The Adult Foster Care (AFC) program is a personal care program for MassHealth members who require medically necessary assistance with activities of daily living (ADL), instrumental activities of daily living (IADL), and other personal care.

Under the AFC program, members receive assistance with personal care from an AFC qualified live-in caregiver, with oversight provided by an AFC provider agency.
Member Eligibility 130 CMR 408.403

- MassHealth members with coverage types:
  - Standard
  - CommonHealth
  - Senior Care Options (SCO) & Program of All-inclusive Care for the Elderly (PACE)
    - Bill SCO or PACE directly
- Age 16 or older
- Duplicative Services Include:
  - Personal Care Attendant (PCA)
  - Group Adult Foster Care (GAFC)
  - Shared Living
  - Home Health Aide Services
- Non Duplicative Services:
  - Day programs (Day Habilitation, Adult Day Health)
  - Hospice, VNA, Continuous Nursing through Community Case Management
An organization seeking to participate in MassHealth as an AFC Provider must:

1. enter into a contract with the MassHealth agency;
2. maintain a business office in Massachusetts and be duly authorized to conduct a business in Massachusetts that delivers health and human services to elders or people with disabilities;
3. accept MassHealth payments as payment in full for all AFC;
4. establish, maintain, and comply with written policies and procedures to comply with 130 CMR 408.000;
5. agree to periodic inspections, by the MassHealth agency or its designee, that assess the quality of member care and ensure compliance with 130 CMR 408.000;
6. agree to comply with all the provisions of 130 CMR 408.000, 450.000: Administrative and Billing Regulations, and all other applicable MassHealth rules and regulations;
7. submit a written description of AFC offered by the AFC provider and its care objectives;
8. participate in any AFC provider orientation required by EOHHS;
9. meet all provider participation requirements described in 130 CMR 408.000 and 450.000;
10. agree to pay AFC caregivers on a timely basis for services provided at applicable compensation levels;
(11) be accredited by either the National Committee for Quality Assurance (NCQA) or the Council on Accreditation (COA), or other nationally recognized accreditation organization determined acceptable by the MassHealth agency; provided that AFC providers participating in MassHealth as of April 20, 2017, shall have until April 21, 2019, to provide evidence of accreditation;

- MassHealth will offer sub regulatory guidance with regards to the conditions of the accreditation process.

(12) submit to the MassHealth agency or its designee a statement of fiscal soundness attesting to the financial viability of the AFC provider supported by documentation to demonstrate that the provider has adequate resources to finance the provision of AFC services in accordance with 130 CMR 408.000.
To be clinically eligible for AFC services, a member must meet the clinical eligibility criteria specified at 130 CMR 408.416 (B), provided below:

(B) 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 activities:

• (1) Bathing - a full-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 plus 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 make-up;

• (2) Dressing - upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers;

• (3) Toileting - member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;

• (4) Transferring - member must be assisted or lifted to another position;

• (5) Mobility (ambulation) - 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; and

• (6) Eating - if the member requires constant supervision and cueing during the entire meal, or physical assistance with a portion or all of the meal.
There are two levels of service payment for AFC services under the AFC program. The criteria for Level I and Level II service payment levels are as follows:

- **Level I**: The Member requires hands-on (physical) assistance with one or two of the activities described in 130 CMR 408.416 or requires cueing and supervision throughout one or more of the activities listed in 130 CMR 408.416 in order for the member to complete the activity.

- **Level II**: The member requires:
  - (a) hands-on (physical) assistance with at least three of the activities described in 130 CMR 408.416; or
  - (b) hands-on (physical) assistance with at least two of the activities described in 130 CMR 408.416 and management of behaviors that require frequent caregiver intervention as described below:
    - (i) wandering: moving with no rational purpose, seemingly oblivious to needs or safety;
    - (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.
Staff Qualifications 130 CMR 408.433

- **Program Director.** The AFC provider must employ a program director who is a health-care professional.
  
  **Qualifications.** The program director must have a bachelor’s degree and a minimum of five years of professional health-care experience working with elderly or disabled adults. A master’s degree in a relevant health-care discipline may be substituted for two of the required five years of work experience. At least one of those years must have been spent in an administrative role.

- **Registered Nurse.** The AFC provider must employ or independently contract with a registered nurse. The registered nurse may function as the program director.
  
