

101 CMR 420.00: RATES FOR ADULT LONG-TERM RESIDENTIAL SERVICES

Section

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420.01: General Provisions

- (1) Scope. 101 CMR 420.00 governs the payment rates for adult long-term residential (ALTR) services purchased by a governmental unit including, but not limited to, the Department of Developmental Services (DDS), the Massachusetts Commission for the Blind (MCB), and the Massachusetts Rehabilitation Commission (MRC).
- (2) Applicable Dates of Service. Rates are applicable for dates of service on and after July 1, 2022.
- (3) Disclaimer of Authorization of Services. 101 CMR 420.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 420.00. Governmental units that purchase the services described in 101 CMR 420.00 are responsible for the definition, authorization, and approval of services extended to clients.
- (4) Administrative Bulletins. The Executive Office of Health and Human Services may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 420.00.

420.02: Definitions

As used in 101 CMR 420.00, unless the context requires otherwise, terms have the meanings in 101 CMR 420.02.

Add-on Rate. A rate that is intended to provide an additional, necessary service not included in the current programmatic model, which will be instituted at the discretion of the purchasing governmental unit.

ALTR Services. Residential site-specific programs that provide adult clients a place of overnight housing for an extended period of time in a residential facility with necessary daily living, physical, social, and clinical and/or medical support, and that are not subject to licensure under M.G.L. c. 111, § 71.

Basic. The category of ALTR service models for clients who need daily intervention, supervision, and skills training in activities of daily living, managing within a home environment, and community integration. Individuals may require some physical assistance or accommodation due to cognitive and/or intellectual disability, including a mild-to-moderate developmental delay.

Client. An individual receiving ALTR services purchased by a governmental unit.

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

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Direct Care (DC) Staff Intensity Level. The number of full-time equivalent (FTE) positions for direct care staff included in each program model. The DC staff intensity level reflects the sum of the FTEs for direct care workers, including overnight staffs.

Emergency Stabilization Residence. This service provides temporary, flexible, and individualized services to adults in a facility or home-like environment. The program is designed for adults who are not able to be stabilized in their current family home or residential program due to behavioral, mental health, or other care issues. The program is available 24 hours a day/seven days a week. Provider billing for Emergency Stabilization Residence services utilizing rates under 101 CMR 420.00 is pursuant to contract with the purchasing governmental unit and for dates of service on or after July 1, 2016.

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

Full-time Equivalent (FTE). Staff position equivalent to a full-time employee.

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

Intermediate. The category of ALTR service models designed to meet the needs of clients with support need beyond the basic level. These program models include specialized staffing, training or additional skills for staff, and/or additional operational support when compared to basic. The selection of intermediate tier programs is based on client need for behavioral supports, enhanced supervision, or interventions designed to address multiple disabilities.

Medical/Clinical. The category of ALTR service models that delivers additional supports, when compared to the intermediate models, through the utilization of direct nursing services and highly experienced or credentialed direct care staff. At the discretion of the purchasing governmental unit, medical/clinical level 1 may alternatively reflect programs where specialized behavioral/clinical staff constitute a significant portion of the total staffing pattern. The intermediate models are used as the foundation for all medical models. For each intermediate model, there are three associated medical models, each reflecting the additional direct nursing resources available for the site.

Model Type	Model Nursing %	Eligible Nursing %
Medical/Clinical Level 1	25	20-29
Medical Level 2	35	30-39
Medical Level 3	45	40+

New Program/Replacement Rate. Rate for a new program site or replacement of an existing site.

Program Per Diem. Program service unit based on a 24-hour period of care.

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 or may be adopted by a purchasing governmental unit.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the UFR.

Service Model Rate. A rate that includes the programmatic resources to provide the client focused direct care and support services, including consultants, materials and supplies, and administrative services attributed to the service portion of the program. It does not include the resources for provision of the physical space associated with the program and included in the site rate.

