



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Continuous Skilled Nursing Agency**  
**Bulletin 8**  
**September 2022**

**TO:** Continuous Skilled Nursing Agencies Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**RE: Enhanced Rates and Reporting Requirements for Certain Home-and Community-Based Services Related to Section 9817 of the American Rescue Plan Act**

### **Introduction**

The Executive Office of Health and Human Services (EOHHS) established enhanced rates for certain home and community-based services (HCBS), including MassHealth-covered Home Health Agency (HHA) services and Continuous Skilled Nursing (CSN) services provided by a home health agency, under 101 CMR 453.00: *Enhanced Rates for Certain Home- and Community-Based Services Related to Section 9817 of the American Rescue Plan Act* for dates of service beginning July 1, 2022, through June 30, 2023.

EOHHS is extending enhanced rates for CSN services through June 30, 2023, or until such time that EOHHS updates 101 CMR 361.00: *Rates for Continuous Skilled Nursing Services* to make the 10% enhancement permanent. This bulletin extends the requirements of [Continuous Skilled Nursing Agency Bulletin 1](#), published in January 2022, sets forth the extension of these enhanced rates and billing instructions in effect for MassHealth-covered CSN services provided by an HHA or a CSN agency for dates of service beginning July 1, 2022, and provides additional information about the required provider attestation and reporting requirements regarding use of the funds associated with the rate increase under 101 CMR 453.00.

### **Enhanced CSN Rates and Billing Instructions for Dates of Service beginning July 1, 2022**

#### **Enhanced Rates**

To promote workforce development and strengthen the HCBS workforce during the continued federal public health emergency, rates for the following services were established in 101 CMR 453.00 at an amount 10% higher than the existing rates for these services as established in 101 CMR 361.00: *Rates for Continuous Skilled Nursing Services* for dates of services beginning July 1, 2022.

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**Enhanced Rates for CSN services provided by a Home Health or CSN Agency**

<b>Service Description</b>	<b>Code</b>	<b>Unit</b>	<b>Rate (Agency)</b>	<b>Add-on (Agency)</b>	<b>Total (Agency)</b>
Single patient Straight-time hour RN Services, Weekday	T1002	15 minutes	\$16.21	\$1.62	\$17.83
Single patient Straight-time hour RN Services, Nights	T1002-UJ	15 minutes	\$17.22	\$1.72	\$18.94
Single patient Straight-time hour RN Services, Holidays	T1002	15 minutes	\$22.42	\$2.24	\$24.66
Single patient Straight-time hour LPN Services, Weekday	T1003	15 minutes	\$13.37	\$1.34	\$14.71
Single patient Straight-time hour LPN Services, Nights	T1003-UJ	15 minutes	\$14.21	\$1.42	\$15.63
Single patient Straight-time hour LPN Services, Holidays	T1003	15 minutes	\$18.60	\$1.86	\$20.46
Two Patient RN Services, Weekday	T1002-TT	15 minutes	\$22.80	\$2.28	\$25.08
Two Patient RN Services, Nights	T1002-U1	15 minutes	\$24.28	\$2.43	\$26.71
Two Patient RN Services, Holidays	T1002-TT	15 minutes	\$32.08	\$3.21	\$35.29
Two Patient LPN Services, Weekday	T1003-TT	15 minutes	\$18.90	\$1.89	\$20.79
Two Patient LPN Services, Nights	T1003-U1	15 minutes	\$20.15	\$2.02	\$22.17
Two Patient LPN Services, Holidays	T1003-TT	15 minutes	\$26.75	\$2.68	\$29.43
Three Patient RN Services, Weekday	T1002-U2	15 minutes	\$27.24	\$2.72	\$29.96

