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Ceneral Information Provider and Signatory Information Funds Received Service Selection	Service Selection Below is a list of services that have rates within the corresponding regulal that apply. Home and Community Based Services (101 CMR 453)	iations. Please select the services that your entity provides. Select
Spending Reporting Employee Information Impact of the Funds	Home Health Services: C0299, C0300, C0299 UD, C0300 UD, T1502, T1503, 99058, C0151, C0152, C0153, C0156, C0156 UD, C0493, C0299 U3, C0300 U3, 99509	101 CMR 350.00: Rates for Home Health Services
Review Attestation and Signature	Personal Care Management Services: 99456, 99456 TS, T1023, T2022	101 CMR 309.00; Rates for Certain Services for the Personal Care Attendant Program
	Adult Foster Care (AFC): S5140, S5140 TC, S5140 TF, S5140 U5, S5140 U6, S5140 TG U6, S5140 U7, S5140 TG U7, T1028	101 CMR 351.00: Rates for Certain Adult Foster Care Services
	Home and Community-based Services Waivers: Adult Companion, Assisted Living, Chore, Community-based Day Supports, Community Support and Navigation, Community Family Training, Day Services, Home Health Aide, Homemaker, Independent Living Supports, Individual Support and Community Habilitation, Occupational Therapy, Orientation	101 CMR 359.00: Rates for Home and Community-based Services Waivers
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		Home and Community-based Services Waivers: Adult Companion, Assisted Living, Chore, Community-based Day Supports, Community Support and Navigation, Community Family Training, Day Services, Home Health Aide, Homemaker, Independent Living Supports, Individual Support and Community Habilitation, Occupational Therapy, Orientation and Mobility Services, Peer Support, Personal Care, Physical Therapy, Prevocational Services, Residential Family Training, Residential Habilitation Services, Shared Home Supports, Shared Living - 24 Hour Supports, Skilled Nursing - LPN, Skilled Nursing - RN, Specialized Medical Equipment, Speech Therapy, Supported Employment, Transitional Assistance, Transportation, Supportive Home Care Aide	101 CMR 359.00: Rates for Home and Community-based Services Walvers
		Continuous Skilled Nursing Services: T1002, T1002 UJ, T1002 UJ, T1002 UJ, T1002 UJ, T1002 UJ, T1002 UJ, T1003 UJ, T1	101 CMR 361.00: Rates for Continuous Skilled Nursing Services
		Certain Elder Care Services: Enhanced Community Options Program (ECOP) Direct Services, Home Care Program Services Direct Services	101 CMR 417.00: Rates for Certain Elder Care Services

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		Additional Services (101 CMR 452)	
		Community Mental Health Center Services	101 CMR 306.00: Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers
		Inpatient Services, Residential Services (Excluding Residential Rehab Co-occurring Enhanced), Opioid Treatment Services, Ambulatory Services, Clinical Case Management Services, Day Treatment Services, Outpatient Services, Supportive Case Management Services, Triage, Engagement and Assessment Services, and Office-based Opioid Treatment Programs	101 CMR 346.00: Rates for Certain Substance-related and Addictive Disorders Programs
		Youth Residential Substance Use Disorder Treatment, Clinically Intensive Youth Residential Substance Use Disorder Treatment, Clinically Intensive Residential Treatment, Congregate Care Program Services and Rates and Add-on services, and the services formerly known as "Caring Together" Services	101 CMR 413.00: Payments for Youth Intermediate-term Stabilization Services
		Family and Micro Family Resource Centers and Staff Add-on Services and DMH's Flexible Support Services	101 CMR 414.00: Rates for Family Stabilization Services
		Central Intake and Assessment Program	101 CMR 417.00: Rates for Certain Elder Care Services
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	Staffing Support Services and Transitional Age Youth Detoxification and Stabilization Programs	101 CMR 418.00: Payments for Youth Short-term Stabilization and Emergency Placement Services
	Adult Housing and Community Support Services	101 CMR 421.00: Rates for Adult Housing and Community Support Services
	Clinical Team Services	101 CMR 424.00: Rates for Certain Developmental and Support Services
	Alternative Lock-up Program, Conflict of Interest Services, Teen Pregnancy Prevention Services, Therapeutic Day Services and Staff Add-on Services, and Young Parent Support Program and Staff Add-on Services	101 CMR 427.00: Rates for Certain Youth and Young Adult Support Services
	Deaf and Hard of Hearing Independent Living Services, Recovery Learning Communities, and Vocational Rehabilitation Independent Living Services	101 CMR 428.00: Rates for Certain Independent Living Communities and Services
	Domestic Violence Community-based Services, Child Exposed to Domestic Violence Services, Supervised Visitation Services, Sexual and Domestic Equity and Legal Services, Intimate Partner Abuse and Educational Services, Rape Crisis Centers and Satellite Centers, Rape Crisis Direct Care Add-on Staff	101 CMR 429.00: Rates for Certain Sexual and Domestic Violence Services

