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Administrative Bulletin 23-30

101 CMR 346.00: Rates for Certain Substance-Related and Addictive Disorders Programs

Effective January 1, 2024

Provisions Related to Publicly Assisted Client Mix Factors for Certain Inpatient Services

In accordance with 101 CMR 346.01(5): *Administrative Bulletins* and 101 CMR 346.04(7)(d): *Administrative Bulletins*, the Executive Office of Health and Human Services (EOHHS) is issuing this administrative bulletin to establish provisions pertaining to the publicly assisted client mix factor and to clarify its policy on substantive provisions of 101 CMR 346.00.

Applicable Provider Rates Based on Publicly Assisted Client Mix for Dates of Service On or After January 1, 2024

Effective January 1, 2024, EOHHS established applicable provider rates based on publicly assisted client mix factors for certain service codes as described at 101 CMR 346.04(7). The applicable rate for each provider is based on the publicly assisted client mix of each provider. For the purposes of this requirement, publicly assisted client mix is defined in 101 CMR 346.04(7) as an individual provider's bed days attributable to publicly assisted clients divided by the total bed days for the inpatient services described at 101 CMR 346.04(7)(c) and expressed as a percentage of publicly assisted client bed days. In accordance with 101 CMR 346.04(7)(d), EOHHS has determined the publicly assisted client mix that is attributable to each applicable provider rate applicable for dates of service on or after January 1, 2024, as follows:

Base Rate: publicly assisted client mix less than 50%

Tier 1 Rate: publicly assisted client mix of at least 50% and less than 75%

Tier 2 Rate: publicly assisted client mix of at least 75%

Period and Data Source for Publicly Assisted Client Mix Determination

In accordance with 101 CMR 346.04(7)(d), EOHHS determines the publicly assisted client mix using payer mix data collected by BSAS as required by M.G.L. Chapter 111E, Section 7(7). Publicly assisted

client mix for dates of service from March 1, 2022, through February 28, 2023, was used to determine applicable provider rates for dates of service on or after January 1, 2024.

Attribution of the Publicly Assisted Client Mix Factor to Demonstrate the Applicable Provider Rates for Dates of Service On or After January 1, 2024

Provider Criteria	Base Rate (effective 7/1/23)	Attribution of the Publicly Assisted Client Mix Factor (effective 1/1/24)	Applicable Provider Rate (effective 1/1/24)
H0011 (Medically Monitored Inpatient Detoxification Services Facility)			
Base Rate (Provider has publicly assisted client mix less than 50%)	\$568.09	N/A	\$568.09
Tier 1 (Provider has publicly assisted client mix at least 50% and less than 75%)	\$568.09	Multiplied by 1.1	\$624.90
Tier 2 (Provider has publicly assisted client mix 75% or higher)	\$568.09	Multiplied by 1.15	\$653.30
H0010 (Clinically Managed Detoxification Services)			
Base Rate (Provider has publicly assisted client mix less than 50%)	\$438.61	N/A	\$438.61
Base Rate (Provider has publicly assisted client mix at least 50% and less than 75%)	\$438.61	Multiplied by 1.1	\$482.47
Base Rate (Provider has publicly assisted client mix 75% or higher)	\$438.61	Multiplied by 1.15	\$504.40