

101 CMR 356.00: RATES FOR MONEY FOLLOWS THE PERSON DEMONSTRATION SERVICES

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356.01: General Provisions

(1) Scope, Purpose and Effective Date. 101 CMR 356.00 governs the payment rates, effective May 1, 2013 for Money Follows the Person Demonstration (MFP Demo) services purchased by all governmental units. MFP Demonstration services include Assistive Technology, Demonstration Case Management, Orientation and Mobility Services, and Transitional Assistance.

(2) Disclaimer of Authorization of Services. 101 CMR 356.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 356.00. Governmental units that purchase MFP Demo Services are responsible for the definition, authorization, and approval of services extended to Clients.

(3) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 356.00.

(4) Authority. 101 CMR 356.00 is adopted pursuant to M.G.L. c. 118E.

356.02: Definitions

Meaning of Terms. As used in 101 CMR 356.00, unless the context requires otherwise, terms shall have the meanings ascribed in 101 CMR 356.02.

Assistive Technology. Assistive Technology includes:

- (a) devices, controls, or appliances, that enable an individual to increase his or her ability to perform activities of daily living;
- (b) devices, controls, or appliances that enable an individual to perceive, control, or communicate with the community environment in which he or she lives;
- (c) items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
- (d) such other durable and non-durable medical equipment that is necessary to address an individual's functional limitations; and
- (e) necessary medical supplies.

Service may also include: evaluations necessary for the selection, design, fitting or customization of Assistive Technology to meet the needs of the individual; customization, adaptation, fitting, set-up, maintenance or repairs of Assistive Technology; the temporary replacement of Assistive Technology; and, training or technical assistance with the use of Assistive Technology.

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

Demonstration Case Management. A service that provides an individual with care coordination and assistance with obtaining necessary MFP Demonstration and MassHealth services, as well as other medical social, or educational services, regardless of the funding source, and that support the individual's ability to reside in a community setting. Demonstration Case Management includes:

- (a) comprehensive assessments and periodic reassessments of an individual to determine the need for any medical, educational, social, or other services;
- (b) development of a care plan that is based on the comprehensive assessments;
- (c) referral and related activities (such as scheduling appointments) to help the individual obtain necessary services and identified needs specified in his or her care plan;

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- (d) development of a back-up plan of care; and
- (e) monitoring and follow-up activities that are necessary to ensure that the individual's care plan is effectively implemented and adequately addresses the needs of the individual.

Executive Office of Health and Human Services (EOHHS). The executive agency within Massachusetts government that is the single state agency responsible for the administration of the MassHealth program (Medicaid), pursuant to M.G.L. c. 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto.

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

Individual Consideration (I.C.). Payment rates for certain services are designated as Individual Consideration (I.C.). Where I.C. rates are designated, the purchasing governmental unit will determine the appropriate payment rate in accordance with the following standards and criteria:

- (a) the amount of time required to complete the service or item;
- (b) the degree of skill required to complete the service or item;
- (c) the severity or complexity of the service or item;
- (d) the lowest price charged or accepted from any payer for the same or similar service or item, including, but not limited to any shelf price, sale price, advertised price, or other price reasonably obtained by a competitive market for the service or item; and
- (e) the established rates, policies, procedures, and practices of any other purchasing governmental unit in purchasing the same or similar services or items.

MassHealth. The Medicaid program of the Commonwealth of Massachusetts, administered by EOHHS pursuant to M.G.L. c. 118E, Titles XIX and XXI of the Social Security Act, and other applicable laws and waivers thereto.

Money Follows the Person Demonstration. A MassHealth demonstration program authorized pursuant to a federal grant received by EOHHS that seeks to assist eligible MassHealth Members residing in facility-based long term care settings to transition to a community-based setting, where they can receive home and community-based services.

Orientation and Mobility Services (O&M Services). Services that teach an individual with vision impairment or legal blindness how to move or travel safely and independently in his/her home and community and which include direct training, environmental evaluations and caregiver/direct care staff training on sensitivity to blindness/low vision. O&M Services are tailored to the individual's need and may extend beyond residential settings to other community settings as well as public transportation systems. There are three rates for Orientation and Mobility services. The three rates are based on the one-way distance traveled to initiate provision of the service: Level I for distances of one-30 miles; Level II for distances 31-60 miles and Level III for distances over 61 miles.

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.

Reporting Year. The Provider's fiscal year for which costs incurred are reported to the appropriate entity, as determined by EOHHS.

Transitional Assistance. Non-recurring set-up expenses and short-term services necessary to facilitate an individual's transition from a facility-based long term care setting to the community. Allowable expenses are those that are necessary to enable a person to establish a basic household and do not constitute room and board.

356.03: Rate Provisions

(1) Services and Rates Covered by Other Regulations. Payment rates for the following services are governed by other regulations promulgated by EOHHS:

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Service	Regulation
Assistive Technology	114.3 CMR 22.00: <i>Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment</i>

(2) Services Included in the Rate. The approved rate shall include 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).

(3) Reimbursement as Full Payment. Each eligible provider shall, 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 for services included in the scope of this regulation from any other source shall be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

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

(5) Approved Rates. The approved rate shall be the lower of the provider's charge or amount accepted as payment from another payer or the rate listed below:

Service	Rate
Demonstration Case Management	Effective 5/1/13 - 6/30/13 \$64.31 per hour Effective 7/1/13 - 6/30/14 \$65.12 per hour
Orientation and Mobility Services	Level I \$31.02 per 15 minutes Level II \$34.39 per 15 minutes Level III \$37.77 per 15 minutes
Transitional Assistance	I.C.

356.04: 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 the Center shall 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 shall make available to the Center 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 the Center; and

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

(3) Penalties. EOHHS may reduce the payment rates by 15% for any Provider that fails to submit required information, subject to the approval of the purchasing governmental unit. EOHHS will notify the Provider in advance of its intention to impose a rate reduction. The rate reduction will remain in effect until the required information is submitted to the Center.

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356.05: Severability

The provisions of 101 CMR 356.00 are severable. If any provision of 101 CMR 356.00 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 356.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 356.00: M.G.L. c. 118E and c. 12C.