



Guidelines for Medical Necessity Determination for Adult Foster Care (AFC)

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information that MassHealth uses to determine medical necessity for adult foster care (AFC). These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

MassHealth AFC providers should consult MassHealth regulations at 130 CMR 408.000 and 101 CMR 351.000 and the MassHealth Adult Foster Care Provider Manual for information about coverage, limitations, service conditions, and prior-authorization (PA) requirements. Providers serving members enrolled in the One Care, Senior Care Options (SCO), or the Program of All-inclusive Care for the Elderly (PACE) should refer to the One Care, SCO, or PACE medical policies for covered services.

MassHealth requires PA (see Section III) for AFC. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, MassHealth's administrative and billing regulations and guidance, and MassHealth's AFC program regulations and guidance.

SECTION I. GENERAL INFORMATION

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AFC is a community-based service, provided in the member's home by an AFC provider, which is designed to meet a member's need for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Assistance with ADLs and IADLs is provided by an AFC caregiver, with nursing oversight and care management of the AFC caregiver's provision of assistance with ADLs and IADLs provided by the AFC provider's professional staff. Members receiving AFC must live with their AFC caregiver.

SECTION II. CLINICAL GUIDELINES

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A. CLINICAL ELIGIBILITY CRITERIA

To be clinically eligible for MassHealth coverage of AFC, a member must meet medical necessity criteria based on an assessment of clinical data, including, but not limited to, indicators that would affect the relative risks and benefits of the service for the member and needs identified through clinical assessment completed and interpreted by a registered nurse using a MassHealth-specified clinical assessment tool.

The MassHealth agency considers a member clinically eligible for MassHealth coverage of AFC when the member meets the following clinical eligibility criteria:

1. The member's Primary Care Provider (PCP) ordered AFC; and

2. The member has a medical or mental condition that **requires daily hands-on (physical) assistance or cueing and supervision throughout the entire activity** in order for the member to successfully complete at least one of the following ADLs:
 - a. Bathing. A full-body (front-, back-, upper-, and lower-body) bath or shower, or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back, and peri-area. In addition, the AFC caregiver may support a member with personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying makeup. A member's need for support with a full-body bath or shower or a partial (sponge) bath alone meets the clinical eligibility for AFC. A member's need for support with personal hygiene alone does not meet the clinical eligibility for AFC.
 - b. Dressing. Both upper- and lower-body items of clothing, including street clothes and undergarments. Members do not require support with dressing if they require support only with putting on shoes and/or socks, buttons, snaps, and zippers. Members will be deemed to need Level II support with dressing if they require hands-on physical assistance with lower-body dressing, and cueing and supervision throughout the entire activity for upper-body dressing, or vice versa.
 - c. Toileting. The member is incontinent (bladder and/or bowel), or requires routine catheter or colostomy/urostomy care, or needs cueing and supervision or physical assistance with toileting and cleansing after elimination. Additionally, members will be deemed to require support with toileting if they require support with scheduled toileting care to prevent incontinence. Members do not require support with toileting if they require support only with transferring on and off the commode. If the member requires support solely with transferring on and off the commode, then the member would require support with transferring only, and not toileting.
 - d. Transferring. The member must be assisted or lifted to move from one position to another. For example, the member requires assistance to move from a wheelchair to the commode.
 - e. Mobility (ambulation). The member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person in all environments (indoors and outdoors). Members will be deemed to need Level II support with mobility if they require hands-on physical assistance with ambulation outdoors, and cueing and supervision throughout the entire activity indoors, or vice versa.
 - f. Eating. The member requires constant supervision and cueing during the entire meal or needs to be physically assisted in eating (fed) for all or a portion of the meal. For example, members who are physically capable of eating but have a cognitive impairment that requires constant cueing and supervision to eat are deemed to require assistance with eating. Conversely, members needing help only with cutting up food or other set-up do not require assistance with eating.

B. NONCOVERAGE

MassHealth does not cover AFC services nor consider AFC to be medically necessary under certain circumstances. Examples of circumstances include, but are not limited to, the following:

1. The member does not meet the clinical eligibility criteria for MassHealth coverage of AFC described in A. above.

2. When the member is receiving any home health aide services provided by a home health agency under 130 CMR 403.000, or any other personal care services, including, but not limited to, personal care services under 130 CMR 422.000.
3. Clinical documentation, including assessments and plan of care to support the need for or continuation of AFC, is missing, insufficient, and/or inconsistent.
4. For any days of service for which the AFC provider has not received PA from MassHealth or its designee.
5. When the member is an inpatient or a resident of a hospital, nursing facility (with the exception of Medical Leave of Absence (MLOA) days), rest home, intermediate care facility for individuals with intellectual or developmental disability, assisted living residence, or any other residential facility subject to state licensure or certification.
6. The member does not live in a qualified setting, as defined in 130 CMR 408.000, with a qualified AFC caregiver with the exception of Alternative Caregiver days or Non-Medical Leave of Absence (NMLOA) days.

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SECTION III. PA FOR ADULT FOSTER CARE

PA determines the medical necessity for AFC as described under 130 CMR 408.000 and in accordance with 130 CMR 450.204: Medical Necessity. As a prerequisite for payment of AFC, the AFC provider must obtain PA before the first date of service delivery and at various intervals. Requests for PA must be submitted by an enrolled MassHealth AFC provider through the MassHealth LTSS Provider Portal (Provider Portal).

