

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 449.00: RATES FOR CERTAIN HOME- AND COMMUNITY-BASED SERVICES RELATED TO WORKFORCE DEVELOPMENT

Section

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449.01: General Provisions

(1) Scope. 101 CMR 449.00 governs the payment rates for MassHealth-covered state plan home health aide services purchased by a governmental unit. 101 CMR 449.00 also governs the payment rates for MassHealth-covered homemaker and personal care homemaker waiver services when purchased by a governmental unit in one of four MassHealth Home and Community-based Services (HCBS) Waivers. The four HCBS Waivers are: Acquired Brain Injury Non-residential Habilitation (ABI-N) Waiver, Acquired Brain Injury Residential Habilitation (ABI-RH) Waiver, Moving Forward Plan Community Living (MFP-CL) Waiver, and Moving Forward Plan Residential Supports (MFP-RS) Waiver.

(2) Applicable Dates of Service. Rates contained in 101 CMR 449.00 apply for dates of service as stated in 101 CMR 449.03.

(3) Disclaimer of Authorization of Services. 101 CMR 449.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 449.00. Governmental units that purchase the services described in 101 CMR 350.00: *Rates for Home Health Services*, 101 CMR 359.00: *Rates for Home and Community-based Services Waivers*, and 101 CMR 453.00: *Enhanced Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act* 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 449.00.

(5) Parent Regulations. 101 CMR 449.00 describes operational add-on rates for certain services whose basic rates are governed by other regulations. For services not included in 101 CMR 449.00, please refer to the parent regulation at 101 CMR 350.00: *Rates for Home Health Services*, 101 CMR 359.00: *Rates for Home and Community-based Services Waivers*, or 101 CMR 453.00: *Enhanced Rates for Certain Home- and Community-based Services Related to Section 9817 of the American Rescue Plan Act*.

449.02: Definitions

As used in 101 CMR 449.00, terms have the meanings in 101 CMR 449.02, 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.

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.

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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).

449.03: 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 a provider, as explicitly set forth in the terms of the purchase agreement between the 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, 2022. 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 449.03(4).

(a) Home Health Aide Services. Terms used in 101 CMR 449.03(4)(a) that have not been defined elsewhere in 101 CMR 449.00 have the meanings in 101 CMR 350.02: *General Definitions.*

Code	Unit	Rate	Per Unit Rate Add-on	Total
G0156	Per 15 minutes	\$7.40	\$0.89	\$8.29
G0156 UD	Per 15 minutes	\$7.40	\$0.89	\$8.29
99509	Per 15 minutes	\$7.40	\$0.89	\$8.29

(b) Home- and Community-based Services Waivers. Terms used in 101 CMR 449.03(4)(b) that have not been defined elsewhere in 101 CMR 449.00 have the meanings in 101 CMR 359.02: *Definitions.*

1. Approved Rates.

Code	Service	Unit	Rate	Per Unit Rate Add-on	Total
S5130 U4, S5130 U8 U1	Homemaker (Agency Rate)	Per 15 minutes	\$6.93	\$0.99	\$7.92
S5130 U8 U2, S5130 U8 UB	Homemaker (Non-agency Rate for Individual Providers and Self-directed Services)	Per 15 minutes	\$6.22	\$0.99	\$7.21
G0156 U8	Home Health Aide (Agency Rate)	Per 15 minutes	<i>See 101 CMR 449.03(4)(a).</i>		
T1019 U4, T1019 U8 U1	Personal Care (Agency Rate)	Per 15 minutes	\$6.99	\$0.99	\$7.98

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2. Non-agency Rates for Self-directed Services. The non-agency rates for self-directed services consist of two components: the self-directed worker rate and the employer expense component (EEC).

Service	Unit	Self-directed Worker Rate	Employer Expense Component	Self-directed Service Rate
Homemaker	Per 15 minutes	\$6.40	\$0.81	\$7.21

(5) Approved Rates with Applicable Dates of Service Provided on or after July 1, 2023.

(a) Home Health Services. For dates of service on or after July 1, 2023, *see* 101 CMR 350.00: *Rates for Home Health Services.*

(b) Home- and Community-based Services Waivers. For dates of service on or after July 1, 2023, *see* 101 CMR 359.00: *Rates for Home and Community-based Services Waivers.*

449.04: 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 449.04(3).

449.05: Severability

The provisions of 101 CMR 449.00 are severable. If any provision of 101 CMR 449.00 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 449.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 449.00: M.G.L. c. 118E.