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		Domestic Violence Community-based Services, Child Exposed to Domestic Violence Services, Supervised Visitation Services, Sexual and Domestic Equity and Legal Services, Intimate Partner Abuse and Educational Services, Rape Crisis Centers and Satellite Centers, Rape Crisis Direct Care Add-on Staff Services, and Statewide Specialized Hotline Services	101 CMR 429.00: Rates for Certain Sexual and Domestic Violence Services
		Program of Assertive Community Treatment Services	101 CMR 430.00: Rates for Program of Assertive Community Treatment Services
		Respite Services	101 CMR 431.00: Rates for Certain Respite Services
		Lead Agency Services	101 CMR 432.00: Rates for Certain Lead Agency Services
		Psychological Services	101 CMR 329.00: Psychological Testing, Treatment, and Related Services
		Psychiatric Day Treatment	101 CMR 307.00: Rates for Psychiatric Day Treatment Center Services
		Applied Behavior Analysis	101 CMR 358.00: Rates of Payment for Applied Behavior Analysis
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		Opioid Treatment Services (excluding codes J0571-J0575 and J3490), Recovery Support Navigator, Individualized Treatment and Stabilization Services	101 CMR 444.00: Rates for Certain Substance Use Disorder Services
		MCE Bulletin 91	
		Independent nurses / Continuous Skilled Nursing services pro- vided to Special Kids Special Care enrollees	MCE Bulletin 91
		Home Health Services	MCE Bulletin 91
		Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Stabilization Services for Substance Use Disorders (including Individualized Treatment Services)	MCE Bulletin 91
		Applied Behavioral Analysis for members younger than 21 years of age (ABA Services), ending on September 30, 2022	MCE Bulletin 91
		Children's Behavioral Health Initiative (CBHI), InHome Therapy	MCE Bulletin 91

