

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 433.00: RATES FOR CERTAIN HEALTH AND HUMAN SERVICES PROGRAMS

Section

- 433.01: General Provisions
- 433.02: Definitions
- 433.03: Rate Provisions
- 433.04: Filing and Reporting Requirements
- 433.05: Severability

433.01: General Provisions

(1) Scope. 101 CMR 433.00 governs the payment rates for Certain Health and Human Services Programs Previously Established on July 1, 2021 purchased by a governmental unit, including, but not limited to, Department of Developmental Services (DDS), the Massachusetts Commission for the Blind (MCB), the Massachusetts Rehabilitation Commission (MRC), the Department of Mental Health (DMH), the Department of Youth Services (DYS), the Department of Children and Families (DCF), the Department of Public Health (DPH), the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), or MassHealth.

(2) Applicable Dates of Service. Rates contained in 101 CMR 433.00 apply for dates of service provided on or after January 1, 2022.

(3) Disclaimer of Authorization of Services. 101 CMR 433.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 433.00. Governmental units that purchase the services described in 101 CMR 433.00 are responsible for the definition, authorization, and approval of services provided to clients.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 433.00.

(5) Parent Regulations. 101 CMR 433.00 describes operational add-on rates for certain services whose basic rates are governed by other regulations. For services not included in 101 CMR 433.00, please refer to the parent regulation listed in 101 CMR 433.01(5).

Service	Parent Regulation
Residential Rehabilitation programs, Clinically Managed Detoxification Services, Supportive Case Management Services, Triage, Engagement and Assessment Services, Youth Residential and Clinical SUD Treatment Services and Office Based Opioid Treatment Services	101 CMR 346.00: <i>Rates for Certain Substance-Related and Addictive Disorders Programs</i>
Certain Adult Housing and Community Support Services	101 CMR 421.00: <i>Rates for Adult Housing and Community Support Services</i>
Certain Youth and Young Adult Services	101 CMR 427.00: <i>Rates for Certain Youth and Young Adult Support Services</i>
Certain Independent Living Communities	101 CMR 428.00: <i>Rates for Certain Independent Living Communities and Services</i>
Sexual and Domestic Violence Services	101 CMR 429.00: <i>Rates for Certain Sexual and Domestic Violence Services</i>
Program of Assertive Community Treatment Services	101 CMR 430.00: <i>Rates for Program of Assertive Community Treatment Services</i>
Certain Respite Services	101 CMR 431.00: <i>Rates for Certain Respite Services</i>
Certain Lead Agency Services	101 CMR 432.00: <i>Rates for Certain Lead Agency Services</i>

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.02: Definitions

As used in 101 CMR 433.00, terms have the meanings in 101 CMR 433.02, except as otherwise provided.

Client. An individual receiving 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.

COVID -19 Payment Rate. A rate that is intended to take into account the change in program model necessary due to COVID-19 requirements, which will be instituted at the discretion of the purchasing governmental unit.

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

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

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 Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

433.03: 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.

(4) Approved Rates with Applicable Dates of Service Provided on or after July 1, 2021. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 433.03(4).

(a) Certain Substance Use Disorder Programs. Terms used in 101 CMR 433.03(4)(a) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 346.02: *Definitions*.

Service/Program	Code	Unit of Service	Rate
Youth Residential Substance Use Disorder Treatment	H0019-HF	<i>Per Diem</i>	\$323.55
Clinically Intensive Youth Residential Substance Use Disorder Treatment	H0019-HA	<i>Per Diem</i>	\$425.39
Residential Services	H0019	<i>Per Diem</i>	\$149.20
Residential Rehab Pregnant Enhancement	H0019-TH	<i>Per Diem</i>	\$41.58
Residential Rehab Postpartum Enhancement	H0019-HD	<i>Per Diem</i>	\$93.35
Residential Rehab Child Enhancement	H0019-HV	<i>Per Diem</i>	\$46.67
Medically Monitored Inpatient Detoxification	H0011	<i>Per Diem</i>	\$420.77
Clinically Managed Inpatient Detoxification	H0010	<i>Per Diem</i>	\$350.93
Transitional Support Services	H0018	<i>Per Diem</i>	\$185.21

