

# 101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## 101 CMR 310.00: ADULT DAY HEALTH SERVICES

### Section

- 310.01: General Provisions
- 310.02: General Definitions
- 310.03: Rate Provisions
- 310.04: Reporting Requirements
- 310.05: Severability

### 310.01: General Provisions

- (1) Scope, Purpose and Effective Date. 101 CMR 310.00 governs the payment rates effective ~~October-March 1~~, 201~~6~~<sup>2</sup>, for ~~a~~Adult ~~d~~Day ~~h~~Health ~~s~~Services provided to ~~p~~Publicly ~~a~~-Aided ~~p~~Patients. The payment rates in 101 CMR 310.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L.c.152.
- (2) Coverage. The payment rates in 101 CMR 310.00 are full compensation for adult day health services as well as for any related administrative or supervisory duties rendered in connection with the provision of ~~a~~Adult ~~d~~Day ~~h~~Health ~~s~~Services.
- (3) Disclaimer of Authorization of Services. 101 CMR 310.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 310.00. Governmental ~~u~~Units or workers' compensation insurers that purchase care are responsible for the definition, authorization, and approval of care and services to covered individuals.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 310.00.

~~—(5) Authority. 101 CMR 310.00 is adopted pursuant to M.G.L.c.118E.~~

### 310.02: General Definitions

As used in 101 CMR 310.00, terms will have the meaning set forth in 101 CMR 310.02.

Adult Day Health Services. Programs approved by the ~~Office of Medicaid~~MassHealth agency under 130 CMR 404.000: Adult Day Health and that provide for adult recipients an alternative to 24-hour long-term institutional care through an organized program of health care and supervision, restorative services and socialization.

Adult. Any person aged 18 or over.

Basic Level of Care. The level of care for publicly-aided clients receiving ~~a~~Adult ~~d~~Day ~~h~~Health services as defined in the ~~Office of Medicaid's~~MassHealth agency's ~~r~~Regulation 130 CMR 404.~~402~~<sup>404</sup>~~14(D)(2)~~: Definitions.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Complex Level of Care. The level of care for publicly-aided clients receiving ~~a~~Adult ~~d~~Day ~~h~~Health services as defined in the ~~Office of Medicaid's~~MassHealth agency's ~~r~~Regulation 130 CMR 404.~~402~~<sup>404</sup>~~14(D)(3)~~: Definitions.

# 101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

## 101 CMR 310.00: ADULT DAY HEALTH SERVICES

Day Setting. Any single physical facility that is open at least Monday through Friday for eight hours per day that has been reviewed and approved by the ~~Office of Medicaid~~MassHealth agency and other proper authorities for the operation of adult day health services program.

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized in the Commonwealth of Massachusetts to engage in the business of furnishing aAdult dDay hHealth sServices to the public and who also meets such conditions of participation as may be adopted by a governmental unit.

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

Fiscal Year. ~~The twelve-~~month period defined by an eEligible pProvider as its accounting period.

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

~~Health Promotion and Prevention Level of Care. The level of care for publicly aided clients receiving Adult Day Health services as defined in the Office of Medicaid's Regulation 130 CMR 404.414 (D)(1).~~

Publicly -Aided Individual. A person whose medical and other services a governmental unit is in whole or part liable for under a statutory program.

Restorative Services. Indirect services, including but not limited to, case conferences or those of an in-service educational therapist, speech pathologist, or other qualified restorative therapist.

### 310.03: Rate Provisions

(1) Covered Services. The payment rates in 101 CMR 310.00 apply to aAdult dDay hHealth sServices provided by eEligible pProviders in a dDay sSetting, where:

- (a) a patient's medical condition indicates a need for nursing care, supervision or a need for therapeutic services that alone or in combination would require institutional placement; or
- (b) a patient's psycho-social condition is such that without program intervention the patient's medical condition would continue to deteriorate or is such that institutional placement is imminent.

(2) Exclusions. The payments rates in 101 CMR 310.00 do not apply to the following circumstances and services:

- (a) specialized day programs primarily for the developmentally disabled, blind, deaf, or acutely mentally ill;
- (b) adult day health programs operating out of state;
- (c) physician services paid on a fee for service basis under 114.3 CMR 16.00: Surgery and Anesthesia and ~~H4.3101~~ CMR 317.00: Medicine;
- (d) restorative therapy services paid on a fee for service basis under 114.3 CMR 39.00: Rehabilitation Centers, Audiological Services, and Restorative Services;
- (e) transportation costs incurred by the eEligible pProvider to and from the adult day health center;

101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 310.00: ADULT DAY HEALTH SERVICES

(f) ~~services~~ and costs paid under other regulations promulgated by EOHHS.

