Group Adult Foster Care
Clinical Coverage Criteria

Description

Group Adult Foster Care (GAFC) is a personal care service provided to eligible individuals in their residence, which may include settings such as Assisted Living Facilities. The service encompasses support with both Activities of Daily Living (ADLs)—like bathing, dressing, and mobility—and Instrumental Activities of Daily Living (IADLs), such as meal preparation and housekeeping.

GAFC care is delivered by a direct care aide who does not reside with the member. These aides are either employed or contracted by a GAFC agency. In addition to hands-on assistance with ADLs and IADLs, GAFC includes care coordination and clinical oversight by nursing professionals to ensure the quality and appropriateness of services.

The GAFC agency is responsible for recruiting, onboarding, and training its direct care staff. Agencies receive a per-dem payment for each day that personal care services are provided to the member.

Many residential communities—including Assisted Living Facilities, senior housing developments, and affordable housing complexes—operate GAFC programs and are enrolled with MassHealth as certified providers. This integration allows housing providers to better meet the evolving personal care needs of residents and helps extend their ability to live independently in the community.

In certain cases, members receiving GAFC may also qualify for housing subsidies through the Massachusetts Department of Transitional Assistance, which can help reduce their housing costs. Because some GAFC providers also serve as housing providers, it is essential to consult both the member and the GAFC agency before making any changes to or discontinuing GAFC services. This ensures that any adjustments do not inadvertently affect the member's housing stability.

RELEVANT DEFINITIONS:

Activities of Daily Living (ADLs)- These are core personal care tasks that individuals perform daily to maintain their health and hygiene. ADLs typically include eating, using the toilet, dressing, bathing, moving between positions (transferring), and walking or general mobility.

Assisted Living Residence (ALR)- A facility that meets the certification standards outlined in Massachusetts General Law Chapter 19D and 651 CMR 12.00, which governs the procedures and requirements for certified Assisted Living Residences.

Clinical Assessment- A formal evaluation process used to determine a member's need for services such as Group Adult Foster Care (GAFC). It utilizes the Minimum Data Set (MDS) tool and serves as the foundation for requesting prior authorization. Fallon Health refers to it's Clinical Assessment as the Health Risk Assessment (HRA).

Clinical Evaluations- These are health-related assessments conducted by the Multidisciplinary Team (MDT), including evaluations for nursing needs, fall risk, nutrition, skin condition, and psychosocial factors. The results inform the development of the GAFC Care Plan.

Family Member- Defined as a parent, spouse, legal guardian.

GAFC Direct Care Aide- An individual employed or contracted by a GAFC provider who meets the qualifications and responsibilities specified in 130 CMR 408.524(C) to deliver personal care services.

Instrumental Activities of Daily Living (IADLs)- Tasks that support independent living and are essential to maintaining a safe and functional home environment. These include meal preparation and cleanup, housekeeping, laundry, shopping, transportation to appointments, managing medications and related paperwork, and maintaining adaptive equipment like wheelchairs. Providers may also identify other medically necessary tasks that contribute to the member's overall well-being.

Interdisciplinary Care Team (ICT)- A collaborative group that includes the member, their Care Coordinator, Clinical Care Manager (RN or Behavioral Health), Primary Care Provider (PCP), Geriatric Support Services Coordinator (GSSC) or Long-Term Services Coordinator (LTSC), and any other individuals the member chooses. This team is responsible for coordinating care and developing, implementing, and maintaining the member's Individualized Care Plan.

Member- An individual enrolled in Fallon Health's NaviCare Senior Care Options (SCO) plan.

Minimum Data Set (MDS)- A standardized tool used for initial screening and comprehensive assessment of a member's health and functional needs. It is also referred to as the Clinical Assessment.

Multidisciplinary Professional Team (MDT)- A group of professionals employed or contracted by the provider, typically including a program director, a registered nurse or licensed practical nurse, and a care manager. This team collaborates to assess needs and develop care plans.

Provider- An organization that meets the criteria outlined in 130 CMR 408.504 and holds a contract with MassHealth to deliver GAFC services.

Primary Care Provider (PCP)- A licensed healthcare professional—such as a physician, physician assistant, or nurse practitioner—who operates under the supervision of a physician and serves as the member's main point of contact for medical care.

Primary Care Provider (PCP) Summary Form- A standardized form used by the PCP to formally request GAFC services for a member.