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

<b>Service/Program</b>	<b>Code</b>	<b>Unit of Service</b>	<b>Rate</b>
Second Offender Drive Alcohol Education Residential	H0018-H9	<i>Per Diem</i>	\$148.82
Jail Diversion - Phase 1	H0019-H9	<i>Per Diem</i>	\$222.81
Jail Diversion - Phase 2	H0006-H9	Per Hour	\$61.53
Family Supportive Housing	H0019-HR	<i>Per Diem</i>	\$197.63
Family Residential Treatment	H01019-HR	<i>Per Diem</i>	\$327.92
Supportive Case Management - Permanent Adult	N/A	Enrolled Client Day	\$12.43
Supportive Case Management - Permanent Families	N/A	Enrolled Client Day	\$25.06
Supportive Case Management - Permanent Young Adult	N/A	Enrolled Client Day	\$34.46
Supportive Case Management - Transitional Adult	N/A	Enrolled Client Day	\$14.80
Supportive Case Management - Transitional Families	N/A	Enrolled Client Day	\$29.79
Supportive Case Management - Transitional Young Adult	N/A	Enrolled Client Day	\$40.17
Supportive Case Management - House Manager Add-on	N/A	Month	\$2,917.00
Supportive Case Management - Outreach and Staffing Supports	N/A	Month	\$3,997.00
Supportive Case Management - Low Threshold	N/A	Enrolled Client Day	\$51.43
Supportive Case Management - School Based Targeted Prevention	N/A	Month	\$16,882.00
Triage, Engagement & Assessment Services - Model A - Base Rate	N/A	Monthly Per Slot	\$952.00
Triage, Engagement & Assessment Services - Model A - Engagement Staff Rate	N/A	Monthly Per Slot	\$534.00
Triage, Engagement & Assessment Services - Model A - Engagement Staff Rate Day Program Only	N/A	Monthly Per Slot	\$273.00
Triage, Engagement & Assessment Services - Model B - Base Rate	N/A	Monthly Per Slot	\$1,141.00
Triage, Engagement & Assessment Services - Model B - Engagement Staff Rate	N/A	Monthly Per Slot	\$720.00
Triage, Engagement & Assessment Services - Model B - Engagement Staff Rate Day Program Only	N/A	Monthly Per Slot	\$447.00
Triage, Engagement & Assessment Services - Peer Service Coordinator Add-on	N/A	<i>Per Diem</i>	\$22.04
Triage, Engagement & Assessment Services - Social Worker LICSW Add-on	N/A	<i>Per Diem</i>	\$38.08
Triage, Engagement & Assessment Services - Care Coordinator Add-on	N/A	<i>Per Diem</i>	\$22.04
Triage, Engagement & Assessment Services - Direct Care Staff Add-on	N/A	<i>Per Diem</i>	\$22.04
Triage, Engagement & Assessment Services - Support Staff Add-on	N/A	<i>Per Diem</i>	\$22.04
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 1	N/A	Monthly	\$2,562.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 2	N/A	Monthly	\$3,611.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 3	N/A	Monthly	\$4,659.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 4	N/A	Monthly	\$5,708.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 5	N/A	Monthly	\$6,757.00

