**Adult Foster Care Mini Cost Report**

**Provider Fiscal Year 2015**

**Who Must File**

Providers of adult foster care (AFC) that participated in the MassHealth program during their fiscal year 2015 must file the mini cost report, unless the provider is exempt from filing for one or more of the following reasons:

1. The provider did not have a complete fiscal year 2015;
2. The provider had no MassHealth participation in its FY2015; or
3. The provider received less than $50,000 in MassHealth revenue in its FY2015.

If you believe your agency is exempt from filing for any of the above reasons, you must claim exemption by sending an email to chia.data@state.ma.us. In the email, you should:

1. Include your agency’s name and MassHealth ID number;
2. State that you are requesting an exemption from the FY2015 Adult Foster Care mini cost report and specify which of the above exemption criteria your agency meets;
3. Specify the date range of the agency’s FY2015; and
4. State the dollar value of MassHealth revenue earned for services rendered in FY2015.

*957 CMR 6.19 provides that CHIA may assess penalties against providers who knowingly fail to file cost reports or who knowingly file falsified data. In addition, CHIA may recommend that the Executive Office of Health and Human Services assess penalties, including but not limited to reductions in delinquent providers’ rates of payment.*

**What to File**

1. **Mini Cost Report**

Providers should file an adult foster care mini cost report for their fiscal year 2015. Blank cost reports are available in Microsoft Excel format from CHIA at: <http://www.chiamass.gov/information-for-data-submitters-adult-foster-care-cost-reports/>

Fill out the mini cost report and save the file as AgencyName\_AFCCR15.xlsx where “AgencyName” is the name of the AFC agency. Enter information in all applicable yellow cells. Do not enter information in any other cells. Green cells will be filled in automatically by the template. Please do not attempt to alter the cost report format. If you believe there is a problem with the template, contact the CHIA Pricing Cost Report Helpdesk via email at chia.data@state.ma.us or by phone at 617-701-8156.

1. **Statement of Certification**

Providers must file a Statement of Certification attesting that the cost report submission is accurate, complete, and prepared in accordance with the instructions. Print the “Mini Cost Report” sheet, sign the statement of certification, scan the page, and save it as a PDF.

1. **Financial Statements**

In addition to the cost report, you must also submit financial statements for FY2015 in the form of one of the documents listed below. They are listed in descending order of preference:

* Audited, reviewed, or compiled financial statements prepared by a Certified Public Accountant (CPA);
* Certification from a CPA attesting to the accuracy and validity of the data reported on the cost report. The CPA must not be a related party to the principal owners or partners of the agency;
* Copies of tax returns filed with the Internal Revenue Service for the reporting year; or
* Unaudited financial statements for the reporting year.

Providers need to submit only one of the above financial statements.

1. **Additional Information (if requested)**

Upon review of the cost report, CHIA may require additional information. This information will be considered a component of the cost report subject to the same certification and filing obligation as the initial filing.

**How to File**

Attach the completed Excel workbook, the signed statement of certification saved as a PDF, and the financial statements to an email. Send it to chia.data@state.ma.us with the subject line, “AFC FY15 Mini Cost Report from [your agency name].”

**Definition of Caregiver Levels for Reporting Member Days**

**Caregiver Level 1:** Those responsible for providing direct care and supervision of members who meet the level 1 clinical eligibility requirements described in 130 CMR 408.419(D)(1). Primary caregivers are qualified individuals regularly residing with the AFC member in the qualified setting except in circumstances of temporary absence or alternative placement.

**Caregiver Level 2:** Those responsible for providing direct care and supervision of members who meet the level 2 clinical eligibility requirements described in 130 CMR 408.419(D)(2). Primary caregivers are qualified individuals regularly residing with the AFC member in the qualified setting except in circumstances of temporary absence or alternative placement.

**Alternate Caregiver Level 1:** Temporary caregivers providing direct care for level 1 members who meet the level 1 clinical eligibility requirements described in 130 CMR 408.419(D)(1). Alternate caregivers do not regularly reside with the AFC member in the qualified setting and relieve the primary caregiver(s) of their direct care duties.

**Alternate Caregiver Level 2:** Temporary caregivers providing direct care for level 2 members who meet the level 2 clinical eligibility requirements described in 130 CMR 408.419(D)(2). Alternate caregivers do not regularly reside with the AFC member in the qualified setting and relieve the primary caregiver(s) of their direct care duties.