

Group Adult Foster Care Payment Policy

Policy

This policy applies to Group Adult Foster Care (GAFC) services. Group Adult Foster Care is a program that provides daily assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and nursing and case management oversight for members that reside in a community setting. Typically, a GAFC recipient lives in an Assisted Living Facility (ALF), Rest Home, subsidized apartment buildings or eligible clustered housing.

The GAFC Provider is responsible for providing up to two hours per day of care to meet the member's daily ADL supervision and assistance needs as well as IADL needs.

In order to qualify for GAFC services, the member must meet the following criteria:

- Require hands on assistance or supervision and cueing throughout an entire task in order for the member to complete the activity with at least one ADL
- Must have a Nursing Home Certifiable rating based on the MDS HC submitted to the state

Definitions

The GAFC Program pays for the daily cost of the member's supervision and/or assistance with ADLs and IADLs provided in the member's living setting by the caregiver hired or subcontracted by the GAFC Program/Provider. The GAFC Program does not pay for rent, room and board, or any supplies required to perform the member's personal care.

GAFC services include up to two hours a day of assistance or supervision of ADLs and IADLs including Bathing, Dressing, Mobility both inside and outside of the home, Eating, Shopping, Laundry, Meal Preparation, Medication Management and Medical transport and translation.

Reimbursement

The Plan reimburses a daily rate for the cost of GAFC services when approved by the NaviCare Primary Care Team.

The Plan does not reimburse for any period during which an eligible Plan member does not receive GAFC, with the exception of a medical or non-medical leave of absence. The Plan follows MassHealth guidelines in regards to alternative placement days.

Medical Leave of Absence:

The Plan (per MassHealth guidelines) reimburses for a maximum of 40 days each calendar year for medical leaves of absence.

Non-Medical Leave of Absence:

The Plan (per MassHealth guidelines) reimburses up to 15 days each calendar year for non-medical leaves of absence.

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:

Code	Service Description
H0043	Supported housing, per diem

Place of service (POS)

This policy applies to services rendered in POS 12.

Policy history

Origination date:	03/01/2017
Previous revision date(s):	N/A
Connection date & details:	May 2017 – Introduced policy. November 2017 – Added language regarding Medical and Non-Medical Leave of absence payments/limits. October 2018 – Clarified services are still covered when the member elects hospice. October 2019 – Added language regarding room and board payment responsibility. April 2020 – Annual review. Updated criteria.

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.