Adult Foster Care
Clinical Coverage Criteria

Description

Service Description

Adult Foster Care (AFC) is a MassHealth-covered personal care service provided either in the member's own residence or in the home of a qualified live-in caregiver. The service is designed to support individuals with medical or mental health conditions that impair their ability to perform daily self-care tasks. AFC includes:

- Daily hands-on assistance or supervision with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs).
- Nursing oversight and care management provided by a multidisciplinary team (MDT) employed or contracted by the AFC provider.

Core Components of AFC Services

1. Activities of Daily Living (ADLs)- These are essential personal-care tasks performed routinely. ADLs include:

- Bathing
- Dressing
- Eating
- Toileting
- Transferring (e.g., moving from bed to chair)
- Mobility/Ambulation

2. Instrumental Activities of Daily Living (IADLs)- These are tasks that support independent living and include:

- Housekeeping
- Laundry
- Shopping
- Meal preparation and cleanup
- Transportation to medical appointments
- Medication management
- Maintenance of adaptive devices

Caregiver and Provider Responsibilities

AFC caregivers are either employed or contracted by an AFC agency provider. The provider is responsible for:

- Recruiting, hiring, and training caregivers
- Ensuring the home meets safety and program standards
- Guaranteeing caregiver availability 24/7
- Supervising care delivery through registered nurses and care managers

Payment Structure

- AFC Providers receive a daily rate (per diem) for each day services are delivered, based on the member's assessed level of care (Level I or Level II).
- AFC Caregivers are paid a stipend by the provider for direct care services.

Eligibility Criteria

To qualify for AFC:

- The member must be 16 years or older and reside in a qualified setting.
- A Primary Care Provider (PCP) must order AFC services.
- The member must require daily physical assistance or supervision with at least one ADL for Level I, or three ADLs (or two ADLs plus behavioral management needs) for Level II

RELEVANT DEFINITIONS:

AFC Alternative Caregiver Days: Temporary care provided by a qualified substitute caregiver when the primary caregiver is unavailable. Up to 14 days per year are reimbursable.

AFC Caregiver: A live-in individual who provides direct care and is compensated by the AFC provider.

Health Risk Assessment (HRA): A comprehensive screening using the Minimum Data Set (MDS) tool to determine service need and support prior authorization.

Clinical Evaluations: Includes nursing assessments, fall risk, nutritional, skin, and psychosocial evaluations conducted by the MDT to inform the care plan.

Family Member: Defined as a spouse, parent, or legal guardian. Legally responsible relatives cannot serve as AFC caregivers.

Medical Leave of Absence (MLOA): Temporary absence due to hospitalization or medical facility admission. Up to 40 days per year are reimbursable.

Member: An individual enrolled in Fallon Health's NaviCare SNP plan.

Minimum Data Set (MDS): A standardized tool used for clinical assessment and eligibility determination. It forms the basis of the HRA.

Multidisciplinary Team (MDT): AFC team which Includes a program director, registered nurse or licensed practical nurse, care manager, and may include a community support specialist.

Provider: An organization that meets MassHealth's requirements under 130 CMR 408.404 and contracts to deliver AFC services.

Primary Care Provider (PCP): A healthcare professional responsible for ordering AFC services and coordinating general medical care.

PCP Order: A formal directive from the PCP supporting the need for AFC services.

Qualified Setting: A location that meets all standards outlined in 130 CMR 408.435, including safety, accessibility, and appropriateness for care delivery.

Policy

This Policy applies to the following Fallon Health products:
☐ Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
☐ MassHealth ACO
☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
☐ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☐ Community Care (Commercial/Exchange)

Prior authorization is required for Adult Foster Care

Fallon Health Clinical Coverage Criteria

Eligibility Criteria

Fallon Health deems AFC medically necessary when all of the following conditions are met:

1. Functional Need for Daily Assistance

- The member must have a medical, physical, or behavioral health condition requiring daily help with at least one qualifying Activity of Daily Living (ADL).
- Assistance must be either:
  - Hands-on physical support, or
  - Cueing and supervision throughout the entire ADL.

2. Qualifying ADLs
   - **Bathing**: Includes full-body bathing or sponge bathing, covering areas such as the face, chest, underarms, arms, hands, abdomen, back, and peri-area. Personal hygiene tasks like hair grooming, oral care, shaving, and makeup application may be included but do not qualify alone.
   - **Dressing**: Involves both upper and lower body clothing. Assistance limited to shoes, socks, buttons, or zippers does not qualify.
   - **Toileting**: Applies to members who are incontinent or need help with catheter or colostomy care or require full assistance with toileting routines.
   - **Transferring**: Requires physical help to move between positions (e.g., bed to chair).
   - **Mobility (Ambulation)**: Member must be physically steadied or guided during movement or unable to self-propel a wheelchair without help.
   - **Eating**: Member needs full supervision or physical assistance during meals. Helping limited to food preparation or setup does not qualify.
3. **Living Arrangement**
   - The member must reside with the AFC caregiver in either their own home or the caregiver's home.
4. **Primary Care Provider (PCP) Order**
   - AFC must be ordered by the member's PCP within six months prior to the prior authorization (PA) request.

Documentation Requirements

1. Clinical Assessment
   - Completed by the AFC provider within six months prior to the PA request.
   - Must support eligibility for either Level I or Level II AFC.
   - Will be cross validated against Fallon Health's most recent NaviCare Health Risk Assessment (HRA).
2. Health Risk Assessment (HRA)
   - Conducted by a licensed clinician within three months of the PA request.
   - Must include an in-person functional evaluation indicating service need.
3. Minimum Data Set (MDS)
   - Must reflect a Nursing Home Certifiable rating category.
4. Additional Documentation
   - May include nursing, medical, or psychosocial evaluations, interim care plans, or other assessments as requested by Fallon Health.

