

101 CMR 350.00: RATES FOR HOME HEALTH SERVICES

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350.01: General Provisions

(1) Scope. 101 CMR 350.00 establishes rates of payment for home health services described in 130 CMR 403.000: *Home Health Agency* that are provided by eligible providers to publicly aided individuals. The rates set forth in 101 CMR 350.00 also apply to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act). For rates applicable to continuous skilled nursing services provided by a home health agency or an independent nurse to publicly aided individuals, *see* 101 CMR 361.00: *Rates for Continuous Skilled Nursing*.

(2) Applicable Date of Service. Rates contained in 101 CMR 350.00 apply for dates of service as listed in 101 CMR 350.04.

(3) Coverage. The allowable fees established pursuant to 101 CMR 350.00 for services provided to publicly aided individuals apply to all home health services, as defined in 101 CMR 350.02, regardless of the type of program under which MassHealth is purchasing the services. The allowable fees are full compensation for the home health services rendered including, but not limited to, administrative or supervisory duties and costs in connection with service provision.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 350.00 and to specify the information and documentation necessary to implement 101 CMR 350.00.

(5) Disclaimer of Authorization of Services. 101 CMR 350.00 is not authorization for or approval of the substantive services, or lengths of time, for which rates are paid pursuant to 101 CMR 350.00. Governmental units or workers compensation insurers that purchase services from eligible providers are responsible to define, authorize, and approve the services extended to covered individuals and the length of time for which the approval is applicable.

350.02: General Definitions

As used in 101 CMR 350.00, terms have the meanings set forth in 101 CMR 350.02.

Activities of Daily Living (ADL). Activities related to personal care, specifically bathing, grooming, dressing, toileting/continence, transferring/ambulation, and eating.

ADL Support Visit. A home visit performed by an eligible provider to a member for assistance with ADLs when the member is not receiving concurrent home health skilled nursing or therapy services.

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

Eligible Provider. An organization certified as a provider of services under the Medicare Health Insurance Program for the Aged (Title XVIII) and that meets such conditions of participation as have been or may be adopted from time to time by a governmental unit purchasing home health services.

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

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

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Home Health Agency. An organization that meets the requirements of 130 CMR 403.000: *Home Health Agency* to provide home health services.

Home Health Aide Service. The provision of personal care and other health-related services in the home, as described in 130 CMR 403.416(B) through (D) by a home health aide as defined at 130 CMR 403.402: Home Health Aide.

Home Health Services. Skilled nursing visits, physical therapy, occupational therapy, speech therapy, and home health aide services provided in the individual's home.

Home Visit. A morbidity visit rendered in the home by a qualified employee of a home health agency.

Medication Administration Visit. A skilled nursing visit for the purpose of administration of medications when the member is unable to perform the task due to impaired physical, cognitive, behavioral, and/or emotional issues, no able caregiver is present, or the member has a history of failed medication compliance resulting in a documented exacerbation of the member's condition, and/or the task, including the route of administration of medication requires a licensed nurse to provide the service. A medication administration visit may include administration of oral, intramuscular, and/or subcutaneous medication or administration of medications other than oral, intramuscular and/or subcutaneous medication, but does not include intravenous administration.

Nursing Service. Services as defined at 130 CMR 403.402: Nursing Services and described at 130 CMR 403.415: *Nursing Services*.

Occupational Therapy. Services as defined at 130 CMR 403.402: Occupational Therapy provided by an occupational therapist as defined at 130 CMR 403.402: Occupational Therapist and occupational therapy assistant as defined at 130 CMR 403.402: Occupational Therapy Assistant.

Office Visit. A health promotion or therapeutic visit rendered in a home health agency's office.

Physical Therapy. Services as defined at 130 CMR 403.402: Physical Therapy provided by a physical therapist or physical therapy assistant as defined at 130 CMR 403.402.

Publicly Aided Individual. A person who receives health care and services for which a governmental unit is in whole or part liable under a statutory program.

Reasonable Costs. Those reasonable and necessary costs incurred by an eligible provider of home health services, subject to the requirements and limitations of 101 CMR 350.00. In determining the reasonableness of costs, EOHHS may consider the particular services offered, the introduction of efficiency measures, the requirements for staffing, and the costs of providing comparable service.

Security/Escorts. The provision of security services to direct care personnel in the performance of a reimbursable home health visit.

Speech/Language Therapy. Services as defined at 130 CMR 403.402: Speech/Language Therapy provided by a qualified speech/language therapist (speech/language pathologist) as defined at 130 CMR 403.402: Speech/Language Therapist (Speech/Language Pathologist).

Therapeutic or Morbidity Home Visit. A home visit rendered by an eligible provider to an individual and/or family for the purpose of treating one or more diagnosed illnesses or disabilities

Visit. A visit as defined at 130 CMR 403.402: Visit and that is up to eight 15-minute units.

Weekday. The hours from 7:00 A.M. to 3:00 P.M., Monday through Friday.

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Weekend and Nights.

- (a) Weekend. The hours from 3:00 P.M., Friday, to 7:00 A.M., Monday.
- (b) Nights. The hours from 3:00 P.M. to 7:00 A.M., Monday through Friday.
- (c) Holidays. All official Commonwealth of Massachusetts holidays. For purposes of 101 CMR 350.00, holidays that occur on a weekend are observed on that day and not the preceding Friday or following Monday.