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Site Rate. A rate established by the purchasing governmental unit for the provision of the physical site housing the ALTR program which may include, but is not limited to, lease or rental payments, depreciation, interest associated with long-term debt, insurance on buildings, maintenance, electricity, heat, water, and meals. Lease payments to related parties must not exceed the cost of what the provider would pay if the provider directly owned the property.

Site Unit Cost. The result of dividing the total annualized cost of a program's physical site for the period from July 1, 2011 through June 30, 2012, by the product of the capacity times 365. The purchasing governmental unit will determine the total annualized cost of a program's physical site based on applicable line items in the UFR as determined by the purchasing governmental unit, and may approve adjustments to the site unit cost for unanticipated circumstances as determined by the purchasing governmental unit.

420.03: 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, except as cited in 101 CMR 420.03.

(4) Administrative Adjustment for Extraordinary Circumstances. A method whereby, subject to availability of funds, a purchasing governmental unit may provide additional resource allocations to a qualified provider in response to unusual and unforeseen circumstances that substantially increase the cost of service delivery in ways not contemplated in the development of current rates. Providers must demonstrate that such cost increases gravely threaten the stability of service provision such that client or consumer access to necessary services is at risk. The purchasing governmental unit will evaluate the need for the administrative adjustment, determine whether funding is available, and convey that information to EOHHS for review to determine the amount of any adjustment.

(5) Blended Contract Rate Calculation. Purchasing governmental units may pay a blended contract rate for the purchase of two or more ALTR programs. The blended rate will be calculated according to the following formula: $\text{Sum of } \{[(\text{Per Diem rate for Program Model 1}) * (\text{Units purchased of Program Model 1}) * (\text{Number of clients purchased in Program 1}) / (\text{Total number of clients in Program 1})], [(\text{Per Diem rate for Program Model 2}) * (\text{Units purchased of Program Model 2}) * (\text{Number of clients purchased in Program 2}) / (\text{Total number of clients in Program 2})], [(\text{Per Diem rate for Program Model 3}) * (\text{Units purchased of Program Model 3}) * (\text{Number of clients purchased in Program 3}) / (\text{Total number of clients in Program 3})], \dots, [\text{Total funding for Add-ons}]\}$ Divided by the $[(\text{Sum of the Units purchased}) * (\text{Count of clients})]$ for all programs in the contract.

(6) Service Model Naming Convention. 101 CMR 420.03(6)(a) and (b) describe the naming convention for the service models as listed in the rate tables.

(a) Basic and Intermediate. The name of each service model rate consists of six characters. The first character represents the category of the service tier, "B" for basic, and "I" for intermediate. The second through fifth characters describe the number of direct care FTEs associated with the model. The sixth character represents the capacity range for the model. Capacity 1 models are represented with "A", capacity 2-3 models are represented with "B", and capacity 4+ models are represented with "C". Example: I06.5B describes an intermediate, 6.5 FTE program with capacity of 2 or 3.

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(b) Medical/Clinical. The name of each medical/clinical service model rate consists of seven characters. The first character, "M", represents the medical/clinical service tier. The second through fifth characters describe the number of direct care FTEs associated with the model. The sixth character represents the capacity range for the model. Capacity 1 models are represented with "A", capacity 2-3 models are represented with "B", and capacity 4+ models are represented with "C". The seventh character represents the level of incremental resources contained in the medical/clinical service model. Example: M10.5C2 represents a medical level 2 program with 10.5 FTEs and a capacity of four or more.

(7) Programs Located outside the Commonwealth of Massachusetts.

(a) If an ALTR is located outside of the Commonwealth of Massachusetts in a state that has an established state rate or price setting mechanism the purchasing governmental unit will pay for the service using the rate established, authorized, or approved by the state in which the program is located, provided that the rate is the lowest charged by a provider for the program. If the requested rate is not the lowest charged by the provider for the program, the provider must identify and document the amount of the lowest rate charged, which will then be used by the purchasing governmental unit to pay for services. In order for the purchasing governmental unit to pay this rate, the following must be submitted to the purchasing governmental unit by the provider:

1. a certification from the provider that the rate requested to be authorized is the lowest charged by the provider for the program; and
2. a copy of the rate authorization or approval by the state in which the program is located, including the effective dates of the rate.