  **Qualifications.** The registered nurse must be fully licensed by the Massachusetts Board of Registration in Nursing. The registered nurse must have at least two years of recent experience in the direct care of elders or adults with disabilities.
Staff Qualifications 130 CMR 408.433 (cont.)

- **AFC Care Manager.** The AFC provider must employ or independently contract with a care manager. The AFC care manager may function as the program director.
  
  **Qualifications.** The care manager must have:
  
  (i) a bachelor’s degree, a social worker license from the Massachusetts Board of Registration in Social Work, and at least two years of recent experience working with elders or adults with disabilities; or
  
  (ii) a bachelor’s degree and two years of clinical experience in the care of elders or people with disabilities.

- **Community Health Worker.** The AFC provider may employ or independently contract with Community Health Workers.
  
  **Qualifications.** A Community Health Worker must have at least one year of experience working with elders and adults with disabilities.
Monthly Home Visit Requirements 130 CMR 408.415

- For members authorized for Level I service payments, the member must be visited in the home every month, with alternating visits from the nurse and care manager.

- For members authorized for Level II service payments, the member must be visited in the home twice per month; once by the nurse and once by the care manager.

- The Community Health Worker may replace the nurse or care manager for a certain number of non-consecutive visits when determined appropriate by the multi-disciplinary team.
As part of the prior authorization process, members seeking AFC shall undergo a clinical assessment to assess the member’s clinical status and need for AFC.

Completed clinical assessment documentation shall be submitted to MassHealth, or its designee, in the form and format requested by the MassHealth agency.

AFC Providers will still be submitting their clinical assessments through the AGD system until Prior Authorization is implemented for AFC services in the Fall of 2017. **There will be no change in current process until further notice.**

A new clinical assessment is required:
- before admission to AFC;
- upon significant change; and
- annually on the anniversary date of the member’s admission to AFC.
Prior Authorization 130 CMR 408.417

- As a prerequisite for payment of AFC, the AFC provider must obtain prior authorization from the MassHealth agency or its designee before the first date of service delivery and annually thereafter, and upon significant change.
- Prior authorization determines the medical necessity for AFC services.
- Prior authorization may specify the service level for payment for the service.
- Prior authorization does not establish or waive any other prerequisites for payment such as the member’s financial eligibility.
- When submitting a request for prior authorization for payment of AFC to the MassHealth agency, or its designee, the AFC provider must submit requests in the form and format as required by the MassHealth agency. The AFC provider must include all required information, including, but not limited to, documentation of the completed clinical assessment conducted by the MassHealth agency or its designee; other nursing, medical or psychosocial evaluations or assessments; and any other documentation that the MassHealth agency, or its designee, requests in order to complete the review and determination of prior authorization.
- In making its prior authorization determination, the MassHealth agency or its designee, may require additional assessments of the member or require other necessary information in support of the request for prior authorization.
Quality Management 130 CMR 408.418

- AFC providers must participate in any quality management and program integrity processes established by the MassHealth agency including making any necessary data available and access to visit the provider’s place of business upon request by the MassHealth agency or its designee.
- MassHealth will provide sub regulatory guidance for future state quality management. Quality metrics will be collected, measured, and determined by MassHealth.
- MassHealth is committed to ongoing discussions with AFC providers exploring opportunities for incorporating quality measures into the AFC rate for FY 2019.
Provider Responsibilities 130 CMR 408.430

- Match members and caregivers;
- Assess members for AFC program eligibility;
- Educate and train staff and caregivers;
- Assess qualified setting;
- Provide emergency back up plan/alternative caregiver arrangements for members when the AFC caregiver is temporarily absent or unable to provide care;
- Develop, maintain, annually review, and update a comprehensive policies and procedures manual governing the delivery of AFC services.
Plan of Care 130 CMR 408.430

- The plan of care must be based upon clinical evaluations and contain the following elements: prioritized goals and objectives that consider and document the needs, goals and preferences of the member; the resources to be utilized; and a plan for continuity of care.
- The goals and actions of the plan of care must be measurable and reflect the member’s desired outcomes for AFC and address medical, social, and other services needed and chosen by the member.
- The plan of care must reflect the member’s needs, current care and treatment, problem identification with appropriate follow-up, and implementation with interventions and evaluation.
- The plan of care must be in language that is understandable to the member, and to the individuals important in supporting the member.
The AFC plan of care must be based upon:

(a) the member’s strengths, preferences, and member identified goals and desired outcomes for AFC;
(b) clinical evaluation;
(c) the AFC caregiver’s care log;
(d) the nursing progress notes;
(e) the care manager’s progress notes;
(f) the Community Health Worker’s progress notes;
(g) the PCP Summary Form and approval to participate in AFC;
(h) documentation of the member’s PCP annual visit and the member’s physical examination; and
(i) the member’s discharge and transition plan

For members who meet the requirements for receiving AFC level I service payment, the AFC provider must **annually** review the plan of care and send a copy of the member’s health-status report to the member’s PCP.

