

101 CMR 361.00: RATES FOR CONTINUOUS SKILLED NURSING SERVICES

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361.01: General Provisions

- (1) Scope. 101 CMR 361.00 establishes rates of payment for continuous skilled nursing services rendered by eligible providers to publicly aided individuals. The rates set forth in 101 CMR 361.00 also apply to individuals covered by M.G.L. c. 152 (the Workers' Compensation Act).
- (2) Applicable Dates of Service. Rates contained in 101 CMR 361.00 apply for dates of service on or after July 1, 2020, unless otherwise specifically noted.
- (3) Coverage.
 - (a) Separate rates are specified for the following situations.
 1. The eligible provider bills as an individual practitioner for professional services rendered, and the services are not covered by a facility rate.
 2. The eligible provider bills as a provider agency and employs, either through contractual agreement or salary, qualified professionals who do not bill independently for professional services rendered and whose services are not covered by a facility rate.
 - (b) The allowable fees established pursuant to 101 CMR 361.00 for services provided to publicly aided individuals apply to all continuous skilled nursing services, as defined in 101 CMR 361.02, regardless of the type of program under which MassHealth is purchasing the services. The allowable fees are full compensation for the continuous skilled nursing 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 361.00 and to specify the information and documentation necessary to implement 101 CMR 361.00.
- (5) Disclaimer of Authorization of Services. 101 CMR 361.00 is not authorization for or approval of the substantive services, or lengths of time, for which rates are paid pursuant to 101 CMR 361.00. 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.

361.02: General Definitions

As used in 101 CMR 361.00, terms have the meanings set forth in 101 CMR 361.02.

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

Continuous Skilled Nursing Care (CSN). A nurse visit of more than two continuous hours of nursing services.

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

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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.

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

Home Health Services. Skilled nursing visits, CSN, physical therapy, occupational therapy, speech therapy, medical social work, and home health aide services provided in the individual's home. For the purposes of 101 CMR 361.00, home health services also includes CSN services provided by independent nurses as defined in 130 CMR 414.402: Independent Nurse.

Individual Practitioner. A registered nurse (RN) or licensed practical nurse (LPN), who directly provides authorized continuous skilled nursing services and who bills independently for professional services rendered as defined in 130 CMR 414.402: Independent Nurse.

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

Provider Agency. A partnership, corporation, or other entity, other than an individual, that indirectly provides authorized CSN services by a registered nurse or licensed practical nurse.

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 CSN, subject to the requirements and limitations of 101 CMR 361.00. 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.

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

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 361.00, 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

Patriots' Day

Memorial Day

Independence Day

Labor Day

Columbus Day

Veterans' Day

Thanksgiving Day

Christmas Day

361.03: General Rate Provisions

- (1) General Rate Provisions. Rates of payment for authorized continuous skilled nursing services to which 101 CMR 361.00 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 361.04.
- (2) Individual Consideration.
- (a) Rates of payment to an eligible provider of continuous skilled nursing care for procedures not listed in 101 CMR 361.04 or authorized procedures performed in exceptional circumstances will be determined on an individual consideration (I.C.) basis by the governmental unit. Eligible and interested MassHealth providers must apply for prior authorization in accordance with 130 CMR 403.000: *Home Health Agency* and 130 CMR 414.000: *Independent Nurse*.
 - (b) Determination of appropriate payment for authorized I.C. procedures will be in accordance with the following criteria:
 - 1. the length of time required to perform the service;
 - 2. degree of skill required for the service rendered;
 - 3. severity and complexity of the patient's disorder or disability;
 - 4. policies, procedures, and practices of other third-party purchasers of care, governmental and private;
 - 5. prevailing continuous skilled nursing ethics and accepted customs; and
 - 6. other applicable standards and criteria of other governmental purchasing agencies.
 - (c) Purchasing agencies will maintain records of the payments for services provided under 101 CMR 361.03(2) and the medical conditions that required intervention under 101 CMR 361.03(2) in such a way that this information can be retrieved separately from data for other continuous skilled nursing services.

361.04: Rates of Payment

- (1) Single Patient, per Straight-time Hour. Weekend rates are the same as night rates.

Rates per 15 Minutes				
Code	Modifier	Agency	Individual Practitioner	Description
T1002		\$13.51	\$11.10	RN Services, Weekday
T1002	UJ	\$14.35	\$11.87	RN Services, Nights
T1002		\$18.68	\$15.90	RN Services, Holidays
T1003		\$11.14	\$9.24	LPN Services, Weekday
T1003	UJ	\$11.84	\$9.90	LPN Services, Nights
T1003		\$15.50	\$13.32	LPN Services, Holidays

- (2) Multiple-patient Nursing.
- (a) Two Publicly Aided Individuals, per Straight-time Hour. When only one of the individuals is publicly aided, the fee for services to the publicly aided individual will be ½ of the appropriate rate listed below. Weekend rates are the same as night rates.

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Rates per 15 Minutes				
Code	Modifier	Agency	Individual Practitioner	Description
T1002	TT	\$19.00	\$16.04	RN Services, Weekday
T1002	U1	\$20.23	\$17.21	RN Services, Nights
T1002	TT	\$26.73	\$23.24	RN Services, Holidays
T1003	TT	\$15.75	\$13.42	LPN Services, Weekday
T1003	U1	\$16.79	\$14.39	LPN Services, Nights
T1003	TT	\$22.29	\$19.51	LPN Services, Holidays

(b) Three Publicly Aided Individuals, per Straight-time Hour. When only one of the individuals is publicly aided, the fee for services to the publicly aided individual will be 1/3 of the appropriate rate listed. When two of the individuals are publicly aided, the fee for services to the publicly aided individuals will be 2/3 of the appropriate rate listed. Weekend rates are the same as night rates.

Rates per 15 Minutes				
Code	Modifier	Agency	Individual Practitioner	Description
T1002	U2	\$22.70	\$18.61	RN Services, Weekday
T1002	U3	\$24.15	\$19.96	RN Services, Nights
T1002	U2	\$31.74	\$27.01	RN Services, Holidays
T1003	U2	\$19.12	\$15.56	LPN Services, Weekday
T1003	U3	\$20.34	\$16.71	LPN Services, Nights
T1003	U2	\$26.76	\$22.67	LPN Services, Holidays

(3) Overtime. Weekend rates are the same as night rates.

Rates per 15 Minutes				
Code	Modifier	Agency	Individual Practitioner	Description
T1002	TU	\$18.68	\$15.90	RN Services, Weekday
T1002	U4	\$19.93	\$17.06	RN Services, Nights
T1002	TU	\$26.43	\$23.10	RN Services, Holidays
T1003	TU	\$15.50	\$13.32	LPN Services, Weekday
T1003	U4	\$16.56	\$14.29	LPN Services, Nights
T1003	TU	\$22.05	\$19.39	LPN Services, Holidays

361.05: 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 361.02.
- (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 filed pursuant to 101 CMR 361.06, 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 361.02.
- (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.

361.06: 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 361.06(2).

361.07: Severability

The provisions of 101 CMR 361.00 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 361.00: M.G.L. c 118E.