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

<b>Service/Program</b>	<b>Code</b>	<b>Unit of Service</b>	<b>Rate</b>
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 6	N/A	Monthly	\$8,108.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 7	N/A	Monthly	\$9,459.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 8	N/A	Monthly	\$10,810.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 9	N/A	Monthly	\$12,162.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 10	N/A	Monthly	\$13,513.00
Office Based Opioid Treatment (FQHCs) Wraparound Services - 25 Client Add-on	N/A	Monthly	\$1,351.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 1	N/A	Monthly	\$4,714.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 2	N/A	Monthly	\$5,763.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 3	N/A	Monthly	\$6,811.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 4	N/A	Monthly	\$7,860.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 5	N/A	Monthly	\$8,908.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 6	N/A	Monthly	\$10,690.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 7	N/A	Monthly	\$12,472.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 8	N/A	Monthly	\$14,253.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 9	N/A	Monthly	\$16,035.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 10	N/A	Monthly	\$17,817.00
Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - 25 Client Add-on	N/A	Monthly	\$3,503.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 1	N/A	Monthly	\$4,968.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 2	N/A	Monthly	\$8,495.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 3	N/A	Monthly	\$11,985.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 4	N/A	Monthly	\$15,501.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 5	N/A	Monthly	\$19,018.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 6	N/A	Monthly	\$22,821.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 7	N/A	Monthly	\$26,625.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 8	N/A	Monthly	\$30,428.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 9	N/A	Monthly	\$34,232.00
Office Based Opioid Treatment - Hospital Wraparound Services - Tier 10	N/A	Monthly	\$38,035.00
Office Based Opioid Treatment - Hospital Wraparound Services - 25 Client Add-on	N/A	Monthly	\$2,562.00

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

Service/Program	Code	Unit of Service	Rate
Office Based Opioid Treatment (FQHCs) Start-up - Level 1	N/A	Monthly	\$8,659.00
Office Based Opioid Treatment (FQHCs) Start-up - Level 2	N/A	Monthly	\$12,669.00

(b) Congregate Care Services. Terms used in 101 CMR 433.03(4)(b) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 413.02: *Definitions*.

1. Operational Program Rates.

Service/Program	Unit	Rate
<b>Congregate Care Program</b>		
Community Treatment Residence (Non-QRTP)	Per Bed Day	\$378.09
Community Treatment Residence (QRTP)	Per Bed Day	\$388.52
Intensive Home Based Therapeutic Care	Per Day Per Person	\$148.40
Emergency Residence	Per Bed Day	\$422.60
Intensive Emergency Residence	Per Bed Day	\$474.27
Intensive Treatment Residence (Non-QRTP)	Per Bed Day	\$548.18
Intensive Treatment Residence (QRTP)	Per Bed Day	\$562.10
Intensive Treatment Residence Emergency Intake - Add-on	Per Bed Day	\$76.48
Medically Complex & Behavioral Residence (Non-QRTP)	Per Bed Day	\$575.45
Medically Complex & Behavioral Residence (QRTP)	Per Bed Day	\$589.29
Medically Complex Residence (Non-QRTP)	Per Bed Day	\$588.65
Medically Complex Residence (QRTP)	Per Bed Day	\$599.14
Specialty Treatment Residence (Commercially Sexually Exploited Children)	Per Bed Day	\$453.06
Specialty Treatment Residence (Non-QRTP)	Per Bed Day	\$467.80
Specialty Treatment Residence (QRTP)	Per Bed Day	\$481.73
Therapeutic Group Care - six beds	Monthly Program Rate	\$73,241
Therapeutic Group Care - nine beds	Monthly Program Rate	\$101,165
Therapeutic Group Care - 12 beds	Monthly Program Rate	\$125,901
Young Adult Supported Living	Per Bed Day	\$143.96
Young Adult Therapeutic Care - Outreach	Daily Slot Rate	\$53.61
Young Adult Therapeutic Care - Staffed Apartments	Monthly Program Rate	\$75,167
Young Adult Therapeutic Care - Staffed Apartments	Monthly Single Apt.	\$12,528
Young Adult Therapeutic Care - Supported Apartments	Monthly Single Apt.	\$5,348
Young Adult Therapeutic Care - Supported Apartments Hold	Daily Rate	\$61.78
Young Parent Assessment	Per Assessment	\$360.15
Young Parent Living Program	Monthly Bed Rate	\$7,346.62
Youth & Young Adult Group Residence	Per Bed Day	\$305.12
Youth & Young Adult Supported Living Community	Per Bed Day	\$275.67