For members who meet the requirements for level II service payment, the AFC provider must **semi-annually** review the plan of care and send a copy of the member’s health status report to the member’s PCP.
The plan of care must reflect the member’s needs, current care and treatment, problem identification with appropriate follow-up, and implementation with interventions and evaluation.

- Within **five working days** of a member’s admission to AFC, the AFC provider’s MDT, the member and others as designated by the member must design an interim AFC plan of care. The interim plan must be signed by the registered nurse and include, at a minimum, an outline of a temporary schedule of care provided that will be used until the final AFC plan of care is completed.

- Within **30 calendar days of a member’s admission to AFC**, the AFC provider’s MDT, the member or responsible party, the AFC caregiver, and others designated by the member must develop the final AFC plan of care. The final plan of care must be signed by the member, the registered nurse, and the care manager.
The Multidisciplinary Team will review the Plan of Care with participation from the member or responsible party, the AFC caregiver, and others as designated by the member. If a plan of care is modified, the AFC provider must send a copy of the plan of care to the member’s PCP.

The member, health care proxy, or surrogate identified by a member with decisional capacity must be afforded the opportunity to attend all plan of care meetings.

The AFC provider must establish emergency policy and procedures in writing and include them with the member’s plan of care including, at a minimum an emergency file (such as an emergency fact sheet) on the member.
Prior to admitting the member, the AFC provider must perform the following intake and assessment services:

(a) conduct clinical evaluations of the need for AFC;
(b) review and approve AFC caregiver applicants;
(c) instruct members on the rules, policies, and procedures of the AFC program;
(d) identify appropriate potential AFC caregivers and qualified settings, including conducting on-site interviews in the qualified setting;
(e) schedule meetings with the member or responsible party and potential AFC caregiver;
(f) match the member with the most appropriate potential AFC caregiver;
(g) provide information on the member’s rights and responsibilities when receiving AFC services;
(h) provide instruction and initial training of AFC caregivers; and
(i) schedule the member’s move-in date with the AFC caregiver in circumstances in which the member is moving into the AFC caregiver’s home.
Preadmission and Admission (cont.)

- Upon the AFC provider’s receipt of the MassHealth agency’s initial prior authorization authorizing the member to receive services and, by the end of the fifth day of service, the AFC provider must perform the following activities:
  - Complete and submit a written notification to the member and, if applicable, the member’s legal guardian.
  - Create a member record. By the first day of AFC, the AFC provider must obtain all the necessary documentation from the member’s PCP and other service providers.
  - Conduct on-site visits according to the member’s AFC service payment level.
  - Provide the member by day 30 a written copy of the member’s completed AFC plan of care.
A member may be discharged by the AFC provider upon the member’s request, or if the member ceases to benefit from AFC, including the following circumstances:

1. the member no longer meets the clinical eligibility criteria for AFC;
2. the member demonstrates behavioral or other problems that may endanger the member, the AFC caregiver, or AFC provider staff;
3. the member’s clinical needs are beyond the scope of AFC;
4. the member’s needs cannot be met by the AFC provider;
5. the member does not reside in an AFC qualified setting;
6. the member selects another service which is duplicative of AFC; or
7. the member transitions to another AFC provider.
Discharge Procedures (cont.)

For all discharges, the AFC provider must:

1. Develop a discharge and transition plan which must:

   (a) include the date and reason for discharge;

   (b) identify any referrals by the AFC provider to other appropriate service providers for any health or social services required by the member;

   (c) ensure continuity of care by the member including during transitions of care as specified in the AFC plan of care;

   (d) be dated and signed by the AFC registered nurse, the AFC care manager, and the member; and

   (e) require at least one follow-up telephone call within 30 business days after discharge to determine the member’s post-discharge status and condition.
Discharge Procedures (cont.)

