



## MassHealth LTSS PAO – Adult Foster Care (AFC) Guide: Frequently Asked Questions (FAQ)

### Contact Information and Resource Access

| NUMBER | QUESTIONS                                                                                            | ANSWERS                                                                                                                                                                                                                                                                            |
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| 1.     | How do I contact the MassHealth LTSS PAO Contact Center?                                             | Email:<br><a href="mailto:Contact-PAO@MassHealthLTSSPAO.com">Contact-PAO@MassHealthLTSSPAO.com</a><br>Phone: 833-730-3958<br>Fax: 877-431-9568                                                                                                                                     |
| 2.     | Will there be more than one training opportunity on e-CAS, UCA, and the PAO processes for AFC staff? | Yes, the training is self-paced and online at the MassHealth LTSS Provider/Plan Outreach, Support, and Training (POST) Learning Hub. Staff can return to the modules at any time.                                                                                                  |
| 3.     | Who should I contact with any questions about how to send a referral to the PAO?                     | Email:<br><a href="mailto:Contact-PAO@MassHealthLTSSPAO.com">Contact-PAO@MassHealthLTSSPAO.com</a><br>Phone: 833-730-3958 ( <i>available beginning October 1, 2026</i> )<br>Fax: 877-431-9568                                                                                      |
| 4.     | Where can I find resources and information about the PAO online?                                     | A list of program materials, including contact information, announcements, helpful guides and materials, and other PAO resources will be found at: <a href="https://www.mass.gov/masshealth-ltss-assessment-pathway">https://www.mass.gov/masshealth-ltss-assessment-pathway</a> . |

| NUMBER | QUESTIONS                                                | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| 5.     | Where do I go if I am looking for help with using e-CAS? | <p>The MassHealth Provider Learning Hub that provides information about how to use e-CAS can be found at <a href="https://masshealth.inquisiqlms.com/Default.aspx">https://masshealth.inquisiqlms.com/Default.aspx</a>.</p> <p>To get added to the Provider Learning Hub, Access Administrators complete a User Request Form (URF) to request user accounts. The completed URF, saved as YourOrganizationName_MMDDYY, should be emailed to <a href="mailto:EHS-ecas-onboarding@mass.gov">EHS-ecas-onboarding@mass.gov</a>.</p> <p>Questions about e-CAS can be emailed to <a href="mailto:e-CAShelp@maximus.com">e-CAShelp@maximus.com</a>.</p> |

### Public Assessor Option (PAO) Assessment Questions

| NUMBER | QUESTIONS                                                   | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| 6.     | What will the PAO complete for people seeking AFC services? | <p>Starting in October 2026, MassHealth members enrolled in MassHealth Standard or CommonHealth who are seeking AFC services must have their Initial Clinical Assessment and Initial Prior Authorization completed by the PAO.</p> <p>Reassessments will still be done by AFC providers.</p> <p>MassHealth members who are authorized for services through MassHealth's One Care, Senior Care Options (SCO), or Program for All-Inclusive Care for the Elderly (PACE) plans will be assessed through their plan.</p> |

| NUMBER | QUESTIONS                                                                                                                                                                                          | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| 7.     | <p><b>What is the date that AFC Initial Clinical Assessments and Initial Prior Authorizations are moving to the PAO?</b></p> <p><b>What happens to Assessments that were still in process?</b></p> | <p>If a member contacts an AFC provider on or after October 5, 2026, the member should be referred to the PAO to complete the AFC Initial Clinical Assessment and the Initial Prior Authorization.</p> <p>If a member contacts an AFC provider before October 5, 2026, and the assessment is already in process on October 5, 2026, the AFC provider will continue with completion of that AFC Initial Clinical Assessment and Initial Prior Authorization.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 8.     | <p><b>As an AFC provider, what are the steps I should complete before sending a referral to the PAO to complete the Initial Clinical Assessment?</b></p>                                           | <p>Steps that should be completed by AFC providers before requesting an Initial Clinical Assessment by the PAO:</p> <ul style="list-style-type: none"> <li>• Obtaining demographic information and verifying MassHealth eligibility within e-CAS</li> <li>• Completing the Telephonic Screen assessment in e-CAS</li> <li>• Verifying that PCP is enrolled with MassHealth</li> <li>• Confirming that the individual has had a PCP visit within the past 12 months [130 CMR 408.431 (B)(2)]</li> <li>• Obtaining caregiver information, including verification that the caregiver is not a spouse or legal guardian [130 CMR 408.434(B)(4)], and contact information for the caregiver</li> </ul> <p>AFC providers should contact the PAO after the steps above are complete to notify them the member is ready to move forward with the Initial Clinical Assessment. This will be done within e-CAS.</p> |