433.03: continued

2. Congregate Care Monthly Add-on Rates.

Position	1.0 FTE	0.75 FTE	0.50 FTE	0.25 FTE
Direct Care	\$3,585	\$2,689	\$1,793	\$896
Certified Nursing Assistant	\$3,685	\$2,764	\$1,843	\$921
Direct Care III	\$4,641	\$3,481	\$2,320	\$1,160
Occupational Therapist	\$8,067	\$6,051	\$4,034	\$2,017
Occupational Therapist Assistant	\$6,385	\$4,788	\$3,192	\$1,596
Case Manager, Social Worker, Clinician (MA level - not Independent Licensed)	\$5,585	\$4,189	\$2,793	\$1,396
LPN	\$6,149	\$4,612	\$3,074	\$1,537
Registered Nurse	\$9,268	\$6,951	\$4,634	\$2,317
Clinician with Independent License	\$6,531	\$4,898	\$3,266	\$1,633
Social/Caseworker (BA Level)	\$4,658	\$3,493	\$2,329	\$1,164

3. Congregate Care Hourly Add-on Rates.

Position	Hourly Rate
Direct Care	\$22.04
Certified Nursing Assistant	\$22.67
Direct Care III	\$28.53
Occupational Therapist	\$55.04
Occupational Therapist Assistant	\$43.56
Case Manager, Social Worker, Clinician (MA level - not Independent Licensed)	\$38.10
LPN	\$41.91
Registered Nurse	\$63.20
Clinician with Independent License	\$44.53
Social/Caseworker (BA Level)	\$31.75
Nurse Practitioner/APRN	\$86.75

(c) Family Resource Centers. Terms used in 101 CMR 433.03(4)(c) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 414.02: *Definitions.*

Service/Program	Unit of Service	Rate
Family Resource Center	Month	\$54,580
Micro Family Resource Center	Month	\$22,240
Micro Family Resource Center Add-on	Month	\$6,240
Family Resource Center <i>Per Diem</i> Add-on: Family Support Worker	<i>Per Diem</i>	\$228.16
Family Resource Center <i>Per Diem</i> Add-on: Clinician (LCSW)	<i>Per Diem</i>	\$304.69
Family Resource Center <i>Per Diem</i> Add-on: Clinician (LCSW)	<i>Per Diem</i>	\$356.46
Family Resource Center <i>Per Diem</i> Add-on: Family Partner	<i>Per Diem</i>	\$176.31
Family Resource Center <i>Per Diem</i> Add-on: School Liaison	<i>Per Diem</i>	\$254.07

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

Service/Program	Code	Unit of Service	Rate
Office Based Opioid Treatment (FQHCs) Start-up - Level 1	N/A	Monthly	\$8,659.00
Office Based Opioid Treatment (FQHCs) Start-up - Level 2	N/A	Monthly	\$12,669.00

(b) Adult Housing and Community Support Services. Terms used in 101 CMR 433.03(4)(f) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 421.02: *Definitions*.

1. Program Rates.

Service/Program	Unit of Service	Rate
Outreach and Engagement	Month	\$31,757
Safe Haven: ten to 12 beds	Enrolled day	\$180.45
Safe Haven: seven to nine beds	Enrolled day	\$200.40
Dual Diagnosis Shelter - donated space	Enrolled day	\$163.66
Dual Diagnosis Shelter - with occupancy costs	Enrolled day	\$184.38
Housing Options Program: Level 1	Enrolled month	\$40.58
Housing Options Program: Level 2	Enrolled month	\$165.45
Assertive Treatment and Relapse Prevention: Model A - nine to 12 clients	Enrolled day	\$50.98
Assertive Treatment and Relapse Prevention: Model B - six to eight clients	Enrolled day	\$48.57

2. Adult Housing and Community Support Service Add-on Rates.

Position Title	Per Diem	.25 FTE Monthly	.50 FTE Monthly	1.0 FTE Monthly
Direct Care	\$166	\$897	\$1,793	\$3,587
Direct Care III	\$214	\$1,161	\$2,321	\$4,643
LICSW	\$302	\$1,633	\$3,267	\$6,534

(c) Youth And Young Adult Support Services. Terms used in 101 CMR 433.03(4)(g) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 427.02: *Definitions*.

