Question #	Provider Question	EOEA/MassHealth Response
1	Does overtime have to be paid at 1.5 or we can pay more than 1.5 times their regular hourly rate?	Providers may choose to pay more than the minimum overtime rate required under state and federal wage laws.
2	Are Supportive Home Care Aide services included in the rate add-ons?	No. Rate add-ons being provided pursuant to the supplemental budget only apply to Homemaker, Personal Care, and Home Health Aide services provided through the EOEA Home Care program, MassHealth State Plan Home Health services, and the MassHealth ABI/MFP Waiver programs.
3	Can providers elect not to submit a Spending Plan and pass through the add-on funding they receive?	No, EOEA and MassHealth expect providers to submit a pending plan timely and to pass through the add-on funding received to their workers providing Homemaker, Personal Care, and/or Home Health Aide services.
4	Under the EOEA Home Care program, does the supplemental funding cover Homemaker, Personal Care, and Home Health Aide services on extended plans 42+?	Yes. The supplemental funding includes all variations of the Homemaker, Personal Care, and Home Health Aide services under the EOEA Homecare Program (e.g. 42+, Discount, Alt Rate, etc.).
5	What if a particular Personal care/Homemaker worker already makes a high rate (\$16/hour), would we still have an add-on for this worker?	Providers have discretion over how they distribute the add-on funding to their workforce, but must align their Spending Plan with the available policy guidance from EOEA and MassHealth.
6	Given that ASAP Homemaker/Personal Care increases will be paid in real-time and ABI/MFP Waiver increases will be paid retroactively, how should a provider with ASAP and ABI/MFP contracts submit a Spending Plan?	The Spending Plan is meant to record a provider's plan for <i>how</i> they intend to distribute the funding. The Spending Plan does not require providers to describe <i>when</i> they plan to distribute the funding.
7	Is the GAFC program included?	No. The rate add-on being provided pursuant to the FY20 supplemental budget applies to Home Health Aide services provided through MassHealth State Plan Home Health services or through the ABI/MFP waivers. For the EOEA Home Care program, the rate add-on applies to Homemaker, Personal Care, and Home Health Aide services.
8	Are new providers eligible for receiving the increase even if the provider had no clients in calendar year 19?	Yes, new providers are eligible for the add-on rates if they provide Homemaker, Personal Care, and/or Home Health Aide services from April 1-June 30, 2020 through the EOEA Home Care, MassHealth's State Plan Home Health, and ABI/MFP Waiver programs. New providers should email us at

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		FY19SupplementalBudget@mass.gov for individual guidance related to their unit projections for the Spending Plan.
9	How does this funding relate to the EMAC supplement we have been paying?	The funding is not related to EMAC and may not be used to offset existing expenses. The funding must be used to pay for new increases to workers' wages, salary, or other employee compensation related costs for workers providing Homemaker, Personal Care, or Home Health Aide services.
10	How do we access the Provider Unit Lookup Tool?	The Provider Unit Lookup Tool is available on the home page of the Spending Plan, which is accessible here: https://app.keysurvey.com/f/1468956/1463/ .
11	What if an agency has not been referred any members by the ASAP network?	Under the EOEA home care program, the supplemental funding will be paid to providers who deliver Homemaker, Personal Care, and/or Home Health Aide services from April 1, 2020 – June 30,2020.Providers with questions about the referral process for consumers in the EOEA Home Care programs should contact the ASAP's Contract Manager.
12	Can you please clarify all the add-on rates and which services they apply to?	 The add-on rates will be in effect from April 1-June 30, 2020 and are as follows: For home health aide services, the add-on rate is \$0.84 per 15 minute unit, for a rate of \$6.94 per 15 minute unit For Homemaker and Personal Care services delivered through the EOEA Home Care and MassHealth ABI/MFP waiver programs, the add-on rate is \$0.56 per 15 minute unit For homemaker services for Individual Provider/Self-Directed services delivered through the MassHealth ABI/MFP waiver programs, the add-on rate is \$0.50 per 15 minute unit
13	Will the final add-on payments be made based on the number of units actually serviced from 4/1-6/30?	Yes. Add-on rates will be paid to providers based on actual number of units delivered for the specified services and programs from April 1, 2020 – June 30, 2020.
14	Is there a consequence for failure to submit a Spending Plan?	MassHealth State Plan Home Health providers and MassHealth ABI/MFP Waiver providers may be subject to administrative sanction. Please see 130 CMR 450. 238 through 450.240. Self-directed workers under the MassHealth ABI/MFP Waiver program are not required to

