

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 424.00: RATES FOR CERTAIN DEVELOPMENTAL AND SUPPORT SERVICES

Section

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424.01: General Provisions

- (1) Scope. 101 CMR 424.00 governs the payment rates for certain Developmental and Support Services purchased by a governmental unit, including but not limited to the Department of Developmental Services (DDS) and the Massachusetts Rehabilitation Commission (MRC).
- (2) Effective Date. The rates are effective for dates of service provided on or after January 1, 2017 unless otherwise specifically noted.
- (3) Disclaimer of Authorization of Services. 101 CMR 424.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 424.00. Governmental units that purchase the services described in 101 CMR 424.00 are responsible for the definition, authorization, and approval of services extended to clients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 424.00.

424.02: Definitions

As used in 101 CMR 424.00, unless the context requires otherwise, terms have the meanings ascribed in 101 CMR 424.02.

Client. An individual that receives developmental and support services purchased by a governmental unit.

Clinical Team. Comprised of medical, psychological, and social service professionals, the clinical team provides around-the-clock on-call response to individuals in crisis.

Corporate Representative Payee. Individualized financial supports and advocacy for individuals who benefit from support in managing their own funds. The program supports the individual in his or her personal movement toward integration into the larger community by handling or supporting various aspects of the individual's bank accounts, bill payments, and personal expenditures. Intensity levels are differentiated by complexity of the individual's finances and level of 1:1 support provided.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

Day Habilitation Supplemental Service Supports. Certain clients may need supplemental services in the form of additional staff assistance to enable their participation in the day habilitation program listed in 101 CMR 348.02: *General Definitions*. For those qualifying clients, the approved individual aide rate includes salary, payroll taxes, and fringe benefits for an individual aide for a specific client.

- (a) The supplemental rate applies when both of the following conditions exist.
 1. The purchasing agency determines that the specific client could not participate in a day habilitation program without supplemental one-to-one care.
 2. The need for supplemental services is documented in the client's individual service plan or similar plan of care.
- (b) Approved supplemental services are as follows.
 1. Program Aide. Direct care services provided by the equivalent of a Direct Care Program Staff I as defined in the *UFR Audit & Preparation Manual*.

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2. Paraprofessional and Other Credentialed Aides or Those Requiring Experience Beyond That of a Direct Care/Program Staff I. This includes, but is not limited to physical therapy aides, certified occupational therapy aides, or behavioral specialists.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.

Psychology Practitioner. Psychology practitioner may be defined as any of the following:

- (a) a psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists;
- (b) a graduate of a Masters or Doctoral level Psychology Program; or
- (c) a behavioral analyst, board certified by the Behavior Analyst Certification Board (BACB), a private nonprofit organization based in Littleton, Colorado.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

Transition to Adulthood Program (TAP). A program that assists students with disabilities to prepare for the transition from high school to adulthood by providing advocacy, skills training, and peer counseling, to help students learn to live independently in the community of their choice. TAP services are available to any individual who is 14 through 22 years of age and enrolled in special education.

424.03: Rate Provisions

(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.

(4) Approved Rates. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 424.03.

Program	Rate	Unit
Corporate Representative Payee		
Basic Intensity	\$42.65	Client Per Month
Moderate Intensity	\$58.43	Client Per Month
High Intensity	\$130.92	Client Per Month
Transition to Adulthood Program	\$77.12	Hour

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Program	Rate	Unit
Day Habilitation Supplemental Supports		
Program Aide (Direct Care/Program Staff I)	\$4.05	¼ Hour
Direct Care/Program Staff II	\$4.54	¼ Hour
Licensed Practical Nurse (LPN)	114.3 CMR 50.00: <i>Home Health Services</i> (continuous skilled nursing care, individual practitioner, weekday)	
Registered Nurse (RN)		

Clinical Team	Level	Hourly Rate
Clinical Team Program Manager	1	\$43.28
Clinical Team Program Manager	2	\$49.84
Clinical Team Program Manager	3	\$57.28
Clinical Team Program Manager	4	\$67.76
Clinical Team Psychiatrist	1	\$111.48
Clinical Team Psychiatrist	2	\$123.16
Clinical Team Psychiatrist	3	\$131.92
Clinical Team Psychiatrist	4	\$141.28
Clinical Team Nurse Specialist	1	\$57.28
Clinical Team Nurse Specialist	2	\$66.36
Clinical Team Nurse Specialist	3	\$76.04
Clinical Team Nurse Specialist	4	\$82.68
Clinical Team Nurse Generalist	1	\$42.32
Clinical Team Nurse Generalist	2	\$45.60
Clinical Team Nurse Generalist	3	\$48.80
Clinical Team Nurse Generalist	4	\$55.92
Clinical Team Psychology Practitioner	1	\$50.68
Clinical Team Psychology Practitioner	2	\$57.72
Clinical Team Psychology Practitioner	3	\$64.36
Clinical Team Psychology Practitioner	4	\$72.00
Clinical Team Social Worker/Clinician /Supervising Professional	1	\$35.88
Clinical Team Social Worker/Clinician /Supervising Professional	2	\$44.28
Clinical Team Social Worker/Clinician /Supervising Professional	3	\$49.60
Clinical Team Social Worker/Clinician /Supervising Professional	4	\$54.96
Clinical Team Direct Care III	1	\$31.16

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Clinical Team	Level	Hourly Rate
Clinical Team Direct Care III	2	\$34.32
Clinical Team Direct Care III	3	\$36.32
Clinical Team Direct Care III	4	\$38.56
Clinical Team Case Worker/Manager	1	\$26.88
Clinical Team Case Worker/Manager	2	\$31.28
Clinical Team Case Worker/Manager	3	\$33.92
Clinical Team Case Worker/Manager	4	\$36.32
Clinical Team Clerical	1	\$23.24
Clinical Team Clerical	2	\$25.08
Clinical Team Clerical	3	\$27.84
Clinical Team Clerical	4	\$30.28

424.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the Executive Director or Chief Financial Officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any cost report supplemental schedule as issued by EOHHS; and

(c) any additional information requested by EOHHS within 21 days of a written request.

(3) Penalty for Noncompliance. The purchasing governmental unit may reduce the payment rates by 15% for any provider that fails to submit required information to EOHHS. The purchasing governmental unit will notify the provider in advance of its intention to impose a rate reduction.

424.05: Severability

The provisions of 101 CMR 424.00 are severable. If any provision of 101 CMR 424.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 424.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 424.00: M.G.L. c. 118E.