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<b>Service Description</b>	<b>Code</b>	<b>Unit</b>	<b>Rate (Agency)</b>	<b>Add-on (Agency)</b>	<b>Total (Agency)</b>
Three Patient RN Services, Nights	T1002 U3	15 minutes	\$28.98	\$2.90	\$31.88
Three Patient RN Services, Holidays	T1002 U2	15 minutes	\$38.09	\$3.81	\$41.90
Three Patient LPN Services, Weekday	T1003 U2	15 minutes	\$22.94	\$2.29	\$25.23
Three Patient LPN Services, Nights	T1003 U3	15 minutes	\$24.41	\$2.44	\$26.85
Three Patient LPN Services, Holidays	T1003 U2	15 minutes	\$32.11	\$3.21	\$35.32
RN Services, Weekday (Overtime)	T1002 TU	15 minutes	\$22.42	\$2.24	\$24.66
RN Services, Nights (Overtime)	T1002 U4	15 minutes	\$23.92	\$2.39	\$26.31
RN Services, Nights (Holidays)	T1002 TU	15 minutes	\$31.72	\$3.17	\$34.89
LPN Services, Weekday (Overtime)	T1003 TU	15 minutes	\$18.60	\$1.86	\$20.46
LPN Services, Nights (Overtime)	T1003 U4	15 minutes	\$19.87	\$1.99	\$21.86
LPN Services, Nights (Holidays)	T1003 TU	15 minutes	\$26.46	\$2.65	\$29.11

**Service Provision**

All CSN services receiving enhanced funding must be delivered in accordance with all applicable program requirements and regulations as set forth in 130 CMR 438.000: *Continuous Skilled Nursing Agency*.

**Administrative and Billing Requirements**

All existing provider billing processes will remain in effect during the period of enhanced funding. Providers must submit claims according to the policies and procedures set forth in applicable administrative and billing regulations and supporting guidance.

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### **Allowable Uses of Enhanced Funding**

Providers are required to use at least 90% of enhanced funds for the specific purposes of recruiting, building, and retaining their direct care and support workforce.

EOHHS guidance about allowable uses of the enhanced funding, including eligible direct care and support staff and categories of compensation, is available at [www.mass.gov/doc/for-masshealth-providers-home-and-community-based-service-enhanced-rate-add-ons-using-american-rescue-plan-act-arpa-funding/download](http://www.mass.gov/doc/for-masshealth-providers-home-and-community-based-service-enhanced-rate-add-ons-using-american-rescue-plan-act-arpa-funding/download).

### **Provider Attestation and Spending Report**

As a condition of receipt of these additional funds, eligible provider agencies must complete an attestation assuring EOHHS that they will use at least 90% of the funds for HCBS workforce development and submit a spending report to EOHHS that accounts for how the enhanced funds were used.

Providers will be required to submit a spending report no later than December 31, 2022, to report on enhanced funds related to the period of July 1, 2021, through June 30, 2022. A final spending report will be due December 31, 2023 and must account for enhanced funds related to the period of July 1, 2022, through June 30, 2023.

### **Spending and Report Deadlines**

<b>Rate Enhancement Period</b>	<b>Funds Expended by</b>	<b>Spending Report Deadline</b>
July 1, 2021 – June 30, 2022	September 30, 2022	December 31, 2022
July 1, 2022 – June 30, 2023	September 30, 2023	December 31, 2023

EOHHS guidance about the provider attestation and spending report requirements is located at [www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding](http://www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding). Providers are encouraged to check this site regularly for updated information.

### **Failure to Submit an Attestation or Spending Report**

Providers may be subject to sanction for failure to submit an attestation form and/or spending report in accordance with the EOHHS guidance above, and pursuant to 130 CMR 450.238: *Sanctions: General* and 130 CMR 450.239: *Sanctions: Calculation of Administrative Fine*.

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**MassHealth Website**

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**Questions**

Providers may submit questions related to the enhanced funding and other questions related to this bulletin to [ARPAMedicaidHCBS@mass.gov](mailto:ARPAMedicaidHCBS@mass.gov).

The MassHealth LTSS Provider Service Center is also open from 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

- Phone:** Toll free (844) 368-5184
- Email:** [support@masshealthtss.com](mailto:support@masshealthtss.com)
- Portal:** [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)
- Mail:** MassHealth LTSS  
PO Box 159108  
Boston, MA 02215
- Fax:** (888) 832-3006