



Adult Foster Care Clinical Coverage Criteria

Description

Adult Foster Care (AFC) is a MassHealth-covered personal care service provided in the member's residence or the home of a qualified live-in caregiver. The caregiver provides 24-hour supervision and daily assistance with ADLs, IADLs, and other care identified in the plan of care, under the oversight of the AFC provider's multidisciplinary team.

Relevant Definitions

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

Clinical Assessment: The comprehensive AFC provider assessment used to document the member's functional needs, clinical eligibility, requested service level, caregiver arrangement, and qualified setting.

Family Member: A spouse, parent of a minor child, or legal guardian of the member. Family Members are not eligible to serve as AFC caregivers.

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
- ☐ MassHealth ACO
- ☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
- ☒ PACE (Summit ElderCare PACE and Fallon Health Weinberg PACE)
- ☐ Community Care

Authorization Requirements

- Prior authorization is required.
- For NaviCare members, effective January 1, 2027, the AFC provider must submit complete authorization and reauthorization requests directly to Fallon Health and monitor authorization expiration dates.
- For PACE participants, the PACE interdisciplinary team determines and coordinates AFC services through the applicable PACE site.

Fallon Health Clinical Coverage Criteria

AFC is medically necessary when all of the following are met:

- The member has a medical, physical, cognitive, or behavioral health condition requiring daily hands-on assistance or cueing and supervision throughout at least one qualifying ADL.
- The member and qualified live-in AFC caregiver reside in a qualified Massachusetts setting.
- A current PCP order supports AFC services.
- The clinical assessment supports the requested Level I or Level II service.
- AFC does not duplicate another personal-care service.

Qualifying ADLs

- Bathing: Assistance with full-body bathing or personal hygiene. Assistance limited to grooming, oral care, shaving, or similar hygiene tasks alone does not qualify.
- Dressing: Assistance with upper and lower body dressing. Assistance limited to shoes, socks, buttons, or zippers alone does not qualify.
- Toileting: Assistance with toileting, incontinence care, catheter care, colostomy care, or related toileting routines.
- Transferring: Physical assistance to move between positions, such as bed, chair, or wheelchair.
- Mobility (Ambulation): Physical assistance, steadying, or guidance during mobility, or assistance with wheelchair mobility when the member cannot self-propel independently.
- Eating: Ongoing supervision, cueing, or physical assistance during meals. Assistance limited to meal preparation or setup does not qualify.

Levels of AFC Services

- AFC Level I
 - Member requires:
 - Hands-on assistance with at least one ADL, or
 - Cueing and supervision throughout one ADL.
- 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.

Residency Requirement/Living Arrangement

The member must reside with the AFC caregiver in either their own home or the caregiver's home.

- The member must reside in a qualified AFC setting that meets the requirements of 130 CMR 408.435 and receive services from a qualified AFC caregiver who resides in the setting in accordance with 130 CMR 408.434 and 130 CMR 408.435.
- The qualified setting must be a private residence located in Massachusetts and occupied by both the AFC caregiver and the member, consistent with 130 CMR 408.435.

Documentation Requirements

- Completed authorization request.
- Current PCP order/ PCP Summary Form
- Current AFC clinical assessment identifying each qualifying ADL, required assistance, relevant condition, caregiver arrangement, qualified setting, and requested level.
- Current plan of care.
- Documentation of the member's residence with the caregiver in a qualified setting.
- For reauthorization, updated documentation supporting continued eligibility, medical necessity, oversight, and the requested level.

- For a provider transfer, a new assessment and transition documentation.
- Additional clinical information reasonably necessary to determine eligibility or the appropriate AFC level.

Non-Duplication Requirement

- Providers must attest that AFC services are not duplicative of PCA, GAFC, agency-delivered personal care, home health aide, supportive home care aide, another AFC provider, or other programs providing substantially similar ADL or IADL assistance.

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

Members may receive both AFC and ADH when independently eligible for each service and when the services are coordinated and nonduplicative.

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.

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. Services are duplicative of others personal care or IADL support services.
2. The member is a resident or inpatient of a hospital, nursing facility (except during authorized Medical Leave of Absence days), ICF/IID, Assisted Living Facility, or another licensed or state-funded residential setting that provides the member's medically necessary personal care services.

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)
S5140 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)
S5140 U7	Foster care, adult; non-medical leave of absence day (Level I)
S5140 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-for-certain-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/download>

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), 09/15/2026 (Aligned with the Adult Foster Care Payment Policy; incorporated current MassHealth AFC requirements and Adult Foster Care Bulletin 34; clarified documentation, reauthorization, nonduplication, continuity-of-care, provider-transfer, NaviCare, and PACE IDT requirements; corrected HCPCS code references).

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 follows 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.