New Year's Day  
 Martin Luther King Jr. Day  
 Presidents' Day  
 Patriot's Day  
 Memorial Day  
 Juneteenth  
 Independence Day  
 Labor Day  
 Columbus Day  
 Veterans' Day  
 Thanksgiving Day  
 Christmas Day

350.03: General Rate Provisions

Rates of payment for authorized home health services to which 101 CMR 350.00 applies will be the lower of

- (a) the eligible provider's usual fee to patients other than publicly aided patients; or
- (b) the schedule of rates set forth in 101 CMR 350.04.

350.04: Rates of Payment for Home Health Services in the Home

(1) For dates of service on or after April 1, 2020, the base rate for home health services is the lower of the established charge or the rate listed in 101 CMR 350.04 (1).

Code	Rate	Unit	Service
G0299	\$89.21	Per Visit	Services of an RN in home health setting (one through 30 calendar days)
G0300	\$89.21	Per Visit	Services of an LPN in home health setting (one through 30 calendar days)
G0299 UD	\$70.45	Per Visit	Services of an RN in home health setting (31+ calendar days)
G0300 UD	\$70.45	Per Visit	Services of an LPN in home health setting (31+ calendar days)
T1502	\$59.14	Per Visit	Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
T1503	\$59.14	Per Visit	Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
99058	\$28.99	Per Visit	Office services provided on an emergency basis
G0151	\$68.30	Per Visit	Services of Physical Therapist in the home health setting
G0152	\$71.20	Per Visit	Services of Occupational Therapist in the home health setting
G0153	\$72.88	Per Visit	Services of Speech/Language Therapist in the home health setting
G0156	\$6.31	Per 15 Minutes	Services of Home Health Aide in the home health setting

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Code	Rate	Unit	Service
G0156 UD	\$6.31	Per 15 minutes	Services of Home Health Aide in the home health setting for ADL support
G0493	\$89.21	Per Visit	Services of an RN for the observation and assessment of the patient's condition provided every 60 days to members utilizing home health aide services for ADL support

(2) For the period April 1, 2020 through May 31, 2020, the base rates for home health services includes an annualization adjustment as listed in 101 CMR 350.04(2).

Code	Per Unit Annualization Adjustment	Unit	Service
G0156	\$0.63	Per 15 minutes	Services of Home Health Aide in the home health setting
G0156 UD	\$0.63	Per 15 minutes	Services of Home Health Aide in the home health setting for ADL support

(3) For the period June 1, 2020 through June 30, 2020, the base rates for home health services includes an annualization adjustment as listed in 101 CMR 350.04(3).

Code	Per Unit Annualization Adjustment	Unit	Service
G0156	\$2.03	Per 15 minutes	Services of Home Health Aide in the home health setting
G0156 UD	\$2.03	Per 15 minutes	Services of Home Health Aide in the home health setting for ADL support

(4) For dates of service on or after July 1, 2020, the base rate for home health services is the lower of the established charge or the rate listed in 101 CMR 350.04(2).

Code	Rate	Unit	Service
G0299	\$89.21	Per Visit	Services of an RN in home health setting (one through 30 calendar days)
G0300	\$89.21	Per Visit	Services of an LPN in home health setting (one through 30 calendar days)
G0299 UD	\$72.30	Per Visit	Services of an RN in home health setting (31+ calendar days)
G0300 UD	\$72.30	Per Visit	Services of an LPN in home health setting (31+ calendar days)
T1502	\$59.14	Per Visit	Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)

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Code	Rate	Unit	Service
T1503	\$59.14	Per Visit	Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)
99058	\$28.99	Per Visit	Office services provided on an emergency basis
G0151	\$71.64	Per Visit	Services of Physical Therapist in the home health setting
G0152	\$74.68	Per Visit	Services of Occupational Therapist in the home health setting
G0153	\$76.44	Per Visit	Services of Speech/Language Therapist in the home health setting
G0156	\$6.73	Per 15 minutes	Services of Home Health Aide in the home health setting
G0156 UD	\$6.73	Per 15 minutes	Services of Home Health Aide in the home health setting for ADL support
G0493	\$89.21	Per Visit	Services of an RN for the observation and assessment of the patient's condition provided every 60 days to members utilizing home health aide services for ADL support

(5) For the period January 1, 2021 through June 30, 2021, the base rates for home health services includes, in addition to the rate listed in 101 CMR 350.04(4), a rate add-on adjustment as listed in 101 CMR 350.04(5).

Code	Per Unit Rate Add-on Adjustment	Unit	Service
G0156	\$0.67	Per 15 minutes	Services of Home Health Aide in the home health setting
G0156 UD	\$0.67	Per 15 minutes	Services of Home Health Aide in the home health setting for ADL support

350.05: Administrative Adjustment

- (1) A certified home health agency may apply for a change in rate(s) of payment due to costs associated with providing interpreter and security/escort services as defined in 101 CMR 350.02.
- (2) Administrative adjustment may be provided on a prospective basis only.
- (3) Administrative relief will consist of an adjustment to the rate calculated by dividing the costs from the most recently filed and reviewed cost report by the number of service units reported for that corresponding period. The costs allowed will be limited to reasonable costs as defined in 101 CMR 350.02.
- (4) An administrative adjustment that an agency was awarded in a prior period may be updated by EOHHS using data from the most recent Cost Report filed pursuant to 101 CMR 350.06.

350.06: Filing and Reporting Requirements

- (1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.
- (2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 350.06(2).

350.07: Severability

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The provisions of 101 CMR 350.00 are severable and if any such provisions or the application of such provisions to any person or circumstances will be held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 350.00: M.G.L. c. 118E.

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