

101 CMR EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
101 CMR 310.00: RATES FOR ADULT DAY HEALTH SERVICES

Section

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310.01: General Provisions

- (1) Scope and Purpose. 101 CMR 310.00 governs the payment rates for adult day health services provided to publicly aided patients. The payment rates in 101 CMR 310.00 also apply to individuals covered by the Workers' Compensation Act, M.G.L. c.152.
- (2) Effective Date. Rates contained in 101 CMR 310.00 are effective for dates of service as listed in 101 CMR 310.03(3).
- (3) Coverage. The payment rates in 101 CMR 310.00 are full compensation for adult day health services as well as for any related administrative or supervisory duties rendered in connection with the provision of adult day health services.
- (4) Disclaimer of Authorization of Services. 101 CMR 310.00 is neither authorization for nor approval of the substantive services for which rates are determined pursuant to 101 CMR 310.00. Governmental units or workers' compensation insurers that purchase care are responsible for the definition, authorization, and approval of care and services to covered individuals.
- (5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 310.00.

310.02: General Definitions

As used in 101 CMR 310.00, terms have the meanings set forth in 101 CMR 310.02.

Adult Day Health Services. Programs approved by the MassHealth agency under 130 CMR 404.000: *Adult Day Health Services* and that provide for adult recipients an alternative to 24-hour long-term institutional care through an organized program of health care and supervision, restorative services and socialization.

Adult. Any person 18 years of age or older.

Basic Level of Care. The level of care for publicly-aided clients receiving adult day health services as defined in 130 CMR 404.402: *Definitions*.

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

Complex Level of Care. The level of care for publicly-aided clients receiving adult day health services as defined in 130 CMR 404.402: *Definitions*.

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Day Setting. Any single physical facility that is open at least Monday through Friday for eight hours per day that has been reviewed and approved by the MassHealth agency and other proper authorities for the operation of adult day health services program.

Eligible Provider. Any person, partnership, corporation, or other entity that is authorized in the Commonwealth of Massachusetts to engage in the business of furnishing adult day health services to the public and who also meets such conditions of participation as may be adopted by a governmental unit.

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

Fiscal Year. The 12-month period defined by an eligible provider as its accounting period.

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

Publicly Aided Individual. A person whose medical and other services a governmental unit is in whole or part liable for under a statutory program.

Restorative Services. Indirect services, including but not limited to, case conferences or those of an in-service educational therapist, speech pathologist, or other qualified restorative therapist.

310.03: Rate Provisions

(1) Covered Services. The payment rates in 101 CMR 310.00 apply to adult day health services provided by eligible providers in a day setting, where

- (a) a patient's medical condition indicates a need for nursing care, supervision or a need for therapeutic services that alone or in combination would require institutional placement; or
- (b) a patient's psycho-social condition is such that without program intervention the patient's medical condition would continue to deteriorate or is such that institutional placement is imminent.

(2) Exclusions. The payment rates in 101 CMR 310.00 do not apply to the following circumstances and services:

- (a) specialized day programs primarily for the developmentally disabled, blind, deaf, or acutely mentally ill;
- (b) adult day health programs operating out of state;
- (c) physician services paid on a fee for service basis under 101 CMR 316.00: *Surgery and Anesthesia* and 101 CMR 317.00: *Medicine*;
- (d) restorative therapy services paid on a fee for service basis under 101 CMR 339.00: *Restorative Services*;
- (e) transportation costs incurred by the eligible provider to and from the adult day health center; and
- (f) services and costs paid under other regulations promulgated by EOHHS.

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(3) Payment Rates.

(a) For dates of service on or after May 1, 2019, the base rate for adult day health services is the lower of the established charge or the rate listed below in 101 CMR 310.03(3)(a).

<b>Code</b>	<b>Per Day Base Rate</b>	<b>Description</b>
S5102	\$60.56	Basic Level of Care
S5102 TG	\$76.69	Complex Level of Care

<b>Code</b>	<b>Per 15 Minute Base Rate</b>	<b>Description</b>
S5100	\$2.52	Basic Level of Care
S5100 TG	\$3.19	Complex Level of Care

(b) For the period May 1, 2019, through June 30, 2019, the base rate for adult day health services includes an annualization adjustment as listed in 101 CMR 310.03(3)(b).

<b>Code</b>	<b>Per Day Base Rate Annualization Adjustment</b>	<b>Description</b>
S5102	\$8.62	Basic Level of Care
S5102 TG	\$10.91	Complex Level of Care

<b>Code</b>	<b>Per 15 Minute Base Rate Annualization Adjustment</b>	<b>Description</b>
S5100	\$0.35	Basic Level of Care
S5100 TG	\$0.45	Complex Level of Care

(c) For dates of service on or after July, 1, 2019, the base rate for adult day health services is the lower of the established charge or the rate listed below in 101 CMR 310.03(3) (c).

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<b>Code</b>	<b>Per Day Base Rate</b>	<b>Description</b>
S5102	\$62.67	Basic Level of Care
S5102 TG	\$79.36	Complex Level of Care

<b>Code</b>	<b>Per 15 Minute Base Rate</b>	<b>Description</b>
S5100	\$2.61	Basic Level of Care
S5100 TG	\$3.30	Complex Level of Care

310.04: 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 this 101 CMR 310.04(2).

310.05: Severability

The provisions of 101 CMR 310.00 are hereby declared to be severable and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity shall 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 310.00: M.G.L. c.118E and c. 12C.