




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth



MassHealth
Transmittal Letter AFC-15
September 2015

TO: Adult Foster Care Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth 

RE: *Adult Foster Care Manual* (Replacement of Emergency Regulations)

These regulations replace emergency regulations that were temporarily in effect from April 17, 2015, to July 17, 2015. The previous emergency regulations had eliminated MassHealth payment for Adult Foster Care services on days on which the member was at an Alternative Placement as defined under 130 CMR 408.402. These replacement regulations are effective July 18, 2015.

The attached regulations restore MassHealth payment of Adult Foster Care services on days on which the member was at an Alternative Placement. Pursuant to restoration of funding for Adult Foster Care services in the FY'16 budget, and notwithstanding the July 18, 2015, effective date for these regulations, Adult Foster Care providers may submit claims for days on which the member was at an Alternative Placement for dates of service that occur on or after July 1, 2015.

MassHealth Website

This transmittal letter and attached pages are available on the MassHealth website at www.mass.gov/masshealth.

Questions

If you have any questions about the information in this transmittal letter, please contact the MassHealth Customer Service Center at 1-800-841-2900, e-mail your inquiry to providersupport@mahealth.net, or fax your inquiry to 617-988-8974.

NEW MATERIAL

(The pages listed here contain new or revised language.)

Adult Foster Care Manual

Pages 4-9 and 4-10

OBSOLETE MATERIAL

(The pages listed here are no longer in effect.)

Adult Foster Care Manual

Pages 4-9 and 4-10 — transmitted by Transmittal Letter AFC-14

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(H) The MassHealth agency pays an intake and assessment rate for services provided to members who have been referred for AFC services. This rate is payable only once per member per provider as a preadmission service payment. Intake and assessment services are outlined in 130 CMR 408.431(A).

(I) MassHealth payment to an AFC provider ends on the date on which a member no longer meets the clinical criteria described in 130 CMR 408.417 or is no longer receiving AFC services.

(J) The MassHealth agency pays an AFC provider for days that an eligible member receives AFC. An AFC provider may not bill for non-service days and the MassHealth agency does not pay for any period during which an eligible member does not receive AFC, with the exception of a medical leave of absence, a nonmedical leave of absence, and alternative placement days.

(K) The MassHealth agency pays 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 of absence. Any unused leave-of-absence days follow the member when transferring from one AFC provider to another AFC provider.

(L) An AFC provider may bill for up to 14 short-term alternative-placement days per member per calendar year. Any unused alternative-placement days follow the member when transferring from one AFC provider to another AFC provider.

(130 CMR 408.420 through 408.429 Reserved)

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408.430: Adult Foster Care Provider Responsibilities

In addition to meeting all of the qualifications set forth in 130 CMR 408.000 and 450.000, the AFC provider must meet all of the following requirements.

(A) Policies and Procedures Manual. Each AFC provider must develop, maintain, review annually, and update a comprehensive policies and procedures manual governing the delivery of services. Each manual at a minimum must contain written policies and procedures on the following:

- (1) administrative policies and procedures, including but not limited to:
 - (a) human resource and personnel policies and procedures;
 - (b) personnel requirements;
 - (c) staff training;
 - (d) fire and safety;
 - (e) member rights;
 - (f) nondiscrimination;
 - (g) incident and accident reporting;
 - (h) outreach and marketing of the AFC;
 - (i) alternative-care arrangements for members when the AFC caregiver is temporarily absent or temporarily unable to provide care;
 - (j) staff, AFC caregiver, and member grievances;
 - (k) cultural competency;
 - (l) quality assurance and improvement;
 - (m) caregiver training;
 - (n) emergency services and plans;
 - (o) notifying the fire department and police in emergencies;
 - (p) relocating members in an emergency; and
 - (q) procedures to be followed if a member is missing or lost; and
- (2) clinical policies and procedures, including, but not limited to:
 - (a) confidentiality;
 - (b) 24-hour emergency coverage, including medical and other emergencies;
 - (c) documentation of visits and progress notes;
 - (d) medication management;
 - (e) universal precautions;
 - (f) communicable disease;
 - (g) recognizing and reporting elder or member abuse;
 - (h) AFC provider staff and AFC caregiver evaluation and monitoring; and
 - (i) member and caregiver counseling.

(B) Clinical Assessments. The AFC provider's multidisciplinary team must complete an MDS-HC or CDS and all other applicable clinical assessments on all members. The MDS-HC or CDS must be completed prior to admission. Other applicable clinical assessments must be completed

- (1) upon significant change; and
- (2) annually on the anniversary date of the member's admission.