

Reimbursement Policy

Adult Foster Care and Group Adult Foster Care

Policy Number: SCO 4.21

Version Number: 4

Version Effective Date: 06/01/2021

Product Applicability

All Plan+ Products

Well Sense Health Plan

Well Sense Health Plan

Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.bmchp.org.

Definitions

Activities of Daily Living (ADL) — includes but is not limited to the following personal care activities: bathing, dressing, toileting, transfers, ambulation, and eating.

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Adult Foster Care (AFC) — services provided by a qualified AFC caregiver, that includes assistance with ADLs, IADLs, other personal care as needed, nursing services and oversight, and AFC care management.

Group Adult Foster Care (GAFC) - a program providing daily assistance with personal care services (Activity of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) as needed) and case management oversight by the provider in an Assisted Living Residence (ALR) or some type of elderly/disabled housing complex.

Alternative Caregiver – a person who meets all of the qualifications of an AFC caregiver and provides AFC to the member in a qualified setting in the absence of the AFC caregiver.

Instrumental Activities of Daily Living (IADLs) – specific activities that are instrumental to the care of the member’s health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive personal care services.

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

Nonmedical Leave of Absence (NMLOA) – a short-term absence from an AFC-qualified setting, during which a member does not receive AFC for nonmedical reasons.

Provider Reimbursement

Adult Foster Care (AFC) is a program that provides daily assistance with personal care and case management oversight by the provider in caregivers home. The Plan reimburses an AFC provider for AFC services based on the level of services provided; Level I or Level II. The determination of the level of services needed should be done on admission, annually, and when there is a significant change in the member’s clinical status.

Intake and Assessment Services

The Plan reimburses for an intake and assessment for services provided to members who have been referred to an AFC provider but not yet authorized for payment for AFC services. This is payable only once per member, per provider as a preadmission service payment. Intake and assessment services include, but are not limited to the following:

- Assessment of the need for AFC services
- Reviewing and approving AFC caregiver applicants
- Matching the member with the most appropriate AFC caregiver
- Instruction in the rules, policies, and procedures of the AFC program
- Evaluation of the qualified setting, including conducting on-site interviews in the qualified setting

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

- Scheduling meetings with the member and potential AFC caregiver
- Instruction in the member's rights and responsibilities when using AFC services
- Instruction and initial training of AFC caregivers
- Setting up the member's move-in date with the AFC caregiver

Level I Services

Services are reimbursed under Level I when the member has a medical or mental condition that requires daily physical assistance with no more than two of the below listed activities or requires cueing and supervision in order for the member to complete successfully at least one of the following activities:

- Bathing full-body bath or shower or a sponge (partial) bath
- Dressing, including clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers
- Toileting, if the member is incontinent (bladder or bowel) or requires scheduled assistance or routine catheter or colostomy care
- Transferring, if the member must be assisted or lifted to another position
- Mobility/Ambulation, if the member must be physically steadied, assisted, or guided one-to-one in ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person
- Eating, if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal

Level II Services

Services are reimbursed under Level II if the member requires physical assistance with at least three of the activities described in Level I or if the member requires physical assistance with at least two of the activities described in Level I services and management of behaviors that require caregiver intervention as described below:

- Wandering: moving with no rational purpose, seemingly oblivious to needs or safety
- Verbally abusive behavioral symptoms: threatening, screaming, or cursing at others
- Physically abusive behavioral symptoms: hitting, shoving, or scratching
- 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
- Resisting care

Alternative Placement

Reimbursement for short-term placement is allowed for up to 14 days per calendar year during which a member receives AFC services from an alternative care provider when the AFC caregiver is temporarily unavailable or unable to provide care. Any unused alternative caregiver days follow the member when changing from one AFC provider to another AFC provider.

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Leave of Absence

Leave of absence days are reimbursed in place of AFC/Alternate caregiver days and are not reimbursed in addition to caregiver days.