Question #	Provider Question	EOEA/MassHealth Response
		complete a Spending Plan.
		Under the EOEA Homecare Program, providers are required to submit a Spending Plan in order to receive the add-on funding for Homemaker, Personal Care, and Home Health Aide services. EOEA will notify ASAPs when Spending Plans are received. If a provider submits a Spending Plan from April 1, 2020 – June 30, 2020, the add-on will be applied for Homemaker and Personal Care services retroactively to the first day of the service month in which the Spending Plan was received. Late Spending Plan submissions may require 10 business days to process.
15	Is the estimated average provider supplement known and available?	EOEA and MassHealth will issue providers their calendar year 2019 utilization in order to help providers estimate the potential add-on funding they may receive.
16	Is full time 40 hours per week? As in many organizations define full time as 36 hours per week.	For the purposes of the Spending Plan, the definition of full-time and part-time is determined by the provider based on their internal operations.
17	The Spending Plan template appears to presume a provider is will be serving the same clients, in the same services as in 2019. That is not applicable to our agency. How do we account for that?	The Spending Plan is designed to show EOEA and MassHealth how a provider intends to utilize the add-on funding. EOEA and MassHealth understand that actual utilization may differ from the estimates provided in the provider's Spending Plan.
		If providers are able to identify their projected number of units for EOEA Home Care, MassHealth State Plan Home Health, and MassHealth ABI/MFP Waiver programs only (excluding other ineligible programs), they may use internal unit projections to calculate their estimated total rate add-on funding.
18	If our scheduling tool provides us with projected 2020 unit data based on scheduled cases, can we use that data instead of the look up tool which is based of calendar year 19?	If providers are able to identify their projected number of units for EOEA Home Care, MassHealth State Plan Home Health, and MassHealth ABI/MFP Waiver programs only (excluding other ineligible programs), they may use internal unit projections to calculate their estimated total rate add-on funding.
19	What happens if an agency was just approved to provide care? Does it still	Yes. New Providers will need to submit a Spending Plan to EOEA and MassHealth.

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	need to follow this process?	
20	What counts as subcontracting? Does it need to be regular, or does emergency coverage count?	Subcontracting includes any contractual agreement an agency has with another entity to provide staffing. This can be on a regular or scheduled basis, or in emergency situations.
21	If you are a subcontractor, what parts of the Spending Plan are you responsible for reporting?	Only prime contractors are responsible for submitting a Spending Plan. Prime contractors are responsible for providing information about their subcontracted services on their Spending Plan.
22	Is there a deadline as to when the money has to be paid out to the employees?	No, however, the additional funding should be paid to the provider's workforce as soon as possible.
23	How will providers cover the additional cost on taxes paid for the add-on?	Payroll taxes, workers compensation, PFMLA tax, and other costs resulting from the new payroll expenses that the provider incurs are permissible expenses under this implementation. Please see the "Employee fringe benefits" definition in the Provider Implementation Memo.
24	For the EOEA Home Care program, will there be a future meeting to discuss the billing process?	regarding invoicing and billing procedures for the add-on funding under the EOEA Home Care program. This information will be posted on the website, and distributed through the ASAP network. Providers should direct any additional questions, including any billing questions, to the following email address: FY19SupplementalBudget@mass.gov
25	If a provider subcontracts for services, does it report the wages paid by the subcontractor?	There are specific sections of the Spending Plan that ask for information specifically about subcontracted services. Only enter information about the units and costs associated with subcontracting in these sections of the Spending Plan. Only prime contractors are required to submit a Spending Plan. In the event that a provider is both a prime contractor and a subcontractor, information about subcontracted activities should only be submitted in the prime contractor's Spending Plan.
26	Will proof of payments have to be submitted?	No.
27	Does this apply to self-directed services under the MFP waiver program?	Yes. However, self-directed workers employed by an individual utilizing self-directed services in the MassHealth ABI/MFP Waiver program

