

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 348:00 DAY HABILITATION PROGRAM SERVICES

Section

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348.01: General Provisions

- (1) Scope, Purpose and Effective Date. 101 CMR 348.00 governs the payment rates for day habilitation services rendered to publicly aided individuals effective March 1, 2018. The rates set forth in 101 CMR 348.00 also apply to day habilitation services governed by 130 CMR 419.000 and other comparable programs.
- (2) Coverage. The payment rates in 101 CMR 348.00 shall constitute full compensation for day habilitation services provided to publicly aided individuals as well as full compensation for any administration and professional supervision associated with providing the services.
- (3) Coding Updates and Corrections. EOHHS may publish procedure code updates and corrections in the form of an Administrative Bulletin. The publication of such updates and corrections will list:
 - (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
 - (b) codes for which the code number remains the same but the description has changed
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) reimbursement for these new codes until appropriate rates can be developed.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on and understanding of substantive provisions of 101 CMR 348.00.
- (5) Disclaimer of Authorization of Services. 101 CMR 348.00 is neither authorization for nor approval of the substantive programs for which rates are determined pursuant to 101 CMR 348.00. Governmental Units that purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided individuals. Information about substantive program requirements must be obtained from purchasing Governmental Units.

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348.02: General Definitions

Meaning of Terms. Terms used in 101 CMR 348.00, unless the context requires otherwise, shall have the meanings ascribed in 101 CMR 348.02.

Approved Rates. The rates of payment that have been certified by EOHHS and filed with the Secretary of the Commonwealth. These rates govern payment for services under 101 CMR 348.00.

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

Day Habilitation Program. A structured, goal-oriented active treatment program of medically oriented, therapeutic, and habilitation services to raise recipients' levels of functioning and facilitate independent living and self-management in their communities.

Eligible 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 established under 130 CMR 419.000: *Day Habilitation Program Services*.

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

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 who receives medical care and services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

348.03: General Rate Provisions

(1) Rate as Full Payment. Each eligible provider shall, as a condition of receipt of payment from one or more purchasing governmental units for services rendered, accept the approved rates as full payment and discharge of all obligations for the services rendered, subject only to appellate rights as set forth in M.G.L. 118E. There will be no duplication or supplementation of payment from sources other than those expressly recognized or anticipated in the computation of the rate. Any client resources or third party payments received on behalf of a publicly assisted client shall reduce, by that amount, the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

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(2) Approved Day Habilitation Program Rates. For services provided in day habilitation programs in the community, the approved rates include payment for all care and services that are customarily part of the program of services of an eligible provider, subject only to the terms of the purchase agreement between the eligible provider and the purchasing Governmental Unit(s). The rate of payment for authorized services is the lower of the established charge or the rate listed in 101 CMR 348.03(5).

(3) Day Habilitation Services in Nursing Facilities. Certain residents of nursing facilities who qualify for day habilitation services may be unable to participate in these services in community settings. These individuals may qualify for day habilitation services to be provided at the nursing facility in which they reside. In order to be eligible for these nursing facility services, the individual must meet criteria established by the MassHealth Agency. The approved rates cover all care and services associated with the provision of day habilitation services in a nursing facility.

(a) Serving One, Two, or Three Individuals in a Nursing Facility. In situations where no more than three residents receive day habilitation services in the nursing facility, the rates do not vary by client need. The rates of payment for authorized services, including transportation, shall be the lower of the established charge or the rate listed in 101 CMR 348.03(5).

(b) Serving Four or More Individuals in a Nursing Facility. For a staffing level of one to four or more, refer to approved community day habilitation program rates, along with the transportation rate listed in 101 CMR 348.03(5). A maximum of two transportation units can be billed for at most one person for any given nursing facility visit, in accordance with purchasers' specifications.

(4) Supplemental Staffing for Nursing Facility Residents in Community Day Habilitation Programs. Certain qualifying individuals in nursing facilities may need supplemental services in the form of additional staff assistance to enable them to leave their nursing facility to participate in day habilitation services in the community. These services do not apply to nursing facilities residents who receive day habilitation services at the nursing facility. The MassHealth Agency will pay a supplemental rate to augment staffing ratios when an individual needs assistance for all or part of the time that an individual participates in a community day habilitation program and meets criteria established by the MassHealth agency. The approved supplemental rate, which includes salary, payroll taxes, and fringe benefits, is listed in 101 CMR 348.03(5).

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(5) Allowable Fees. The rates of payment for authorized day habilitation program services, unless otherwise noted above, shall be the lower of the established charge or the rate listed below. Refer to purchasers' manuals for special coding instructions and limitations on number of units.

Code	Rate	Description
H2014	\$2.92	Skills training and development, per 15 minutes (community program, low need)
H2014-TF	\$3.30	Skills training and development per 15 minutes, intermediate level of care (community program, moderate need)
H2014-TG	\$4.28	Skills training and development, per 15 minutes, complex/high tech level of care (community program, high need)
H2014-U2	\$7.43	Skills training and development, per 15 minutes (nursing facility, one to one staffing level)
H2014-U1	\$4.12	Skills training and development per 15 minutes (nursing facility, one to two or one to three staffing level)
T2003	\$3.65	Non-emergency transportation; encounter/trip (used only when serving four or more individuals in a nursing facility)
H2014-22	\$3.41	Skills training and development, per 15 minutes, unusual procedural service, when the service(s) provided is greater than that usually listed for the listed procedure (supplemental staffing for nursing facility residents in community day habilitation)

348.04: Filing and Reporting Requirements

(1) **Required Reports**. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) **Penalty for Noncompliance**. A governmental purchaser may reduce the payment rates of any provider that fails to timely file required information with the Center or EOHHS, as applicable, by 5% during the first month of noncompliance, and by an additional 5% during each month of noncompliance thereafter (*i.e.*, 5% reduction during the first month of noncompliance, 10% reduction during the second month of noncompliance, and so on). The governmental purchaser will notify the provider prior to imposing a penalty for noncompliance.

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348.05: Severability

The provisions of 101 CMR 348.00 are severable, and, if any provision of 101 CMR 348.00 or application of such provision to any eligible provider of any circumstances is held invalid or unconstitutional, this determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 348.00 or application of such provisions to eligible provider or circumstances other than thus held invalid.

REGULATORY AUTHORITY

101 CMR 348.00: M.G.L. c. 118E