(3) Payment Rates.

~~(a)~~ The base rate for ~~a~~Adult ~~d~~Day ~~h~~Health ~~s~~Services is the lower of the established charge or the rate listed below.

Code	Per Day Base Rate	Description
S5102	\$58.83	Basic Level of Care
S5102 TG	\$74.50	Complex Level of Care
<del>S5102-U1</del>	<del>\$30.05</del>	<del>Health Promotion and Prevention Level of Care</del>

Code	Per 15 Minute Base Rate	Description
S5100	\$2.45	Basic Level of Care
S5100 TG	\$3.10	Complex Level of Care
<del>S5100-U1</del>	<del>\$1.25</del>	<del>Health Promotion and Prevention Level of Care</del>

~~(b) FY 2013 Annualization Adjustment. For the period from October 1, 2012 through June 30, 2013, there will be an additional annualization adjustment as set forth below:~~

Code	Per Day Base Rate	FY 2013 Annualization Adjustment	FY 2013 Total Payment	Description
<del>S5102</del>	<del>\$58.83</del>	<del>\$1.23</del>	<del>\$60.06</del>	<del>Basic Level of Care</del>
<del>S5102-TG</del>	<del>\$74.50</del>	<del>\$1.45</del>	<del>\$75.95</del>	<del>Complex Level of Care</del>
<del>S5102-U1</del>	<del>\$30.05</del>	<del>\$0.55</del>	<del>\$30.60</del>	<del>Health Promotion and Prevention Level of Care</del>

Code	Per 15 Minute Base Rate	FY2013 Annualization Adjustment	FY2013 Total Payment	Description
<del>S5100</del>	<del>\$2.45</del>	<del>\$0.05</del>	<del>\$2.50</del>	<del>Basic Level of Care</del>
<del>S5100-TG</del>	<del>\$3.10</del>	<del>\$0.06</del>	<del>\$3.16</del>	<del>Complex Level of Care</del>

101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 310.00: ADULT DAY HEALTH SERVICES

S5100-U1	\$1.25	\$0.02	\$1.28	Health Promotion and Prevention Level of Care
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310.04: Reporting Requirements

- (1) Required Reports. An eEligible pProvider that was paid by a gGovernmental uUnit for aAdult dDay hHealth sServices provided in a prior fFiscal yYear, and whose program operated for the entire prior fiscal year must submit the following information to the Center.
  - (a) A complete aAdult dDay hHealth cCenter cCost rReport for the prior fFiscal yYear;
  - (b) Financial sStatements certified by a certified public accountant. In the absence of certified statements, the eEligible pProvider may submit uncertified financial statements or a bBalance sSheet and oOperating sStatement prepared by the agency, and approved by the Center.
  - (c) Any other data, information or cost reporting the Center may request.
  - (d) Statistical data shall be designated by the Center, including but not limited to the total number of resident days.
- (2) Due Date. The due date of the annual aAdult dDay hHealth cCenter cCost rReport and fFinancial sStatements is determined by the fiscal year of the filing provider. The Center may amend cost reporting requirements, including the due date of required reports, by an aAdministrative bBulletin. Eligible pProviders must submit any other information requested by the Center within 90 days from the date of notification, unless otherwise specified by the Center.
- (3) Additional Information. Each eEligible pProvider shall also make available all records, books and reports relating to its operations, including such data and statistics as the Center may from time to time request.
- (4) Extension and Alternative Cost Reporting Methods. Upon written request from a provider demonstrating that good cause exists, the Center may grant an extension of time for filing required reports or at its discretion may allow a provider to substitute other cost data than required in the adult day cost report.
- (5) Penalty for Non-Compliance. EOHHS may reduce the payment rates by 15% for any pProvider that fails to submit required information to the Center. EOHHS will notify the pProvider in advance of its intention to impose a rate reduction. The rate reduction will remain in effect until the Center receives the required information.

310.05: Severability

The provisions of 101 CMR 310.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 310.00: ADULT DAY HEALTH SERVICES

REGULATORY AUTHORITY

| 101 CMR 310.00: M.G.L. c.118E ~~and c.12C~~.