1. Alternative Lock-up Program Rates.

Service/Program	Unit of Service	Rate
A	Monthly	\$11,547
B	Monthly	\$20,111
C	Monthly	\$25,703

2. Conflict of Interest Program Rates.

Service/Program	Unit of Service	Rate
One Family	Monthly	\$1,090
Five Families	Monthly	\$5,448

3. Teen Pregnancy Prevention Program Rates.

Service/Program	Unit of Service	Rate
In school	Curriculum Hour	\$324.70
Outside school	Curriculum Hour	\$405.88
Remote Add-on	Hour	\$81.18
Peer Leadership & Youth Development	Contact Hour	\$243.53
Partnership Development	Hour	\$46.70

433.03: continued

4. Therapeutic Day Services Program Rates.

Service/Program	Unit of Service	Rate
Model 1	Month	\$28,418
Model 2	Month	\$24,586
Model 3A	Month	\$25,547
Model 3B	Month	\$34,615
Model 4A	Month	\$20,030
Model 4B	Month	\$37,806

5. Therapeutic Day Services Add-on Rates.

Title	Unit of Service	.25 FTE	.5 FTE	.75 FTE	1 FTE
Clinical (LICSW)	Monthly	\$1,633	\$3,268	\$4,900	\$6,534
Peer/Direct Care	Monthly	\$897	\$1,794	\$2,690	\$3,587
Direct Care III	Monthly	\$1,160	\$2,321	\$3,481	\$4,641

6. Young Parent Support Program Rates.

Service/Program	Unit of Service	Rate
Model A	Month	\$8,435
Model B	Month	\$16,869
YPS Specialty Direct Care III Add-on (.5 FTE)	Month	\$2,321
YPS Specialty Direct Care III Add-on (1 FTE)	Month	\$4,641

(d) Independent Living Community Programs. Terms used in 101 CMR 433.03(4)(h) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 428.02: *Definitions.*

1. Deaf and Hard of Hearing Independent Living Service Program Rates.

Service/Program	Unit of Service	Rate
DHILs - Region 1	Monthly	\$46,315
DHILs - Region 2	Monthly	\$40,707
DHILs - Region 3	Monthly	\$36,502
DHILs - Region 4	Monthly	\$33,600
DHILs - Region 5	Monthly	\$21,841
DHILs - Region 6	Monthly	\$18,927
DHILs - Region 7	Monthly	\$11,631
DHILs - Region 8	Monthly	\$7,495

2. Recovery Learning Communities Program Rates.

Service/Program	Unit of Service	Rate
Recovery Learning Communities	Monthly	\$76,935

3. Vocational Rehabilitation Independent Living Service Program Rates.

Service/Program	Unit of Service	Rate
VRIL Service Add-on	Per Hour	\$129
VRIL Assessment	Per Component	\$515
Independent Living Skills Training	Per Component	\$1,931
Community Resource Access	Per Component	\$1,931
PASS Plan	Per Component	\$1,931
Single Service Purchase	Per Component	\$901
VRIL Group Training Add-on	Per Client per Class	\$43.49



101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

4. Independent Living Communities Add-on Rates.

Position	Unit of Service	Rate
Direct Care 0.25 FTE Add-on	Monthly	\$1,161
Direct Care 0.5 FTE Add-on	Monthly	\$2,321
Direct Care 0.75 FTE Add-on	Monthly	\$3,482
Direct Care 1.0 FTE Add-on	Monthly	\$4,643

(e) Sexual and Domestic Violence Services. Terms used in 101 CMR 433.03(4)(i) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 429.02: *Definitions.*

