




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
HCBS Waiver Provider Bulletin 12
August 2021

TO: Acquired Brain Injury (ABI) and Moving Forward Plan (MFP) Waiver Providers Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth 

RE: **Rate Increases 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) has established enhanced rates for certain home and community-based services (HCBS), including MassHealth-covered ABI and MFP waiver services, under 101 CMR 447.00: *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, 2021, through December 31, 2021.

These enhanced rates have been established to advance the Commonwealth's initiatives related to Section 9817 of the American Rescue Plan Act. Specifically, these enhanced rates promote workforce development, strengthen the HCBS workforce, and address reduced utilization of day program services during the continued federal public health emergency.

This bulletin sets forth the enhanced rates and billing instructions in effect for MassHealth-covered ABI and MFP waiver services for dates of service beginning July 1, 2021, through December 31, 2021, and the required provider attestation and reporting requirements regarding use of the funds associated with the add-on for workforce development established under 101 CMR 447.00.

Enhanced ABI and MFP Waiver Service Rates and Billing Instructions for Dates of Service from July 1, 2021, through December 31, 2021

Enhanced Rates: Workforce Development Enhancements

To promote workforce development and strengthen the HCBS workforce during the continued federal public health emergency, rates for the following services are being established in 101 CMR 447.00 at an amount 10% higher than the existing rates for these services as established in 101 CMR 359.00: *Rates for Home and Community-Based Services Waivers*.

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Service	HCBS Waiver	Code	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
							Individual Provider (Self-employed Provider)	Self-directed Service
Adult Companion	ABI-N	S5135 U4 S5125 U4 U2	Per 15 Min.	\$5.39	\$0.54	\$5.93	89.75% of Agency Rate	N/A
Adult Companion	MFP-CL	S5135 U8 S5125 U8 U2 S5125 U8 UB	Per 15 Min.	\$5.39	\$0.54	\$5.93	89.75% of Agency Rate	89.75% of Agency Rate
Assisted Living	ABI-RH, MFP-RS	T2031 U5 T2031 U9	<i>Per Diem</i>	\$106.76	\$10.68	\$117.44	N/A	N/A
Chore	ABI- N	S5120 U4	Per 15 Min.	\$8.76	\$0.88	\$9.64	N/A	N/A
Chore	MFP-CL	S5120 U8 U1 S5120 U8 U2 S5120 U8 UB	Per 15 Min.	\$8.76	\$0.88	\$9.64	89.75% of Agency Rate	89.75% of Agency Rate
Community-based Day Supports	ABI-N, ABI-RH, MFP-CL, MFP-RS	S5100 U4 S5100 U4 U1 S5100 U4 U2 S5100 U4 U3 S5100 U5 S5100 U5 U1 S5100 U5 U2 S5100 U5 U3 S5100 U8 S5100 U8 U1 S5100 U8 U2 S5100 U8 U3 S5100 U9 S5100 U9 U1 S5100 U9 U2 S5100 U9 U3	Per 15 Min.	<i>See 101 CMR 447.03(6)(e): Community-based Day Support Services.</i>			N/A	N/A
Community Support and Navigation	MFP-CL, MFP-RS	H2015 U8 H2015 U9	Per 15 Min.	\$13.97	\$1.40	\$15.37	N/A	N/A
Community Family Training	MFP-CL	S5110 U8 U1 S5110 U8 U2	Per 15 Min.	<i>See 101 CMR 447.03(6)(b): Family Stabilization Services.</i>			89.75% of Agency Rate	N/A
Home Health Aide	MFP-CL	G0156 U8	Per 15 Min.	<i>See 101 CMR 447.03(6)(i): Home Health Services.</i>			N/A	N/A

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							Individual Provider (Self-employed Provider)	Self-directed Service
Homemaker	ABI-N	S5130 U4	Per 15 Min.	\$6.30	\$0.63	\$6.93	N/A	N/A
Homemaker	MFP-CL	S5130 U8 U1 S5130 U8 U2 S5130 U8 UB	Per 15 Min.	\$6.30	\$0.63	\$6.93	89.75% of Agency Rate	89.75% of Agency Rate
Independent Living Supports	MFP-CL	H0043 U8	<i>Per Diem</i>	\$83.88	\$8.39	\$92.27	N/A	N/A
Individual Support and Community Habilitation	ABI-N	S5108 U4 S5108 U4 U1 H2014 U4 H2014 U4 U1	Per 15 Min.	<i>See Levels G - H in 101 CMR 447.03(6)(h): In-home Basic Living Supports.</i>			89.69% of Agency Rate	N/A
Individual Support and Community Habilitation	MFP-CL, MFP-RS	S5018 U8 S5108 U8 U1 H2014 U8 H2014 U8 U1 H2014 U8 UB S5108 U9 S5108 U9 U1 H2014 U9 H2014 U9 U1 H2014 U9 UB	Per 15 Min.	<i>See Levels G - H in 101 CMR 447.03(6)(h): In-home Basic Living Supports.</i>			89.69% of Agency Rate	89.69% of Agency Rate
Occupational Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	S9129 U4 U1 S9129 U4 U2 S9129 U5 U1 S9129 U5 U2 S9129 U8 U1 S9129 U8 U2 S9129 U9 U1 S9129 U9 U2	Per Visit	<i>See 101 CMR 447.03(6)(i): Home Health Services.</i>			<i>See 101 CMR 339.00: Restorative Services (out-of-office visit rate)</i>	N/A
Orientation and Mobility Services	MFP-CL, MFP-RS	H2021 U8 U1 H2021 U8 U2 H2021 U8 U3 H2021 U9 U1 H2021 U9 U2 H2021 U9 U3	Per 15 Min	Level I: \$32.00 Level II: \$35.38 Level III: \$38.75	Level I: \$3.20 Level II: \$3.54 Level III: \$3.88	Level I: \$35.20 Level II: \$38.92 Level III: \$42.63	Level I: \$32.00 Level II: \$35.38 Level III: \$38.75	N/A
Peer Support	MFP-CL, MFP-RS	H0038 U8 U1 H0038 U8 U2 H0038 U8 UB H0038 U9 U1 H0038 U9 U2	Per 15 Min.	<i>See 101 CMR 447.03(6)(b): Family Stabilization Services.</i>			89.75% of Agency Rate	89.75% of Agency Rate

