



Massachusetts Group Adult Foster Care

The Center for Health Information and Analysis has given the criteria for 2018 and 2019 GAFC cost reports. The 2018 fiscal year is to be done as a mini cost report while the 2019 fiscal year is to be done as a full cost report.

If you owned the facility for less than 6 months during either cost report period or if your facility received less than \$50,000 in MassHealth revenue, you may be eligible to claim exemption.

Please Provide:

- 2018 Financial Statements in Excel format
 - Include Trial Balance, Income Statement and Balance Sheet
 - If facility has other components besides GAFC, please separate out revenue and expenses for GAFC only

- 2019 Financial Statements in Excel format
 - Include Trial Balance, detailed Income Statement and Balance Sheet
 - If facility has other components besides GAFC, please separate out revenue and expenses for GAFC only

- 2019 Salary Breakdown
 - including payroll taxes, fringe benefits, FT/PT designation
 - If PT, please include hours worked
 - If employee has both clinical and indirect job functions, please indicate percentage of each role
 - Include start/termination date if occurred during 2019

Facility Information:

Agency Name _____

9-digit MassHealth ID number _____

Letter suffixes following ID number _____

If agency has multiple MassHealth ID suffixes under which it bills MassHealth, a separate cost report must be filed for each site

Federal Employer Identification Number (FEIN) _____

Business Address _____

City _____ State _____ Zip Code _____

Agency Phone (with extension if applicable) _____

Contact Person _____

Title _____

Contact Email _____

Contact Phone (with extension if applicable) _____

2018 Specific Information:

If agency has multiple sites, please list them here. If more than three sites, please list on separate paper. However, please provide data for the rest of the cost report for just the site whose MassHealth ID suffix is listed above.

Site 1 _____

Address _____

Type of Care (please circle) GAFC AFR and GAFC

Site 2 _____

Address _____

Type of Care (please circle) GAFC AFR and GAFC

Site 3 _____

Address _____

Type of Care (please circle) GAFC AFR and GAFC

Does your facility offer other social or medical services other than GAFC services Y N

How many total days of GAFC service was provided during the fiscal year? _____

2019 Specific Information:

Were there any changes in sites from the 2018 information? If yes, please explain

Does your facility offer other social or medical services other than GAFC services Y N

How many total units of GAFC service was provided during the fiscal year? _____

How many unduplicated clients were served during 2019? _____

What was the average number of hours of direct individual care provided to each GAFC client each day, rounded to the nearest 15-minute increment? _____