

Adult Foster Care Payment Policy

Policy

This policy applies to Adult Foster Care (AFC) services. AFC is a program that pays for personal care services for NaviCare HMO SNP and NaviCare SCO members that live in a qualified setting (home environment) as described in the Commonwealth of Massachusetts Provider Manual Series – Adult Foster Care Manual – Section 408.402.

In order to qualify for this program, the Plan member must be deemed “nursing home certifiable” as noted on the Minimum Data Set Home Care (MDS HC) form completed by the Care Team and approved by the Executive Office of Health and Human Services (EOHHS). The NaviCare Nurse Case Manager determines the member’s eligibility for this program.

The Plan has contracted relationships with MassHealth accredited AFC providers such as the Aging Service Access Points (ASAPs) and other MassHealth accredited AFC Providers to provide this service. The daily rate is reimbursed to the AFC Provider for this service and the AFC Provider pays the AFC approved caregiver(s). This program may also be known by the term “Adult Family Care”. The AFC Provider is responsible for ensuring compliance with all sections in the most current Commonwealth of Massachusetts Provider Manual Services – Adult Foster Care Manual 130 CMR 408.000 at all times.

(Note: This policy does not apply to providers who are contracted to render **Group** Adult Foster Care as defined by MassHealth. Please see the Plan payment policy *Group Adult Foster Care* for more information.)

Definitions

The Commonwealth of Massachusetts MassHealth Provider Manual Series for this program entitled “Adult Foster Care Manual” can be found in the MassHealth Provider Regulations 130 CMR 408.000.

There are two levels of AFC per the Commonwealth of Massachusetts Provider Regulations

- Level One – A member must have one Activity of Daily Living (ADL) deficit and/or require cueing/ supervision throughout one or more ADL in order for the member to complete the activity
- Level Two – A member must have three ADL deficits that require hands on care or two ADL deficits and management of behaviors that require frequent caregiver intervention

The NaviCare Nurse Case Manager determines the appropriate level for the member based upon their demonstrated activities of daily living needs.

Reimbursement

The Plan reimburses an intake and assessment rate to the MassHealth accredited AFC provider for services to Plan members who have been referred for AFC services.

This rate is reimbursable only once per NaviCare member per AFC provider as a preadmission service payment. This intake and assessment must be approved by the NaviCare Care Team prior to the activity occurring.

The Plan does not reimburse for any period during which an eligible Plan member does not receive AFC, with the exception of a medical or non-medical leave of absence.

Medical and Non-Medical Leave of Absence – The Plan pays the AFC Provider 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. This short term absence is when the member does not receive daily Adult Foster Care from their AFC Caregiver following the details outlined below.

- The Plan reimburses for Medical and Non-Medical Leaves of Absence using the appropriate modifier(s) up to but not exceeding the 40 days for medical and 15 days for non-medical leaves of absence per calendar year per 130 CMR 408.419.

Medical Leave of Absence Details – The member is hospitalized and the caregiver is paid for up to 40 days each calendar year by the AFC Provider

Non-Medical leave of Absence Details – The member goes on vacation and is out of the home, the caregiver is paid for a maximum of 15 days each calendar year by the AFC Provider

The Plan follows MassHealth guidelines in regards to alternative placement days.

Alternative Placement - The AFC Program allows for “Alternative Placement” each calendar year. This is defined as a short term placement of up to 14 days when a member receives AFC from an alternative caregiver that has been approved by the AFC Provider.

- The Plan reimburses for both the daily AFC rate and the alternative placement AFC per diem rate utilizing the appropriate modifiers for the same date of service, up to but not exceeding the 14 days per calendar year per 130 CMR 408.419.

The Plan reimburses for the cost of AFC when approved by the NaviCare Nurse Case Manager. The Plan does not reimburse housing costs.

Duplicate Services:

Prior to rendering AFC services to a MassHealth member, please verify that the member is not already receiving services that may be considered duplicative and may result in denials of AFC claims. For NaviCare member’s this can be done by contacting the plan at 877-790-4971 or by contacting the member’s Navigator.

The following are duplicative services and are considered Non-covered AFC Days as defined in the AFC program regulations at 130 CMR 408.437:

- The member is receiving any other personal care services, including, but not limited to, personal care services under 130 CMR 422.000: Personal Care Services
- The member receives home health aide services provided by a home health agency under 130 CMR 403.000: Home Health Agency.
- The member is a resident or inpatient of a hospital, nursing facility (with the exception of MLOA days), rest home, ICF/IID, ALR, or any other residential facility subject to state licensure or certification.

Referral/notification/prior authorization requirements

Prior authorization is required for this service.

Billing/coding guidelines

Services must be submitted in the following manner, or per contract terms:

Procedure Code	Modifier	Service Description
S5140		Foster care, adult; per diem (AFC Level I)
S5140	TG	Foster care, adult; per diem (AFC Level II)
S5140	TF	Foster care, adult; per diem

		(Level I Alternative Placement)
S5140	U5	Foster care, adult; per diem (Level II Alternative Placement)
S5140	U6	Foster care, adult: per diem (Level I Alternative Placement) MLOA day
S5140	U7	Foster care, adult: per diem (Level I Alternative Placement) Non-MLOA day
S5140	TGU6	Foster care, adult: per diem (Level II Alternative Placement) MLOA day
S5140	TGU7	Foster care, adult: per diem (Level II Alternative Placement) Non-MLOA day
T1028		Assessment of home, physical, and family environment (Intake and Assessment Services)

MassHealth:

The following services are not covered for Plan members who are enrolled through MassHealth. Providers must bill MassHealth directly for these services.

Procedure Code	Service Description
S5140	Foster care, adult; per diem
T1028	Assessment of home, physical, and family environment

Place of service (POS)

This policy applies to services rendered in POS 12.

Policy history

Origination date: 04/01/2015
Previous revision date(s): 07/01/2015 – New policy became effective.
11/01/2015 - Updated reimbursement section to align with new MassHealth regulations regarding alternative placement days.
05/01/2016 - Annual review.

Connection date & details: May 2017 - Added instructions to bill MassHealth directly for specific codes.
July 2018 – Added language regarding duplicate service verification. Clarified reimbursement section
April 2019 – Clarified Alternative Placement reimbursement and coding.

The criteria listed above apply to Fallon Health Plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.