

Medical Policy Adult Foster Care

Policy Number: 091

	Commercial and Qualified Health Plans	Mass General Brigham ACO	Medicare Advantage	One Care	Senior Care Options (SCO)
Authorization Required				X	X
No Prior Authorization					
Not Covered	X	X	X		

Overview

This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for adult foster care.

Criteria (One Care and SCO only)

Mass General Brigham Health Plan covers adult foster care (AFC) for its One Care and SCO members when they meet the following eligibility criteria:

1. A representative from the member's Individualized Care Team ordered AFC; and
2. The member has a medical or mental condition that requires daily hands-on (physical) assistance or cueing and supervision throughout the entire activity for the member to successfully complete at least one activity of daily living.

Exclusions:

1. The member does not meet the eligibility criteria described above.
2. When the member is receiving any home health aide services provided by a home health agency or any other personal care services including, but not limited to, personal care services.
3. Clinical documentation, including assessments and plan of care to support the need for or continuation of AFC, is missing, insufficient, and/or inconsistent.
4. Any days of service for which the AFC provider has not received prior authorization.
5. When the member is an inpatient or a resident of a hospital, nursing facility (except for Medical Leave of Absence (MLOA) days), rest home, intermediate care facility for individuals with intellectual or developmental disability, assisted living residence, or any other residential facility subject to state licensure or certification.
6. The member does not live in a qualified setting with a qualified AFC caregiver except for Alternative Caregiver days or Non-Medical Leave of Absence (NMLOA) days.

Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs), and

documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan's most recent policy review, Medicare had no NCDs or LCDs for adult foster care.**

MassHealth Variation

Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations. **At the time of Mass General Brigham's most recent policy review, MassHealth had:**

- [Guidelines for Medical Necessity Determination of Adult Foster Care.](#)

One Care and SCO Variation

Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan's medical policies are used for medical necessity determinations.

Codes

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

Authorized Code	Code Description
S5140	Foster care, adult; per diem
T1028	Assessment of home, physical, and family environment, to determine suitability to meet patient's medical needs

Definitions

Activities of Daily Living: Per MassHealth, the following are qualifying activities of daily living:

1. Bathing. A full-body (front-, back-, upper-, and lower-body) bath or shower, or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back, and peri-area. In addition, the AFC caregiver may support a member with personal hygiene that may include the following: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying makeup. A member's need for support with a full-body bath or shower or a partial (sponge) bath alone meets the clinical eligibility for AFC. A member's need for support with personal hygiene alone does not meet the clinical eligibility for AFC.
2. Dressing. Both upper- and lower-body items of clothing, including street clothes and undergarments. Members do not require support with dressing if they require support only with putting on shoes and/or socks, buttons, snaps, and zippers. Members will be deemed to need Level II support with dressing if they require hands-on physical assistance with lower-body dressing and cueing and supervision throughout the entire activity for upper-body dressing, or vice versa.
3. Toileting. The member is incontinent (bladder and/or bowel), or requires routine catheter or colostomy/urostomy care, or needs cueing and supervision or physical assistance with toileting and cleansing after elimination. Additionally, members will be deemed to require support with toileting if



they require support with scheduled toileting care to prevent incontinence. Members do not require support with toileting if they require support only with transferring on and off the commode. If the member requires support solely with transferring on and off the commode, then the member would require support with transferring only, and not toileting.

4. Transferring. The member must need assistance or must be lifted to move from one position to another. For example, the member requires assistance to move from a wheelchair to the commode.
5. Mobility (ambulation). The member must be physically steadied, assisted, or guided during ambulation, or is unable to self-propel a wheelchair appropriately without the assistance of another person in all environments (indoors and outdoors). Members will be deemed to need Level II support with mobility if they require hands-on physical assistance with ambulation outdoors, and cueing and supervision throughout the entire activity indoors, or vice versa.
6. Eating. The member requires constant supervision and cueing during the entire meal or needs to be physically assisted in eating (fed) for all or a portion of the meal. For example, members who are physically capable of eating but have a cognitive impairment that requires constant cueing and supervision to eat are deemed to require assistance with eating. Conversely, members needing help only with cutting up food or other set-up do not require assistance with eating.

Related Policies:

- [Adult Day Health](#)
- [Day Habilitation](#)
- [Definition of Skilled Care](#)
- [Group Adult Foster Care](#)
- [Home Health Care](#)
- [Personal Care Attendant Services](#)

Effective Dates

January 2026: Effective date.

References

130 CMR 408.000 MassHealth Adult Foster Care <https://www.mass.gov/doc/130-cmr-408-adult-foster-care/download>

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>