2. provide assistance to the member in identifying and locating another provider;

3. coordinate the discharge and transition with the member, member's family or legal guardian, and staff of the program or agency to which the member is to be transferred; and

4. maintain current level of services until the member is admitted with a new provider.
AFC Staff Training Requirements:
(1) The AFC provider must provide initial and periodic training to all staff members who are responsible for the care of a member. Records of completed training shall be kept on file and updated regularly by the AFC provider.

(2) The AFC provider must hold an orientation for new staff within one month of hire. This orientation shall include the following topics:
   (a) delivery of AFC by the AFC provider;
   (b) AFC provider written policies and procedures;
   (c) the requirements of 130 CMR 408.000;
   (d) AFC provider staff roles and responsibilities;
   (e) caring for people with disabilities, elders, individuals with Alzheimer’s disease and related disorders, behavioral health issues and cognitive impairments including behavioral interventions, behavior acceptance, and accommodations;
   (f) observation, reporting, and documentation of the member’s status and the care provided including AFC caregiver log entries;
   (g) basic first aid, cardiopulmonary resuscitation (CPR) and emergency procedures including the Heimlich Maneuver;
(h) universal precautions and infection control practices;
(i) information about local health, fire, safety, and building codes;
(j) privacy and confidentiality;
(k) multidisciplinary team approach;
(l) medication management;
(m) communication and interpersonal skills;
(n) advance directives;
(o) prevention of and reporting of, abuse, neglect, mistreatment and misappropriation/financial exploitation;
(p) completing and filing critical incident reports;
(q) techniques of providing safe personal care assistance: good body mechanics;
(r) human rights, non-discrimination and cultural sensitivity;
(s) recognizing the physical, emotional and developmental needs of the individuals in their care and working in a manner that respects them, their privacy and their property;
(t) recognizing, responding to and reporting change in condition, emergencies and knowledge of emergency procedures, including the AFC provider’s fire, safety, and disaster plans; and
(u) relevant provisions of the Health Insurance Portability and Accountability Act of 1996.
AFC providers must provide AFC caregivers a minimum of **eight hours of in-service training per year** on topics that complement or reinforce the topics listed below as well as at least **one hour** of training on recognizing, responding to, communicating and reporting changes in condition, critical incidences, emergencies and knowledge of emergency procedures, including the AFC provider’s fire, safety, and disaster plans:

- (a) techniques of providing safe delivery of ADLs, IADLs, and any other personal care; good body mechanics;
- (b) delivery of AFC by the AFC provider;
- (c) written policies and procedures of the AFC provider;
- (d) the requirements of 130 CMR 408.000;
- (e) the roles and responsibilities of AFC provider staff and AFC caregivers;
- (f) caring for people with disabilities, elders, individuals with Alzheimer’s disease and related disorders, behavioral health issues and cognitive impairments including behavioral interventions, behavior acceptance, and accommodations;
- (g) observation, reporting and documentation of the member’s status and the care provided including AFC caregiver log entries;
- (h) basic first aid, cardiopulmonary resuscitation (CPR) and emergency procedures including the Heimlich Maneuver;
- (i) universal precautions and infection control and practices;
- (j) information about local health, fire, safety, and building codes;
Caregiver Training Requirements (cont.)

(k) privacy and confidentiality;
(l) communication and interpersonal skills;
(m) advance directives;
(n) prevention of, and reporting of, abuse, neglect, mistreatment and misappropriation/financial exploitation;
(o) completing and filing critical incident reports;
(p) human rights, non-discrimination and cultural sensitivity;
(q) recognizing the physical, emotional and developmental needs of the individuals in their care and working in a manner that respects them, their privacy and their property;
(r) recognizing, responding to, communicating, and reporting change in condition, critical incidences, emergencies and knowledge of emergency procedures, including the AFC provider's fire, safety, and disaster plans; and
(s) relevant provisions of the Health Insurance Portability and Accountability Act of 1996.

- AFC providers may conduct trainings in a variety of ways. MassHealth will be flexible on the delivery of the training method, however it is important to train and properly document on the material in accordance with 130 CMR 408.434.
An AFC Caregiver is an independent contractor who is selected, supervised, and paid by the AFC provider for the provision of direct care.