| NUMBER | QUESTIONS                                                                                                                          | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 9.     | For the Caregiver and Qualified Setting assessments, what is the AFC provider responsible for and what is the PAO responsible for? | <p>The PAO will complete a checklist to confirm the caregiver and setting meet standard requirements while in the home for the initial clinical assessment. The items in the checklist are focused on immediate health and safety qualifications as described in 130 CMR 408.434 and 408.434. The PAO will provide this checklist and any notes to the AFC provider for awareness. If requirements are not met, the AFC provider may work with the member and caregiver to resolve any areas that were not met. The PAO will typically still proceed with completing the Initial Clinical Assessment unless there are immediate safety needs that must be addressed before an assessment could appropriately take place.</p> <p>The AFC provider is still ultimately responsible for the full Caregiver and Qualified Setting assessments.</p> |
| 10.    | Who is responsible for submission of the Prior Authorization (PA)?                                                                 | <p>The PAO will submit the initial PA within e-CAS once all required documents have been received, including the PCP order form, and the health and safety checklist is met.</p> <p>The PAO will submit the PA directly to MMIS. There will be no additional adjudication as the PAO is a state entity.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| NUMBER | QUESTIONS                                                                                                                    | ANSWERS                                                                                                                                                                                                                                                                                                                                                  |
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| 11.    | How will an AFC provider be notified after the PA is issued and what happens next?                                           | <p>The PAO will notify the member's AFC provider when the PA is issued, and the AFC provider will be able to view the PA and all associated documentation in e-CAS.</p> <p>At that point, the AFC provider will complete the remaining regulatory required pre-admission activities, including the full Caregiver and Qualified Setting assessments.</p> |
| 12.    | Can an AFC provider bill for the AFC Initial Assessment?                                                                     | Yes, MassHealth will be moving forward with an adjusted rate of \$100.00 to reimburse for the remaining intake and onboarding tasks that the AFC provider is still required to complete.                                                                                                                                                                 |
| 13.    | Does the PAO still have a role with the member once the referral is complete?                                                | No, after the PAO completes the UCA and PA and ensures the AFC provider has accepted the member, the referral is complete, and the PAO will no longer have a role with the member.                                                                                                                                                                       |
| 14.    | Will the AFC provider be able to see the initial UCA and AFC Caregiver and Qualified Setting Checklist completed by the PAO? | Yes, the UCA and AFC Caregiver and Qualified Setting Checklist completed by the PAO will be available in e-CAS once the referral is complete.                                                                                                                                                                                                            |

| NUMBER | QUESTIONS                                                                                                            | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| 15.    | What happens if the Caregiver or Qualified Setting does not meet the criteria on the PAO checklist?                  | The PAO will notify the AFC provider if it is determined that the Caregiver or Qualified setting does not meet the criteria on the PAO checklist. If the AFC provider disagrees with the PAO's determination that the Caregiver or Qualified Setting does not meet the requirements outlined in the checklist, they would need to work with the Member without a PA in place to remedy the specific criteria the PAO determined was not met and contact the PAO again for a redetermination.                                |
| 16.    | What does an AFC provider do if they do not agree with the PAO's decisions around initial eligibility or level?      | Members will have appeal rights related to the clinical eligibility determination.                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 17.    | What happens if the AFC provider disagrees with the Preadmission Caregiver and Qualified Setting Checklist outcomes? | <p>If the AFC provider believes a Caregiver or Qualified Setting does not meet the regulations after completing their full assessments, they should terminate the PA.</p> <p>If the AFC provider disagrees with the PAO's determination that the Caregiver or Qualified Setting does not meet the requirements outlined in the checklist, they would need to work with the Member without a PA in place to remedy the specific criteria the PAO determined was not met and contact the PAO again for a redetermination.</p> |
| 18.    | Who is responsible for reassessments and submission of reassessment PA requests?                                     | The AFC provider will be responsible for all reassessments and reassessment PA requests.                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| NUMBER | QUESTIONS                                                                                                                                                 | ANSWERS                                                                                                                                                          |
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| 19.    | Will the PAO be handling transfer PAs from one AFC provider to another?                                                                                   | Yes, the PAO will handle transfer PAs on initial PAs between two FFS providers. For reassessment PAs, please follow the current process.                         |
| 20.    | What happens if a member disenrolls from their SCO or One Care plan and transitions to MassHealth FFS?                                                    | Members will NOT need a new PAO assessment if they are staying with the same provider. Providers should follow the established transition of care (TOC) process. |
| 21.    | Who is responsible for the Caregiver CORI, SORI, and OIG background checks?                                                                               | The AFC provider will be responsible for the CORI, SORI, and OIG checks.                                                                                         |
| 22.    | If a Caregiver fails the CORI, SORI, or OIG background checks after the initial PA has been issued by the PAO, who is responsible for terminating the PA? | The AFC provider will be responsible for terminating the PA.                                                                                                     |
| 23.    | Will the PAO process include qualifying alternate caregivers?                                                                                             | No, there is no change to the process for determination of alternate caregivers.                                                                                 |