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		are not required to complete a Spending Plan.
28	If you start the Spending Plan, can it be saved and completed later?	Providers are encouraged to complete the Spending Plan in one sitting. EOEA and MassHealth have provided a blank PDF template of the Spending Plan to use to plan provider responses. This blank PDF template is to be used for planning purposes only, and will not be accepted as a valid Spending Plan submission. Spending Plans must be submitted using the web based tool, which is accessible here: https://app.keysurvey.com/f/1468956/1463/.
29	Are providers responsible for completing Spending Plans, or is the ASAP responsible for completing the Spending Plan?	The provider must complete the Spending Plan. ASAP's will be notified by EOEA when providers complete their Spending Plans and will then amend the provider's contract to apply the rate add-on.
30	We provide this service to one client with one employee - do we still need to submit a Spending Plan?	Yes. Only self-directed workers in the MassHealth ABI/MFP Waiver program are not required to complete a Spending Plan.
31	What will happen with the employee benefits after the supplement budget period ends?	Providers will need to choose how to manage their workforce wages and benefits after June 30, 2020. Providers should consider this when selecting which distribution option is best for their organization.
32	How did EOEA and MassHealth arrive at \$0.84 as the increase for home health aide services?	The home health aide add-on rate was determined based on projected utilization and the total funding available for each service. The current Home Health Aide rate is \$6.10 and for State Fiscal Year (SFY) 2020, MassHealth would be able to increase the rate to \$6.31 over a 12 month period based on the available funding. However, since MassHealth is not implementing the rate increase until April 1, 2020, MassHealth annualized the rate increase to expend the available funding by the end of SFY20. The annualization rate is an additional \$0.63 on top of the rate of \$6.31. Therefore, the total rate for home health aide services from April 1-June 30, 2020 will be \$6.94 per 15 minute unit.
33	You mentioned tuition reimbursement as a possible use for the supplemental income. Can you expand on this?	EOEA and MassHealth have classified tuition reimbursement as an allowable expense under the Employee Fringe Benefit option, as defined in the Provider Implementation Memo. Under this option, a provider could temporarily create

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		or expand a tuition reimbursement program. Note that sponsoring a training class is not considered tuition reimbursement, and is not considered an allowable expense type.
34	Does a provider who contracts with MassHealth to provider ABI/MFP Waivers services need to submit a Spending Plan?	All MassHealth ABI/MFP Wavier providers that provider Homemaker, Personal Care, or Home Health Aide services need to submit a Spending Plan. Only self-directed workers under the MassHealth ABI/MFP Waiver program are not required to complete a Spending Plan.
35	How would you like us to account for the services of a staffing agency in the Supplemental Budget?	Staffing agencies should be considered as a subcontractor for this exercise and be included in the Supplemental Budget.
36	Are service providers new as of July 1, 2019 eligible for the additional funding being provided pursuant to the supplemental budget?	Yes, any service provider who provides Homemaker, Personal Care, or Home Health Aide services to consumers in the EOEA Home Care program, or through MassHealth State Plan Home Health, or MassHealth ABI/MFP Waiver programs from April 1, 2020 – June 30, 2020 are eligible for the supplemental add- on. The add-on will end as of July 1, 2020.
37	Will we be responsible for auditing the payrolls of the service providers when we monitor the vendor for the implementation of the plan the vendor described in the survey?	Post implementation auditing or verification will be addressed at a later date. Additional information will be forthcoming.
38	Will the increase cause the EOEA Home Care Basic Respite Over Income or Basic Over Income consumers to pay more temporarily for the three months?	EOEA, ASAPs, and Wellsky are actively reviewing strategic options for add-on implementation in SAMS. The add-on intent is to not impact consumers. Additional information will be forthcoming for SAMS implementation.