Service/Program	Unit of Service	Rate
Domestic Violence Community-based Services	.25 Direct Care FTE	\$1,952
Child Exposed to Domestic Violence Services	.25 Direct Care FTE	\$2,097
Supervised Visitation Services	.25 Direct Care FTE	\$1,990
Sexual and Domestic Violence Equity Services	.25 Direct Care FTE	\$1,952
Sexual and Domestic Violence Equity Legal Services	.25 Direct Care FTE	\$3,028
Intimate Partner Abuse Education Services	Per Cohort	\$2,658
Intimate Partner Abuse Education Services - Outreach and Development	Monthly	\$443
Rape Crisis Centers – Dual Agency Tier 1	Monthly	\$67,141
Rape Crisis Centers – Dual Agency Tier 2	Monthly	\$58,974
Rape Crisis Centers – Dual Agency Tier 3	Monthly	\$50,807
Rape Crisis Centers – Dual Agency Tier 4	Monthly	\$42,640
Rape Crisis Centers – Dual Agency Tier 5	Monthly	\$34,473
Rape Crisis Centers – Dual Agency Tier 6	Monthly	\$26,306
Rape Crisis Centers – Dual Agency Tier 7	Monthly	\$18,139
Rape Crisis Centers – Dual Agency Tier 8	Monthly	\$9,972
Rape Crisis Centers – Stand-alone Agency Tier 1	Monthly	\$70,328
Rape Crisis Centers – Stand-alone Agency Tier 2	Monthly	\$61,771
Rape Crisis Centers – Stand-alone Agency Tier 3	Monthly	\$53,214
Rape Crisis Centers – Stand-alone Agency Tier 4	Monthly	\$44,658
Rape Crisis Centers – Stand-alone Agency Tier 5	Monthly	\$36,101
Rape Crisis Centers – Stand-alone Agency Tier 6	Monthly	\$27,544
Rape Crisis Centers – Stand-alone Agency Tier 7	Monthly	\$18,987
Rape Crisis Centers – Stand-alone Agency Tier 8	Monthly	\$10,430
Rape Crisis Satellite Center Add-on	Hourly	\$40.40
Rape Crisis Direct Care 0.25 FTE Add-on	Monthly	\$1,952

(f) Program of Assertive Community Treatment. Terms used in 101 CMR 433.03(4)(j) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 430.02: *Definitions.*

Service/Program	Unit of Service	Rate
Program of Assertive Community Treatment - PACT50	Enrollment Day	\$54.02
Program of Assertive Community Treatment - PACT80	Enrollment Day	\$49.83
Program of Assertive Community Treatment - Forensic PACT	Enrollment Day	\$78.54
Program of Assertive Community Treatment - Forensic GLE	Bed Day	\$323.39

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

433.03: continued

(g) Certain Respite Services. Terms used in 101 CMR 433.03(4)(k) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 431.02: *Definitions*.

Service/Program	Unit of Service	Rate
Respite - A	Month	\$60,629
Respite - B	Month	\$83,628
Respite - C	Month	\$172,054
Respite - Peer Model	Month	\$43,271
Respite - Site Only	<i>Per Diem</i>	\$262.40
Respite - Mobile Only	<i>Per Diem</i>	\$130.52

(h) Lead Agency Services. Terms used in 101 CMR 433.03(4)(l) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 432.02: *Definitions*.

Service/Program	Unit of Service	Rate
Lead Agency Tier 1	Month	\$26,181
Lead Agency Tier 2	Month	\$31,772
Lead Agency Tier 3	Month	\$37,060
Lead Agency Tier 4	Month	\$40,706
Lead Agency Tier 5	Month	\$55,781
Lead Agency Tier 6	Month	\$73,749
Case Manager/Education Coordinator 0.50 FTE Add-on	Month	\$2,916
Case Manager/Education Coordinator 1.0 FTE Add-on	Month	\$5,832

433.04: 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 the 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 Statements 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 EOHHS; and

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

(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 433.04(3).

433.05: Severability

The provisions of 101 CMR 433.00 are severable. If any provision of 101 CMR 433.00 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 433.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 433.00: M.G.L. c. 118E.