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		Community-based Acute Treatment for Children and Adolescents (CBAT)	MCE Bulletin 91	
		Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	MCE Bulletin 91	
		Early Intensive Behavioral Intervention, ending on September 30, 2022	MCE Bulletin 91	
		Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	MCE Bulletin 91	
		Intensive Outpatient Program (IOP)	MCE Bulletin 91	
		Outpatient mental health services: • Case Consultation • Collateral Contact • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation • Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Special Education Psychological Testing • Medication Visit	MCE Bulletin 91	
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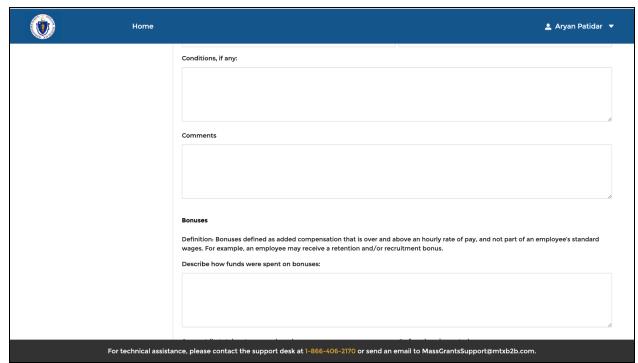
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		Partial Hospitalization (PHP)	MCE Bulletin 91	
		Program of Assertive Community Treatment (PACT)	MCE Bulletin 91	
		Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 91	
		Recovery Coaching	MCE Bulletin 91	
		Recovery Support Navigators (RSN)	MCE Bulletin 91	
		Residential Rehabilitation Services for Substance Use Disorders (RRS) - including Transitional Age Youth and Young Adult Residential, Youth Residential, and Pregnancy Enhanced Residential. Excluding Co-occurring Enhanced RRS	MCE Bulletin 91	
		Structured Outpatient Addiction Program (SOAP)	MCE Bulletin 91	
		SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding all Opioid Treatment Services)	MCE Bulletin 91	
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		SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding all Opioid Treatment Services)	MCE Bulletin 91	
		Transitional Care Unit (TCU)	MCE Bulletin 91	
		MCE Builetin 92		
		Adult Foster Care	MCE Bulletin 92	
		Continuous Skilled Nursing Services	MCE Bulletin 92	
		Home Health	MCE Bulletin 92	
		Personal Care Management (PCM) Agencies	MCE Bulletin 92	
		Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	MCE Bulletin 92	
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		Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	MCE Bulletin 92	
		Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	MCE Bulletin 92	
		Intensive Outpatient Program (IOP)	MCE Bulletin 92	
		Outpatient mental health services: • Case consultation • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation • Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Medication Visit	MCE Bulletin 92	
		Partial Hospitalization (PHP)	MCE Bulletin 92	
		Program of Assertive Community Treatment (PACT)	MCE Bulletin 92	
		Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 92	
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		Psychiatric Day Treatment (Behavioral Health Day Treatment)	MCE Bulletin 92			
		Recovery Coaching	MCE Bulletin 92			
		Recovery Support Navigators (RSN)	MCE Bulletin 92			
		Residential Rehabilitation Services for Substance Use Disorders (RRS)	MCE Bulletin 92			
		Structured Outpatient Addiction Program (SOAP)	MCE Bulletin 92			
		SUD Clinic Services: • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services (excluding Opioid Treatment Services)	MCE Bulletin 92			
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Ceneral Information Provider and Signatory Information Funds Received Service Selection Spending Reporting Employee Information Impact of the Funds Review Attestation and Signature	In this section please provide information on how your entity spent its FY23 10% enhanced funds. For each investment category, please indicate the total amount of funds used towards the investment category, a description of how the funds were spent, the number of workers the investment applied to or impacted, whether there were any conditions on the investment, and any additional comments. An example of a condition could be that only employees with certain titles were eligible for the bonus, or that a bonus was conditional on the worker remaining at the provider for six months after the bonus was accepted. Total 10% enhanced funds received: Recruitment Definition: Recruitment defined as offering of incentives and/or onboarding/training. Describe how funds were spent on recruitment: # of workers impacted Conditions, if any:
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	Amount (In total, not per employee) Conditions, if any: Comments	# of workers impacted
For technical assistan	Base wage increase Definition: Base wage increase defined as an increase to the wage the not supplant the base wages of providers or their employees providing governmental unit. Describe how funds were spent on base wage increase: Ince, please contact the support desk at 1-866-406-2170 or send an or send	
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	Describe how funds were spent on base wage increase:	
	Amount (In total, not per employee)	# of workers impacted
	Conditions, if any: Comments	
	Overtime	- A

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		Overtime Definition: Overtime defined as compensation for additional hours we Describe how funds were spent on overtime:	orked beyond an employee's standard work week.
		Amount (In total, not per employee) Conditions, if any:	# of workers impacted
		Comments	li de la companya de
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		Shift differential Definition: Shift differential defined as additional pay beyond the empty weekends, holidays, etc.) or working for special populations (e.g., denoted by the bow funds were spent on shift differential:	
		Amount (In total, not per employee) Conditions, if any:	# of workers impacted
		Comments	h