Any unused leave-of-absence days follow the member when changing from one AFC provider to another AFC provider. MLOA and NMLOA days cannot be used interchangeably.

Medical Leave of Absence (MLOA)

The Plan reimburses an AFC provider for a short-term MLOA a maximum of 40 days each calendar year if the member is admitted to a hospital or nursing facility.

Non-Medical Leave of Absence (NMLOA)

The Plan reimburses an AFC provider for a short-term NMLOA up to 15 days each calendar year if the member is away for non-medical reasons.

Service Limitations

The Plan does not reimburse an AFC provider for any of the following:

- A member which does not meet the requirements for AFC services.
- Any days the AFC provider does not render services, except for a medical or non-medical leave of absence and alternative placement days.
- Any non-covered days, which includes days when the AFC caregiver or setting has become unqualified for any reason, or a member has exhausted alternative caregiver days, MLOA days, or NMLOA days.
- A member receiving any other personal care services, including, but not limited to, personal care services or home health aide services or group adult foster care
- A member that is a resident or inpatient of a hospital, nursing facility (with the exception of MLOA or alternative placement days), rest home, group home, intermediate care facility for the mentally retarded, assisted living residence, or any other residential facility subject to state licensure or certification
- Any alternative caregiver days in excess of 14 days within a calendar year, or payment for NMLOA days in excess of 15 days within a calendar year, or payment for MLOA days in excess of 40 days within a calendar year.

Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Adult Foster Care	
CPT/ HCPCS Code and Modifier	Description
S5140	Foster care, adult; per diem; AFC Level I
S5140 TF	Foster care, adult; per diem; AFC Level I Alternate Caregiver Day
S5140 TG	Foster care, adult; per diem; AFC Level II
S5140 U5	Foster care, adult; per diem; AFC Level II Alternate Caregiver Day
S5140 U6	Foster care, adult; per diem; AFC Level I Medical Leave of Absence Day
S5140 TGU6	Foster care, adult; per diem; AFC Level II Medical Leave of Absence Day
S5140 U7	Foster care, adult; per diem; AFC Level I Non-Medical Leave of Absence Day
S5140 TGU7	Foster care, adult; per diem; AFC Level II Non-Medical Leave of Absence Day
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)
Group Adult Foster Care	
HCPCS Code	Description
H0043	Supported housing , per diem (group adult foster care personal care and administration, per diem)

Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/21/2015	01/01/2016	Payment Policy	SCO Product Subgroup

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
05/16/2017	Updates for MH Transmittal Letter AFC-16; clarification to MLOA, NMLOA and Alternate care descriptions; Additional codes and modifiers added	05/05/2017	Payment Policy Committee

* Plan refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.

Policy Revisions History			
02/19/2019	Annual review, changes for standardized ASAP billing	04/01/2019	Payment Policy Committee
05/18/2021	Annual Review	06/01/2021	Payment Policy Committee

Other Applicable Policies

- General Billing and Coding Guidelines, SCO 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, SCO 4.108
- Aging Services Access Points (ASAP), SCO 4.24

References

- MassHealth 130 CMR 408.00, Subchapter 4 Adult Foster Care Provider Manual
- MassHealth, 130 CMR 408.00, Subchapter 6 Adult Foster Care Service Codes and Descriptions
- MassHealth, Subchapter 6 Group Adult Foster Care Service Codes and Descriptions
- MassHealth, Transmittal Letter GAFC-2
- MassHealth, Transmittal Letter GAFC-3
- 101 CMR 351.00: Adult Foster Care

Disclaimer Information

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan’s discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan’s audit policies, refer to the Provider Manual.

* *Plan* refers to Boston Medical Center Health Plan, Inc. and its affiliates and subsidiaries offering health coverage plans to enrolled members. The Plan operates in Massachusetts under the trade name Boston Medical Center HealthNet Plan and in other states under the trade name Well Sense Health Plan.