(b) If an ALTR service is located outside the Commonwealth of Massachusetts in a state where there is no established state rate or price setting mechanism, the purchasing governmental unit will pay for the service using the rates set forth in 101 CMR 420.03(8).

(8) Approved Rates. The rates set forth in 101 CMR 420.03(8) govern the payment rates for services purchased by a governmental unit. The approved rate will be the lower of the provider's charge or amount accepted as payment from another payer or the rate listed.

(a) Per Diem Service Model Program Rates.

FTE	1 Capacity Site	
	Basic Level	Intermediate Level
03.0	\$635.86	\$642.89
03.5	--	\$726.71
04.0	--	\$812.00
04.5	--	\$897.29
05.0	--	\$981.10
05.5	--	\$1,066.39
06.0	--	\$1,151.68
06.5	--	\$1,236.97
07.0	--	\$1,320.79

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FTE	2-3 Capacity Site				
	Basic Level	Intermediate Level	Medical 1	Medical 2	Medical 3
03.0	--	--	--	--	--
03.5	\$852.48	\$882.13	\$959.92	\$991.38	\$1,031.87
04.0	\$935.57	\$967.42	\$1,063.86	\$1,102.85	\$1,153.05
04.5	\$1,018.66	\$1,052.71	\$1,167.79	\$1,214.33	\$1,274.23
05.0	\$1,100.31	\$1,136.52	\$1,269.94	\$1,323.88	\$1,393.32
05.5	\$1,183.40	\$1,221.81	\$1,373.87	\$1,435.35	\$1,514.50
06.0	\$1,266.48	\$1,307.10	\$1,477.80	\$1,546.83	\$1,635.68
06.5	\$1,349.57	\$1,392.39	\$1,581.74	\$1,658.30	\$1,756.86
07.0	\$1,431.22	\$1,476.21	\$1,683.88	\$1,767.85	\$1,875.95
07.5	\$1,514.31	\$1,561.50	\$1,787.82	\$1,879.32	\$1,997.13
08.0	\$1,597.40	\$1,646.79	\$1,891.75	\$1,990.80	\$2,118.31
08.5	\$1,679.05	\$1,730.61	\$1,993.89	\$2,100.35	\$2,237.40
09.0	\$1,762.14	\$1,815.90	\$2,097.83	\$2,211.82	\$2,358.58
09.5	--	\$1,901.19	\$2,201.76	\$2,323.30	\$2,479.76
10.0	--	\$1,985.01	\$2,303.91	\$2,432.85	\$2,598.85
10.5	--	\$2,070.30	\$2,407.84	\$2,544.32	\$2,720.03
11.0	--	\$2,155.59	\$2,511.78	\$2,655.80	\$2,841.21