A. AFC providers must submit requests for PA at the following intervals:

1. Initial Evaluation (Before Admission). AFC providers must request and obtain PA before the first date of service delivery. The MassHealth agency or its designee may take up to 21 calendar days to act on a request for PA for AFC, unless the request is expedited in accordance with section IV B. Services will not be approved retroactively.
2. Annual Evaluation (Re-evaluation). For members with existing PA, AFC providers must submit an annual request for PA at least 21 calendar days before the member's authorized end date. Services will not be approved retroactively if requests are submitted after the member's existing PA expires.
3. Transfer from Another AFC provider. The accepting AFC provider must submit a new PA at least 21 calendar days before the start of service that complies with the requirements of Section III.A.
4. On Significant Change¹. AFC providers must submit a request for PA upon a significant change.

¹ A "Significant Change" is a major change in the member's status that (A) is permanent; (B) impacts more than one area of the member's health status; and (C) requires a multidisciplinary review or revision of the care plan. A significant change is presumed when a member authorized to receive AFC does not receive AFC for 90 days or more, or when the provider is seeking a change in service payment level.

- B. There are two MassHealth payment rates for AFC: AFC Level I and AFC Level II. The MassHealth agency or its designee will make the determination based both on the amount of ADL assistance that the member needs as well as the presence or absence of behaviors requiring daily active management and frequent caregiver intervention to address and/or prevent the behavior(s). AFC providers may request the level of payment for AFC (as described under 130 CMR 408.419(D)).
1. **AFC LEVEL I SERVICE PAYMENT:** MassHealth will pay the Level I service payment rate if, in order to complete the activity, a member requires hands-on (physical) assistance with one or two of the ADLs listed in Section II.2.a-f above or requires cueing and supervision throughout one or more of the activities listed in section II.2.a-f.
 2. **AFC LEVEL II SERVICE PAYMENT:** MassHealth will pay the level II service payment rate for members who require:
 - a. Hands-on (physical) assistance with at least three of ADLs described in Section II.2.a-f above; OR
 - b. Hands-on (physical) assistance with at least two of the ADLs listed in Section II.2.a-f above as well as management of behaviors that require frequent caregiver intervention as described below:
 - i. Wandering; moving with no rational purpose, seemingly causing general disruption, including difficulty in transitioning between activities;
 - ii. Verbally Abusive Behavioral Symptoms: threatening, screaming, or cursing at others;
 - iii. Physically Abusive Behavioral Symptoms: hitting, shoving, or scratching;
 - iv. Socially Inappropriate or Disruptive Behavioral Symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, or causing general disruption; or
 - v. Resisting Care: refusing care (physically or verbally) or interfering with assistance.

SECTION IV. SUBMITTING FOR PA

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A. DOCUMENTATION

Requests for PA for AFC must be in the form and format as specified by the MassHealth agency and be submitted electronically by the AFC provider using the Provider Portal. Each submission must be accompanied by all necessary clinical documentation needed to support the medical necessity of this service.

Documentation of medical necessity for AFC must include, at a minimum, the completed Adult Foster Care Prior Authorization Request form (available in the Provider Portal), as well as:

- The MassHealth Designated Clinical Assessment Form; AND
- PCP order; AND
- Clinical documentation, evaluations, or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or mental health condition(s) identified by the

member's PCP that require active monitoring, treatment, or intervention and ongoing observation and assessment by a nurse, without which the member's quality of life will likely not be maintained; and that describe the member's condition and support the member's need for AFC.

The member's clinical assessment must be performed no more than 90 calendar days before the date of the PA request. MassHealth will deny all PA requests that are accompanied by clinical assessments that are more than 90 calendar days old, with direction to the provider to obtain a new clinical assessment.

B. PA ADJUDICATION

The MassHealth agency or its designee may take up to 21 calendar days to act on a request for PA for AFC. See 101 CMR 450.303(A)(5).

If an AFC provider submits a PA request that has missing, incomplete, or inconsistent documentation, the MassHealth agency will notify the AFC provider of the relevant requirements, and inform the provider that the MassHealth agency will act on the request within the 21-calendar-day limit if it receives the required information within four calendar days after its request. If the MassHealth agency does not receive the required information within four calendar days, the MassHealth agency's decision may be delayed by the number of days that pass between the four calendar day cutoff date and the date that the MassHealth agency receives the necessary information.

If there is an urgent need for PA, the provider should explain in the Provider Portal the medical necessity for expediting the PA request.

An AFC provider may request an expedited PA only under the following circumstances:

1. The member is being discharged from a hospital or nursing facility;
2. The member receives hospice;
3. The member no longer has an AFC caregiver who is able to provide the service;
4. The member is living in an unqualified setting and needs to move to a qualified setting;
5. The member is transferring from One Care, Senior Care Options (SCO), or the Program of All-Inclusive Care for the Elderly (PACE) to fee for service (FFS); or
6. There is an urgent need (e.g., change in clinical condition or in home environment).

When requesting an expedited PA, the AFC provider must submit the request and include the same documentation as described in Section IV. Upon receipt of the complete and comprehensive expedited PA request, MassHealth or its designee will decide within 72 hours.

C. QUESTIONS

AFC providers who have questions about PA should contact the MassHealth Prior Authorization Help Line at (844) 685-5184. For enrollment or other questions, AFC providers should contact the MassHealth LTSS Provider Service Center at (800) 862-8341.

Select References

[MassHealth Adult Foster Care Provider Manual](#)

[MassHealth LTSS Provider Portal](#)

These Guidelines are based on review of the medical literature and current practice in AFC. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, contact your health-care provider for guidance or explanation.

Policy Effective Date: November 5, 2018 Approved by: 

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