(1) be a responsible person who is at least 18 years of age, with the ability to make mature and accurate judgments and with no mental, physical, or other impairments that would interfere with the adequate performance of the duties and responsibilities of an AFC caregiver;

(2) not suffer from alcohol or substance use disorder;

(3) be able to devote appropriate time necessary to provide needed personal care to the member to ensure the member’s safety and well-being at all times;

(4) not be a family member, as defined in 130 CMR 408.402;

(5) not serve in another role within a member’s MDT (e.g., cannot be a member’s AFC care manager and also the member’s AFC caregiver); and

(6) meet all other requirements established by the AFC provider for an AFC caregiver.
The AFC caregiver shall:
(1) supervise and assist with ADLs, IADLs, and any other personal care of a member that is necessary for the member’s health and well-being;
(2) monitor and report any non-urgent or non-emergency changes in the member’s medical condition to the member’s AFC provider. In cases of emergency, the AFC caregiver shall report directly to the most appropriate provider and follow up with the AFC provider;
(3) maintain the qualified setting;
(4) complete a caregiver log;
(5) send the completed caregiver log at the end of each month to the program’s registered nurse where it is maintained as part of the member’s file;
(6) provide ongoing supervision to the member of health-related activities,
(7) notify the AFC provider of the need for alternative care of the member; and
(8) immediately notify the AFC provider when any of the following events occur:
   (a) death of a member;
   (b) a medical emergency or any significant change in a member’s health or level of functioning;
   (c) a fire, accident, injury, or contraction of a serious communicable disease by the member or AFC caregiver;
   (d) any planned or unexpected departure from the residence by a member or AFC caregiver; and
   (e) all other member or caregiver incidents or accidents.

For AFC providers in operation on January 1, 2017, pay AFC caregivers on average, no less than the average amount paid to AFC caregivers as reported in the AFC provider’s 2016 cost report.
A private residence in Massachusetts

- The AFC caregiver must live in the same home as the member
- The member can live in the caregiver’s home or vice versa
- The home cannot be subject to state licensure or certification as a hospital, nursing facility, rest home, group home, ICF/IID Disability, or ALR;
Qualified Setting Requirements (cont.)

- Compliant with local health, fire, safety, occupancy, and state building codes for dwelling units;
- Equipped with appropriate safety equipment, including, at a minimum, an easily accessible Class ABC fire extinguisher, smoke and carbon monoxide detectors, and first aid kit on the premises;
- Adequately heated and clean;
- In good repair, with the exterior of the residence showing adequate maintenance in regard to paint, stairs, railings, windows, screens, storm windows, and grounds; and
- Occupied by no more than three persons receiving services from the AFC caregiver, no more than two of whom are authorized for level II service payment, regardless of services provided or payer source.
The MassHealth agency does not pay an AFC provider when:

(A) the member is receiving any other personal care services, including, but not limited to, personal care services under 130 CMR 422.000;
(B) the member receives home health aide services provided by a Home Health Agency under 130 CMR 403.000;
(C) 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;
(D) the AFC provider has not received prior authorization from the MassHealth agency; or
(E) the provider is seeking payment for 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.
Recordkeeping: The AFC provider must maintain records in compliance with the record retention requirements set forth in 130 CMR 450.205. All records, including but not limited to the following, must be accessible and made available on site for inspection by the MassHealth agency:
(1) administrative records
(2) member records
(3) incident and accident records

Reporting:
(1) Incident Reporting - The AFC provider must immediately notify the MassHealth agency of critical incidents and follow up in writing within three business days.

(2) Program Reporting - The AFC provider must submit all of the following information in the format and time frames as requested by the MassHealth agency:
(a) clinical and statistical information;
(b) cost and expense information;
(c) member satisfaction survey results, including the survey developed by the provider, and a description of how the findings will be addressed;
(d) change in AFC provider contact information; and
(e) any additional information requested by the MassHealth agency or its designee related to the provider’s provision of AFC services.
### Procedure Codes/Modifiers

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MassHealth will issue a provider bulletin to inform providers on the following program integrity initiative:

- **AFC** providers are required to accurately assess members to determine the appropriate service payment level.
- To ensure accurate leveling, MassHealth is requiring all AFC providers to reassess and validate the service payment levels for the members to whom they are providing AFC services.
- AFC providers will be required to submit the results of their reassessment and validation to MassHealth using a form to be provided by MassHealth. Following the issuance of this bulletin, MassHealth will provide this form electronically to each AFC provider.
- Subsequent to this reassessment and validation initiative, MassHealth anticipates that it will conduct compliance audits that will specifically target the accuracy of member leveling. Providers found to be in violation of MassHealth regulatory requirements may be subject to corrective action, sanctions, or overpayments.
Thank you

QUESTIONS?