FTE	4+ Capacity Site				
	Basic Level	Intermediate Level	Medical 1	Medical 2	Medical 3
03.0	--	--	--	--	--
03.5	\$1,005.46		--	--	--
04.0	\$1,088.54	\$1,131.33	--	--	--
04.5	\$1,171.63	\$1,216.62	--	--	--
05.0	\$1,253.28	\$1,300.44	--	--	--
05.5	\$1,336.37	\$1,385.73	--	--	--
06.0	\$1,419.46	\$1,471.02	\$1,641.72	\$1,710.74	\$1,799.60
06.5	\$1,502.54	\$1,556.31	\$1,745.66	\$1,822.22	\$1,920.78
07.0	\$1,584.20	\$1,640.13	\$1,847.80	\$1,931.77	\$2,039.87
07.5	\$1,667.28	\$1,725.42	\$1,951.73	\$2,043.24	\$2,161.05
08.0	\$1,750.37	\$1,810.71	\$2,055.67	\$2,154.72	\$2,282.23
08.5	\$1,832.02	\$1,894.53	\$2,157.81	\$2,264.27	\$2,401.32
09.0	\$1,915.11	\$1,979.82	\$2,261.75	\$2,375.74	\$2,522.50
09.5	\$1,998.20	\$2,065.10	\$2,365.68	\$2,487.21	\$2,643.67
10.0	\$2,079.85	\$2,148.92	\$2,467.82	\$2,596.77	\$2,762.76
10.5	\$2,162.94	\$2,234.21	\$2,571.76	\$2,708.24	\$2,883.94
11.0	\$2,246.02	\$2,319.50	\$2,675.69	\$2,819.71	\$3,005.12
11.5	\$2,329.11	\$2,404.79	\$2,779.63	\$2,931.19	\$3,126.30
12.0	\$2,410.76	\$2,488.61	\$2,881.77	\$3,040.74	\$3,245.39
12.5	\$2,493.85	\$2,573.90	\$2,985.70	\$3,152.21	\$3,366.57
13.0	--	\$2,659.19	\$3,089.64	\$3,263.69	\$3,487.75
13.5	--	\$2,743.01	\$3,191.78	\$3,373.24	\$3,606.84
14.0	--	\$2,828.30	\$3,295.72	\$3,484.71	\$3,728.02
14.5	--	\$2,913.59	\$3,399.65	\$3,596.19	\$3,849.20
15.0	--	\$2,997.41	\$3,501.79	\$3,705.74	\$3,968.29
15.5	--	\$3,082.69	\$3,605.73	\$3,817.21	\$4,089.47

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(b) Add-on Rates.

Category	Unit	Rate
Direct Care	Hour	\$22.74
Direct Care	Day	\$181.92
Direct Care (Intermediate/Medical)	Hour	\$23.54
Direct Care (Intermediate/Medical)	Day	\$188.32
Certified Nurse Assistant (CNA)	Hour	\$23.36
Licensed Practical Nurse (LPN)	Hour	\$43.26
Registered Nurse (RN)	Hour	\$65.20
Clinician (LICSW)	Hour	\$45.94
Clinical Psychologist	Hour	\$54.91
Psychologist/Psychiatrist (PhD Level)	Hour	\$141.08

Vehicle Add-on	Day	Month
Sedan	\$31.71	\$964.57
Minivan	\$43.29	\$1,316.75
Van	\$50.17	\$1,525.85
Wheelchair Van	\$63.97	\$1945.83
Vehicle Upgrade		
Sedan to Minivan	\$11.58	\$352.17
Sedan to Van	\$18.46	\$561.28
Sedan to Wheelchair Van	\$32.26	\$981.26
Minivan to Van	\$6.88	\$209.11
Minivan to Wheelchair Van	\$20.68	\$629.09
Van to Wheelchair Van	\$13.80	\$419.98

(c) Site Rates.

1. Site Rates for Programs Operating Prior to July 1, 2014. The table in 101 CMR 420.03(8)(c) lists *per diem* site unit cost ranges and the corresponding *per diem* site rate.

Site Unit Cost Range	Per Diem Site Rate
\$0.01 - \$3.84	\$3.80
\$3.85 - \$8.30	\$8.21
\$8.31 - \$12.76	\$12.40
\$12.77 - \$17.22	\$17.20
\$17.23 - \$21.68	\$21.58
\$21.69 - \$26.15	\$26.44
\$26.16 - \$30.60	\$31.12
\$30.61 - \$35.07	\$35.62
\$35.08 - \$39.52	\$40.24
\$39.53 - \$43.98	\$44.83
\$43.99 - \$48.44	\$49.79
\$48.45 - \$52.90	\$54.79
\$52.91 - \$57.36	\$59.29
\$57.37 - \$61.82	\$64.04
\$61.83 - \$66.28	\$67.31
\$66.29 - \$70.74	\$73.14
\$70.75 - \$75.20	\$78.25
\$75.21 - \$79.66	\$82.86
\$79.67 - \$84.12	\$88.11
\$84.13 - \$88.58	\$93.21
\$88.59 - \$94.15	\$98.36
\$94.16 - \$99.73	\$103.44