Levels of AFC Services

1. AFC Level I
   - Member requires:
     - Hands-on assistance with at least one ADL, or
     - Cueing and supervision throughout one ADL.
2. AFC Level II
   - Member requires:
     - Hands-on assistance with three or more ADLs, or
     - Hands-on assistance with two ADLs plus behavioral management for any of the following:
       - Wandering: Aimless movement without regard for safety.
       - Verbal Abuse: Threatening, screaming, or cursing.
       - Physical Abuse: Hitting, shoving, or scratching.

- Socially Disruptive Behavior: Includes screaming, self-harm, public disrobing, smearing, throwing objects, or repetitive disruptive actions.
- Resisting Care: Refusal or interference with care, either verbally or physically.

Dual Program Participation: AFC and Adult Day Health (ADH)

Members may qualify for both AFC and ADH if they meet the criteria for each:

Adult Foster Care (AFC)

- Requires daily assistance or supervision with at least one ADL.
- Member must live in a private home with a qualified caregiver.
- Must be nursing home certifiable.
- Caregiver must be trained and approved by a MassHealth-contracted AFC provider.
- Services are home-based and include personal care, supervision, and medication management.

Adult Day Health (ADH)

- Member must have a chronic or post-acute condition requiring skilled nursing or ADL support.
- Services are delivered in a structured group setting during daytime hours.
- Requires a physician's order and clinical assessment.
- Includes skilled nursing, therapy, meals, and social activities.

Coordination Considerations

- AFC caregivers must provide daily care, but members may attend ADH during the day.
- Providers must align care plans to avoid duplication of services.
- Dual participation supports member independence and reduces caregiver burden.

This dual participation is often used to enhance member independence and reduce caregiver burden, especially for members with complex needs.

Medicare Variation

N/A

MassHealth Variation

N/A

Exclusions

1. Fallon Health does not pay for AFC in any of the following circumstances:
   a. The AFC provider has not received prior authorization from Fallon Health
   b. The AFC caregiver is a Family Member*
   c. The member Is receiving any other personal care services, including, but not limited to:
      I. Personal Care Attendant (PCA)
      II. Personal Care Services (Agency Delivered)
      III. Group Adult Foster Care (GAFC) services
      IV. Home health aide services provided by a home health agency
      V. Supportive Home Care Aide services
   d. AFC services are duplicative with the same or different AFC provider.
   e. The member is a resident or inpatient of a hospital, nursing facility (with the exception of Medical Leave of Absence (MLOA) days), ICF/IID, or other provider-operated residential facility that receives state funding to provide personal care services and is subject to state licensure, such as group homes licensed by the Department of Developmental Services (DDS) or the Department of Mental Health (DMH), or other

facility that provides the member's medically necessary personal care, such as Assisted Living Facility.

**Family Member - A spouse, parent or legal guardian.*

2. The following services are considered components of Adult Foster Care and would not be authorized separately in addition to AFC through any other benefit.
    a. Chore
    b. Companion
    c. Grocery & Shopping Delivery
    d. Homemaker
    e. Home Delivered Meals
    f. Laundry
1. AFC providers may bill Fallon Health for any of the following non-service days: Fallon Health will not reimburse outside the limits below as this is in alignment with AFC regulations. The AFC Caregiver is responsible for ensuring member's needs are met.
    a. Maximum of 40 days per calendar year for Medical Leave of Absence, during which the member does not receive AFC from the AFC Caregiver because the member is in a hospital or nursing facility.
    b. Maximum of 15 days per calendar year for non-medical leave of absence days, during which the member does not receive AFC services from the AFC Caregiver because the member is away from the qualified AFC setting for non-medical reasons.
    c. Up to 14 Alternative Placement days per calendar year (sometimes referred to as respite days for the AFC caregiver), during which the member receives AFC services from an alternative care provider because the AFC Caregiver is unavailable or unable to provide care

Evidence Summary

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

CPT/HCPCS Codes

Code	Description
S5140	Foster care, adult; per diem (adult foster care personal care and administration; per diem, Level I)
S5140 TG	Foster care, adult; per diem (adult foster care personal care and administration; per diem, Level II)
A5140 TF	Foster care, adult; alternate caregiver day (Level I)
S5140 U5	Foster care, adult; alternate caregiver day (Level II)
S5140 U6	Foster care, adult; medical leave of absence day (Level I)
S5140 TG U6	Foster care, adult; medical leave of absence day (Level II)
A5140 U7	Foster care, adult; non-medical leave of absence day (Level I)
A5140 TG U7	Foster care, adult; non-medical leave of absence day (Level II)

References

1. 130 CMR 408.00 MassHealth Adult Foster Care program regulations https://www.mass.gov/doc/130-cmr-408-adultfoster-care/download

2. 101 CMR 351.00 MassHealth Adult Foster Care rate regulations https://www.mass.gov/doc/101-cmr-351-rates-forcertain-adult-foster-care-services/download
3. 42 CFR 441.301(c)(4) related to home- and community-based services (HCBS) https://www.ecfr.gov/current/title42/chapter-IV/subchapter-C/part-441/subpart-G/section-441.301
4. MassHealth Guidelines for Medical Necessity Determination for Adult Foster Care (AFC) https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-adult-foster-care-afc/downloa

Policy history

Origination date:	01/01/2026
Review/Approval(s):	Technology Assessment Committee: N/A Utilization Management Committee: 10/21/2025 (origination, approved as written).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.