| NUMBER | QUESTIONS                                                                                                                                                                                                                                         | ANSWERS                                                                                                                                                                                                       |
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| 24.    | Members and/or their families may contact more than one AFC agency to learn about the program and find the best fit. How would the PAO determine which agency receives the member?                                                                | The PAO will provide members with a list of options for local AFC providers that meet their criteria. It is the member's choice to select the provider agency that best meets their needs.                    |
| 25.    | Will the PAO alert agencies when there are duplications of services (e.g., AFC and/or PCA?)                                                                                                                                                       | Yes, the PAO will flag this and call the member to work with them to decide on services.<br><br>This information will also be available to the AFC agency in e-CAS.                                           |
| 26.    | Will agencies have the ability to download the complete PAO assessment, along with all corresponding documentation and supporting records, to ensure they have the full information needed for clinical review, care planning, and recordkeeping? | Yes, AFC providers can download this information from e-CAS.                                                                                                                                                  |
| 27.    | Will there be a new billing code for the new assessment rate of \$100.00?                                                                                                                                                                         | Yes, a new billing modifier will be implemented, along with a reduced reimbursement rate of \$100.00 for the one-time AFC intake and assessment services when the PAO conducts the initial member assessment. |

| NUMBER | QUESTIONS                                                                                                                                                         | ANSWERS                                                                                                                                                                                                                                   |
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| 28.    | Will the PAO nurses start the care plans?                                                                                                                         | No, the PAO will not be involved in care planning.                                                                                                                                                                                        |
| 29.    | If an AFC provider receives medical documentation or anything from the family prior to submitting the telephonic screen, should this be uploaded into the system? | Yes, please upload into the system and let the PAO know what has been uploaded when you request the Initial Clinical Assessment.                                                                                                          |
| 30.    | Is the PAO ready to support language needs and culturally appropriate assessments for members?                                                                    | Yes, the PAO is prepared to support all language needs and will ensure assessments are conducted in a culturally appropriate, respectful, and inclusive manner. These topics are part of the core training received by the PAO assessors. |
| 31.    | How is this transition to the PAO being communicated to members and their families?                                                                               | Information regarding the PAO is publicly available. AFC providers should alert members coming to them of this specific change.                                                                                                           |
| 32.    | What happens if the AFC provider receives a referral for services and the member does not have MassHealth?                                                        | The AFC provider should verify the member's MassHealth eligibility before referring the member to the PAO.                                                                                                                                |
| 33.    | Has the process for obtaining releases from the member and/or caregiver changed?                                                                                  | No, the process AFC providers must follow to obtain releases from members and/or caregivers has not changed.                                                                                                                              |

| NUMBER | QUESTIONS                                                                                             | ANSWERS                                                                                                                                                                                                                                                                                                                                                                |
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| 34.    | How should AFC agencies verify the date of the physical examination?                                  | There is an item on the Telephonic Screen in e-CAS that asks for the date of the physical examination. Entering that information in the Telephonic Screen serves as verification.                                                                                                                                                                                      |
| 35.    | Who is responsible for completing the PCP Order Form?                                                 | The PAO will complete the PCP Order Form and obtain the PCP signature.                                                                                                                                                                                                                                                                                                 |
| 36.    | Will the PAO update the status of each assessment so that AFC agencies can track assessment progress? | AFC agencies can view the progress of a member's assessment by navigating to the member's record in e-CAS, where they can see if the UCA is completed and the PA is issued by the PAO. Agencies may also contact the PAO Contact Center at <a href="mailto:Contact-PAO@MassHealthLTSSPAO.com">Contact-PAO@MassHealthLTSSPAO.com</a> to check the status of a referral. |
| 37.    | How is the process impacted if a caregiver is not yet identified when the member contacts the PAO?    | The PAO will discuss the need for a caregiver in order to move forward specifically with AFC and can help direct the member toward an AFC agency that can assist with caregiver matching. Once that happens, the member can be referred back to the PAO.                                                                                                               |
| 38.    | Will AFC agencies still need to complete their own Care Manager Qualified Setting evaluation?         | Yes. The Caregiver and Qualified Setting checklist being completed by the PAO captures some of the more significant requirements, but a full Qualified Setting evaluation will still need to be completed by the AFC provider.                                                                                                                                         |

| NUMBER | QUESTIONS                                                                                                                                                                       | ANSWERS                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 39.    | If the PAO determines an individual is eligible, but the AFC RN's clinical assessment does not support that decision, is there a process to mediate?                            | If the AFC provider believes an individual is not eligible for AFC services according to the regulations, they may terminate the PA.                                                                                                                                                                                                                                                                                   |
| 40.    | At what point in the process should the AFC agency complete the full Caregiver Assessment and Qualified Setting Assessment?                                                     | AFC agencies have the ability to decide what works best for their process; there is not a specific time in the assessment workflow where they need to occur.                                                                                                                                                                                                                                                           |
| 41.    | What should an assessor do if they would like to request Level 1 for AFC services for a member who was calculated as Level 2 level of care on the AFC Prior Authorization form? | <p>The assessor can submit this request by adding an attachment to the member's PA documentation in e-CAS outlining the request. The attachment type selected should be "AFC program documentation." Optum will then review and update the PA, as applicable.</p> <p>Please note that this cannot be done in reverse. An assessor cannot request Level 2 for a member who was calculated as Level 1 level of care.</p> |