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Site Unit Cost Range	Per Diem Site Rate
\$99.74 - \$103.07	\$106.99
\$103.08 - \$107.53	\$111.81
\$107.54 - \$111.99	\$116.63
\$112.00 - \$116.45	\$121.45
\$116.46 - \$120.91	\$126.26
\$120.92 - \$125.37	\$131.09
\$125.38 - \$129.83	\$135.91
\$129.84 - \$134.29	\$140.73
\$134.30 - \$138.75	\$145.55
\$138.76 - \$143.21	\$150.37
\$143.22 +	\$155.88

2. New Program Site or Current Site Replacement Rate.

- a. A site rate for a new or replacement residence, based on the particular needs of the individuals proposed for placement at the site, will be established using the Application for New Site Occupancy, or other such process as determined by the purchasing governmental unit. The application must include the provider's best estimates of site-specific costs and must be supported by available documentation. Costs may be subject to reasonable limits as determined by the purchasing governmental unit. A food allowance of \$9.15 per resident per day will be included as an occupancy expense for each new or replacement residence. The application will be subject to audit and verification by the purchasing governmental unit to ensure the application data is accurate. The purchasing governmental unit may require the provider to return any excess funding received through this provision. New site occupancy rates established by the Executive Office of Health and Human Services and the purchasing governmental units during the period of July 1, 2014, through June 30, 2022, will continue at the rates established by the New Site Occupancy process effective during that period, but may be subject to adjustments for extenuating circumstances as determined by the purchasing governmental unit.
- b. The maximum per person/per month rates for new program sites or replacement sites for each region as defined in 101 CMR 420.03(8)(b) are as follows.

Region	Maximum Allowable Rate	Unit
Central/West	\$1,948	per person per month
Southeast	\$2,047	per person per month
Northeast	\$2,047	per person per month
Metro Boston	\$2,380	per person per month

- c. The maximum per person/per month rate for new program or replacement sites that serve individuals with acquired brain injury, or sites that are medically intensive, as determined by the purchasing governmental unit, is \$2,520.
- d. Exceptions to the maximum allowable rate for new program sites or replacement sites established pursuant to 101 CMR 420.03(8)(a)5.b. may be granted by the purchasing governmental unit to new or replacement sites where the site developer has applied to receive Facility Consolidation Funding administered through the Community Economic Development Assistance Corporation. The purchasing governmental unit may issue guidance to clarify its application of exceptions made in accordance with 101 CMR 420.03(8)(a)5.b.

(9) Geographic Regions for New Program or Current Replacement Site Rates.

- (a) Metro Boston: Ashland, Belmont, Boston, Brookline, Cambridge, Canton, Chelsea, Dedham, Dover, Foxborough, Framingham, Holliston, Hopkinton, Hudson, Marlborough, Medfield, Millis, Natick, Needham, Newton, Norfolk, Northborough, Norwood, Plainville, Revere, Sharon, Sherborn, Somerville, Southborough, Sudbury, Walpole, Waltham, Watertown, Wayland, Wellesley, Westborough, Weston, Westwood, Winthrop, Wrentham.

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(b) Southeast: Abington, Acushnet, Aquinnah, Attleborough, Avon, Barnstable, Berkley, Bourne, Braintree, Brewster, Bridgewater, Brockton, Carver, Chatham, Chilmark, Cohasset, Dartmouth, Dennis, Dighton, Duxbury, East Bridgewater, Eastham, Easton, Edgartown, Fairhaven, Fall River, Falmouth, Freetown, Gosnold, Halifax, Hanover, Hanson, Harwich, Hingham, Holbrook, Hull, Kingston, Lakeville, Mansfield, Marion, Marshfield, Mashpee, Mattapoisett, Middleborough, Milton, Nantucket, New Bedford, North Attleborough, Norton, Norwell, Oak Bluffs, Orleans, Pembroke, Plymouth, Plympton, Provincetown, Quincy, Randolph, Raynham, Rehoboth, Rochester, Rockland, Sandwich, Scituate, Seekonk, Somerset, Stoughton, Swansea, Taunton, Tisbury, Truro, Wareham, Wellfleet, West Bridgewater, West Tisbury, Westport, Weymouth, Whitman, Yarmouth.