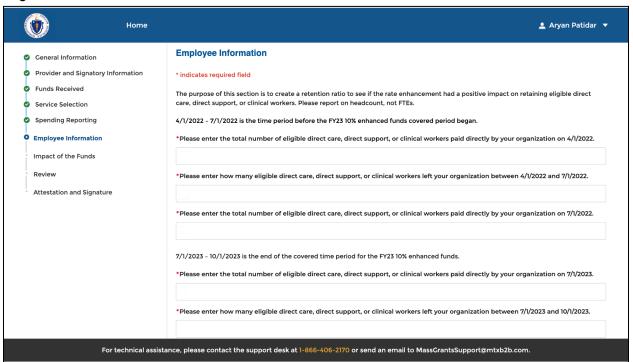
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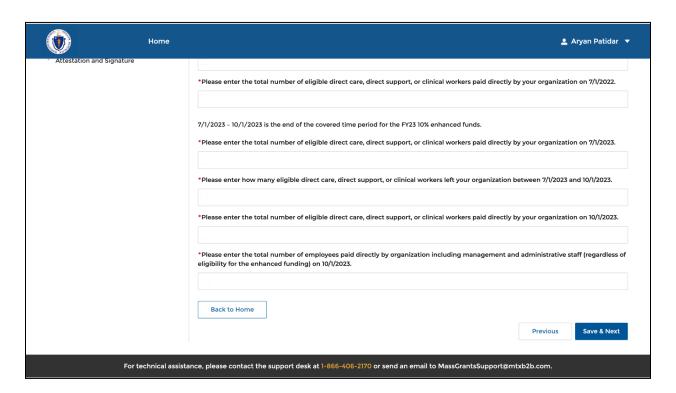
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		"Wraparound" benefits Definition: "Wraparound" benefits defined as employer provided bene public transportation or shared ride reimbursements, meal vouchers, Other examples include paying for testing or certification materials, or retention of staff moving up in the career ladder. Describe how funds were spent on "wraparound" benefits:	or small grants for childcare assistance or regular car maintenance.	
		Amount (In total, not per employee)	# of workers impacted	
		Conditions, if any:		
		Comments	<i>"</i>	
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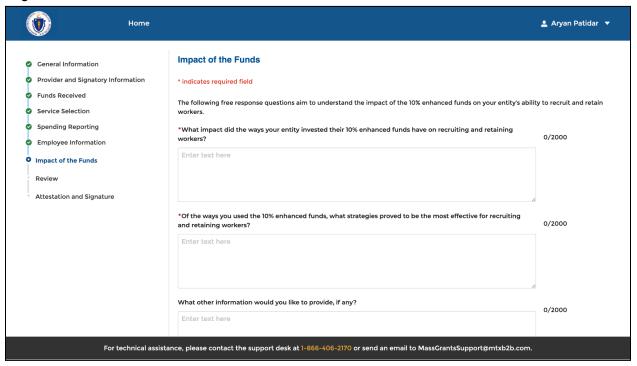
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		Comments	
			le
		Other	
		Definition: "Other" defined as any additional employer provided benefits that do not fit within the above definitions	
		Amount (In total, not per employee) # of workers impacted	
		Please explain what these funds were spent on. If funds were spent on multiple initiatives, indicate how much we initiative. Please explain conditions on the initiatives, if any.	as spent on each
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		Comments	
	Factorial and	nice please contact the support desk at 1-866-406-2170 or send an email to MassGrantsSupport@mtxb2b.com	

