Mass General Brigham
Health Plan

Medical Policy
Group Adult Foster Care

Policy Number: 093

	Commercial and Qualified Health Plans	MassHealth	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 group adult foster care.

Criteria (One Care and SCO only)
Mass General Brigham Health Plan covers group adult foster care (GAFC) 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 GAFC; and
2. The member has a medical or mental condition that requires daily assistance with at least one of the ADLs described at 130 CMR 408.506 (see Definitions below), and such assistance must be either:
    a. hands-on (physical) assistance, or
    b. cueing and supervision throughout the entire ADL.

Exclusions
1. The member does not meet the eligibility criteria described above.
2. The member is receiving any other personal care services including, but not limited to, personal care attendant services.
3. The member receives home health aide services provided by a home health agency.
4. The member is a resident or inpatient of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or other provider-operated residential facility subject to state licensure such as group homes licensed by the Department of Developmental Services (DDS) or the Department of Mental Health (DMH), or other facility that provides the member's medically necessary personal care.
5. The GAFC provider has not received prior authorization.

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 group 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 Health Plan's most recent policy review, MassHealth did not have guidelines for medical necessity determination for group 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
H0043	Supported housing, per diem

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

1. Bathing. A full-body bath or shower or a sponge (partial) bath which must include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up.
2. Dressing. Upper and lower body, including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers.
3. Toileting. The member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care.
4. Transferring. The member must be assisted or lifted to another position.
5. Mobility (ambulation). The member must be physically steadied, assisted, or guided during ambulation indoors and outdoors, or is unable to self-propel a wheelchair appropriately without the assistance of another person.
6. Eating. If the member requires constant supervision and cueing during the entire meal, or physical assistance with consuming a portion or all of the meal.

Related Policies:

- Adult Day Health
- Adult Foster Care

- Day Habilitation
- Definition of Skilled 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/regulations/130-CMR-408000-adult-foster-care