician.

New Forms

This bulletin provides you with copies of the following forms:

- the Request for Services (formerly called the MassHealth Long Term Care Assessment form);
- the Minimum Data Set for Home Care (MDS-HC) version 2.0, which replaces the current GAFC participant assessment form; and
- the Physician's Summary.

These forms are the basis for determining clinical eligibility for group adult foster care services.

Begin using these forms as soon as you receive them. As of September 1, 2002, the clinical screening agent will not accept the old forms.

Supplies of the Forms

You may photocopy the forms as needed. To obtain supplies of the forms, use the information below to mail or fax your request. Include your provider number, address, telephone number, the exact title of the publication, and the date of issuance.

MassHealth Forms Distribution
P.O. Box 9101
Somerville, MA 02145
Fax: 703-917-4937

***Additional
Documentation***

In addition to the MDS-HC, the Request for Services, and the Physician's Summary, GAFC providers must supply the Division's clinical screening agent with any other additional information that the agent requests to determine clinical eligibility.

GAFC/Assisted Living Residence (ALR) providers must also complete and mail the Residence Verification/Group Adult Foster Care Form to Coastline for the SSI State Living Arrangement G (SSI-G) Assisted Living application process through the Social Security Administration.

***Clinical Screening
Agency Address***

The provider must mail these forms to the Division's clinical assessment agent for this program to the following address.

Coastline Elderly Services, Inc.
Nursing Department
1646 Purchase Street
New Bedford, MA 02740-6819

As of September 1, 2002, Coastline Elderly Services will no longer issue verbal approvals for the GAFC program. All approvals will be in writing as of September 1, 2002.

***Who May Complete
the MDS-HC
Assessment***

The program registered nurse is the assessment coordinator. The assessment coordinator's signature certifies the accuracy and completeness of the MDS-HC assessment.

The program-registered nurse must complete the MDS-HC; however, a licensed social worker (LSW, LCSW or LICSW) may complete the following sections of the MDS-HC: AA – Name and Identification Numbers, BB – Personal Items, CC – Referral Items, B – Cognitive Patterns, C – Communication/Hearing Patterns, E – Mood and Behavior Patterns, F – Social Functioning, G – Informal Support Services, and O – Environmental Assessment.

Each individual who completes a portion of the MDS-HC should sign and certify those sections completed in Section R. (Assessment Information: signatures, title, sections, date).

Annual Updates

GAFC providers must complete the MDS-HC annually for current participants. The annual assessment must be completed within 15 days of the anniversary date of admission. The GAFC provider must maintain a copy of the annual MDS-HC in the member's medical record.

ICD-9 Codes

The MDS-HC assessment requires the use of ICD-9-CM Codes for medical diagnoses. ICD-9-CM code books are available at local medical supply stores and some local bookstores. ICD-9-CM codes are also available on the Internet.

Future Trainings

Periodic trainings will be held for new providers. Please contact the Division for dates and locations.

Questions

If you have any questions about this bulletin, please contact the MassHealth Provider Services Department at 617-628-4141 or 1-800-325-5231.