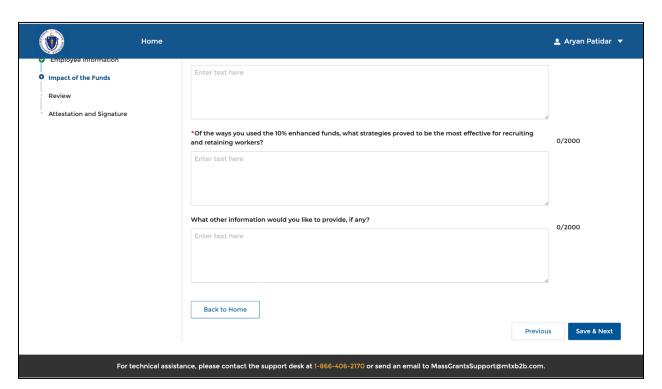
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	Home	Total reported Funds above and beyond the 10% enhanced funds Did your entity spend funds above and beyond the 10% enhanced funds on investments listed above for recruitment and retention of your direct care workforce? Optional: What was the total amount spent above and beyond the 10% enhanced funds on investments for recruitment and retention of your direct care workforce? Optional: Please explain what these funds were spent on. If funds were spent on multiple initiatives, indicate how much was spent on each initiative.
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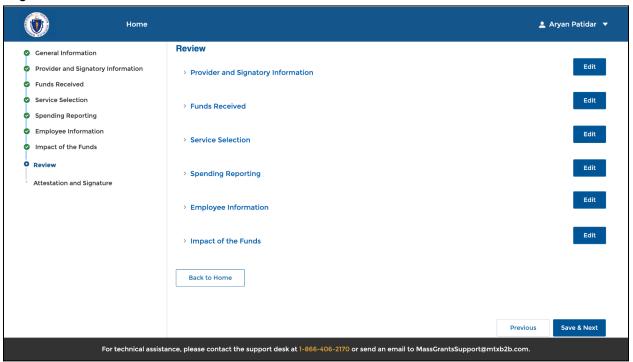
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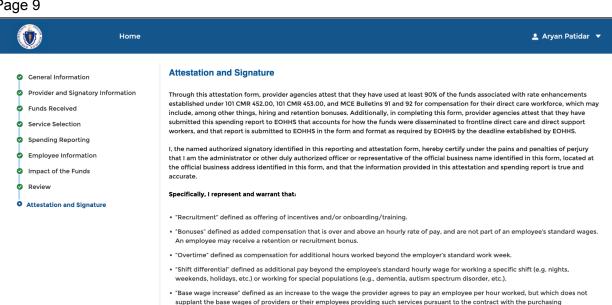








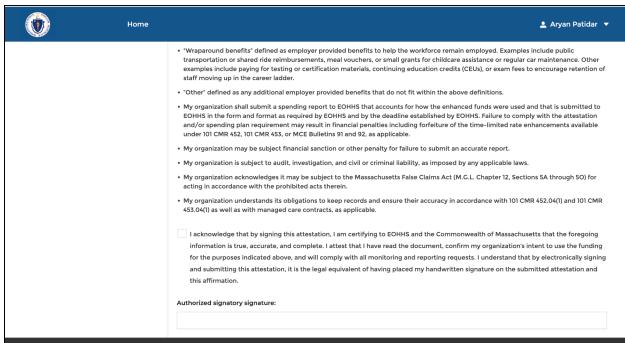




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• "Wraparound benefits" defined as employer provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or small grants for childcare assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention of

governmental unit.



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	 My organization shall submit a spending report to EOHHS that accounts for how the enhanced funds were used and that is submitted to EOHHS in the form and format as required by EOHHS and by the deadline established by EOHHS. Failure to comply with the attestation and/or spending plan requirement may result in financial penalties including forfeiture of the time-limited rate enhancements available under 101 CMR 452, 101 CMR 453, or MCE Builetins 91 and 92, as applicable. 		
	• My organization may be subject financial sanction or other penalty for failure to submit an accurate report.		
	• My organization is subject to audit, investigation, and civil or criminal liability, as imposed by any applicable laws.		
	My organization acknowledges it may be subject to the Massachusetts False Claims Act (M.C.L. Chapter 12, Sections 5A through 5O) for acting in accordance with the prohibited acts therein.		
	My organization understands its obligations to keep records and ensure their accuracy in accordance with 101 CMR 452.04(1) and 101 CMR 453.04(1) as well as with managed care contracts, as applicable.		
	I acknowledge that by signing this attestation, I am certifying to EOHHS and the Commonwealth of M.		5 5
	information is true, accurate, and complete. I attest that I have read the document, confirm my organization's intent to use the funding for the purposes indicated above, and will comply with all monitoring and reporting requests. I understand that by electronically signing		
	and submitting this attestation, it is the legal equivalent of having placed my handwritten signature or		
	this affirmation.		
	Authorized signatory signature:		
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