(c) Northeast: Acton, Amesbury, Andover, Arlington, Bedford, Beverly, Billerica, Boxborough, Boxford, Burlington, Carlisle, Chelmsford, Concord, Danvers, Dracut, Dunstable, Essex, Everett, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Lawrence, Lexington, Lincoln, Littleton, Lowell, Lynn, Lynnfield, Malden, Manchester by the Sea, Marblehead, Maynard, Medford, Melrose, Merrimac, Methuen, Middleton, Nahant, Newbury, Newburyport, North Andover, North Reading, Peabody, Reading, Rockport, Rowley, Salem, Salisbury, Saugus, Stoneham, Stow, Swampscott, Tewksbury, Topsfield, Tyngsborough, Wakefield, Wenham, West Newbury, Westford, Wilmington, Winchester, Woburn.

(d) Central/West: Adams, Agawam, Alford, Amherst, Ashburnham, Ashby, Ashfield, Athol, Auburn, Ayer, Barre, Becket, Belchertown, Bellingham, Berlin, Bernardston, Blackstone, Blandford, Bolton, Boylston, Brimfield, Brookfield, Buckland, Charlemont, Charlton, Cheshire, Chester, Chesterfield, Chicopee, Clarksburg, Clinton, Colrain, Conway, Cummington, Dalton, Deerfield, Douglas, Dudley, East Brookfield, East Longmeadow, Easthampton, Egremont, Erving, Fitchburg, Florida, Franklin, Gardner, Gill, Goshen, Grafton, Granby, Granville, Great Barrington, Greenfield, Groton, Hadley, Hampden, Hancock, Hardwick, Harvard, Hatfield, Hawley, Heath, Hinsdale, Holden, Holland, Holyoke, Hopedale, Hubbardston, Huntington, Lancaster, Lanesborough, Lee, Leicester, Lenox, Leominster, Leverett, Leyden, Longmeadow, Ludlow, Lunenburg, Medway, Mendon, Middlefield, Milford, Millbury, Millville, Monroe, Monson, Montague, Monterey, Montgomery, Mt. Washington, New Ashford, New Braintree, New Marlborough, New Salem, North Adams, North Brookfield, Northampton, Northbridge, Northfield, Oakham, Orange, Otis, Oxford, Palmer, Paxton, Pelham, Pepperell, Peru, Petersham, Phillipston, Pittsfield, Plainfield, Princeton, Richmond, Rowe, Royalston, Russell, Rutland, Sandisfield, Savoy, Sheffield, Shelburne, Shirley, Shrewsbury, Shutesbury, South Hadley, Southampton, Southbridge, Southwick, Spencer, Springfield, Sterling, Stockbridge, Sturbridge, Sunderland, Sutton, Templeton, Tolland, Townsend, Tyringham, Upton, Uxbridge, Wales, Ware, Warren, Warwick, Washington, Webster, Wendell, West Boylston, West Brookfield, West Springfield, West Stockbridge, Westfield, Westhampton, Westminister, Whately, Wilbraham, Williamsburg, Williamstown, Winchendon, Windsor, Worcester, Worthington.

420.04: 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 UFR completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Preparing 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.

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(3) 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 420.04(3).

420.05: Severability

The provisions of 101 CMR 420.00 are severable. If any provision of 101 CMR 420.00 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 420.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 420.00: M.G.L. c. 118E.

(PAGES 1009 THROUGH 1016 ARE RESERVED FOR FUTURE USE.)