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 Group Adult Foster Care

Fallon Health Clinical Coverage Criteria

Clinical Coverage Requirements

1. Daily Assistance with ADLs- The member must have a medical or behavioral health condition that necessitates daily support with at least one qualifying Activity of Daily Living (ADL). This support must be provided in one of the following forms:
    - Cueing and supervision throughout the entire ADL task, or
    - Hands-on physical assistance
2. Qualifying ADLs Include:
    - Bathing: A full-body shower, bath, or sponge bath that includes washing and drying the face, chest, underarms, arms, hands, abdomen, back, and peri-area.

May also include personal hygiene tasks such as hair grooming, oral care (including dentures), shaving, and makeup application when applicable.
    - Dressing: Assistance with both upper and lower body clothing, including undergarments and street clothes. Help limited to shoes, socks, buttons, snaps, or zippers alone does not qualify.
    - Toileting: Support for members who are incontinent or require help with routine catheter or colostomy care.
    - Transferring: Physical assistance or lifting to help the member move from one position to another.
    - Mobility (Ambulation): Help with walking indoors or outdoors, including steadying or guiding the member. Also applies to members who cannot self-propel a wheelchair without assistance.
    - Eating: Support for members who need continuous supervision and cueing during meals or physical help with part or all of the meal.
3. Reimbursement Structure
   Fallon Health reimburses GAFC providers at a single daily rate (per diem), which is only applicable on days when personal care services are actually delivered to the member.

Documentation Required for Prior Authorization

To establish medical necessity for GAFC services, providers must submit the following:

1. Fallon Health Standardized Prior Authorization Request Form completed by the provider.
2. Evidence of Need- Documentation must show that the member has a medical or behavioral health condition requiring daily assistance with ADLs and IADLs as outlined above.
3. The GAFC provider must include:
    - A Clinical Assessment conducted within six months of the authorization request.
    - A Primary Care Provider (PCP) Order and/or Summary Form completed within six months of the authorization request.
4. Fallon Health Supporting Documentation
    - Health Risk Assessment (HRA), Minimum Data Set (MDS) with in-person functional status supporting need for GAFC services
    - Services must be incorporated into the member's Individualized Care Plan (ICP).
5. Additional Supporting Documentation
   Fallon Health may request further materials to support the medical necessity review. These may include:
    - Clinical records
    - Interim or final GAFC care plans
    - Evaluations or assessments that document symptoms and conditions related to chronic or post-acute medical, cognitive, or behavioral health needs.

Note: Fallon Health will review and validate the GAFC provider's clinical assessment and documentation against the most recent Fallon Health Clinical Assessment and any available progress notes to determine whether GAFC services should be authorized**.**

Note: Eligibility for Related Services

Members may participate in Adult Day Health or Day Habilitation programs if they meet the medical necessity requirements outlined in Fallon Health's guidelines for Adult Day Health or Day Habilitation

Medicare Variation

N/A

MassHealth Variation

N/A

Exclusions

Fallon Health does not reimburse GAFC providers under the following circumstances:

1. Missing Prior Authorization
    a. If the GAFC provider has not obtained prior authorization from Fallon Health NaviCare, services will not be reimbursed.
2. Caregiver Relationship Conflict
    a. If the GAFC staff member delivering care is a relative or holds legal responsibility for the member, payment will not be authorized.
3. Duplication of Personal Care Services
    a. Fallon Health will not pay for GAFC services that overlap with other personal care programs, including:
        i. Personal Care Attendant (PCA) services
        ii. Personal Care services delivered by an agency
        iii. Adult Foster Care (AFC) services
        iv. Home health aide services provided by a certified Home Health Agency
        v. Supportive Home Care Aide services
4. Institutional Residency
    a. Reimbursement is not permitted if the member resides in or is admitted to:
        i. A hospital
        ii. A nursing facility
        iii. An Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
        iv. Any other residential facility that is state-funded and licensed to provide personal care services, such as group homes regulated by the Department of Developmental Services (DDS) or the Department of Mental Health (DMH), or other facilities that deliver medically necessary personal care.
5. Duplication of IADL Services
    a. Fallon Health does not cover GAFC services that duplicate other programs offering support with Instrumental Activities of Daily Living (IADLs), including:
        i. Chore services
        ii. Companion services
        iii. Grocery shopping and delivery
        iv. Homemaker services
        v. Home-delivered meals
        vi. Laundry 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
H0045	Supported Housing, per diem

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.