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							Individual Provider (Self-employed Provider)	Self-directed Service
		H0038 U9 UB						
Personal Care	ABI-N	T1019 U4	Per 15 Min.	\$6.35	\$0.64	\$6.99	N/A	N/A
Personal Care	MFP-CL	T1019 U8 U1 T1019 U8 U2 T1019 U8 UB	Per 15 Min.	\$6.35	\$0.64	\$6.99	See 101 CMR 447.03(6)(k): <i>Personal Care Attendant Services.</i>	
Physical Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	S9131 U4 U1 S9131 U4 U2 S9131 U5 U1 S9131 U5 U2 S9131 U8 U1 S9131 U8 U2 S9131 U9 U1 S9131 U9 U2	Per Visit	See 101 CMR 447.03(6)(i): <i>Home Health Services.</i>			See 101 CMR 339.00: <i>Restorative Services</i> (out-of-office visit rate)	N/A
Prevocational Services	MFP-CL, MFP-RS	T2019 U8 T2019 U9	Per 15 Min.	\$9.35	\$0.94	\$10.29	N/A	N/A
Residential Family Training	MFP-RS	S5110 U9 U1 S5110 U9 U2	Per 15 Min.	See 101 CMR 447.03(6)(b): <i>Family Stabilization Services.</i>			89.75% of Agency Rate	N/A
Residential Habilitation Services	ABI-RH, MFP-RS	T2016 U5 T2016 U9	<i>Per Diem</i>	See 101 CMR 447.03(6)(a): <i>Adult Long-term Residential Services.</i>			NA	NA
Shared Home Supports	MFP-CL	H2016 U8 U1 H2016 U8 U2 H2016 U8 U3	<i>Per Diem</i>	See 101 CMR 447.03(6)(c): <i>Shared Living Services.</i> (Shared Living Operational Rate Level A, Stipend Levels 1, 2, or 3)			N/A	N/A
Shared Living – 24 Hour Supports	ABI-RH, MFP-RS	T2033 U5 T2033 U9	<i>Per Diem</i>	See 101 CMR 447.03(6)(c): <i>Shared Living Services.</i>			N/A	N/A
Skilled Nursing – LPN	MFP-CL, MFP-RS	G0300 U8 G0300 U9	Per Visit	See 101 CMR 447.03(6)(i): <i>Home Health Services.</i>			N/A	N/A
Skilled Nursing – RN	MFP-CL, MFP-	G0299 U8 G0299 U9	Per Visit	See 101 CMR 447.03(6)(i): <i>Home Health Services.</i>			N/A	N/A

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Service	HCBS Waiver	Code	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
							Individual Provider (Self-employed Provider)	Self-directed Service
	RS							
Specialized Medical Equipment	ABI-N, ABI-RH MFP-CL MFP-RS	T2029 U4 T2029 U5 T2029 U8 T2029 U9	Item	<i>See 101 CMR 447.03(6)(s): Durable Medical Equipment.</i>			N/A	N/A
Speech Therapy	ABI-N, ABI-RH MFP-CL MFP-RS	S9128 U4 U1 S9128 U4 U2 S9128 U5 U1 S9128 U5 U2 S9128 U8 U1 S9128 U8 U2 S9128 U9 U1 S9128 U9 U2	Per Visit	<i>See 101 CMR 447.03(6)(i): Home Health Services.</i>			<i>See 101 CMR 339.00: Restorative Services (out-of-office visit rate)</i>	N/A
Supported Employment	ABI-N, ABI-RH MFP-CL MFP-RS	H2023 U4 H2023 U5 H2023 U8 H2023 U9	Per 15 Min.	<i>See 101 CMR 447.03(6)(f): Supported Employment Services. (rate for Individual Supported Employment)</i>			N/A	N/A
Transitional Assistance	ABI-N, ABI-RH, MFP-CL, MFP-RS	T2038 U4 T2038 U5 T2038 U8 T2038 U9	Per Episode	Service Component: I.C plus 10% Goods Component: I.C.			N/A	N/A
Transportation	ABI-N, ABI-RH, MFP-CL, MFP-RS	T2003 U4 T2003 U5 T2003 U8 T2003 U9	One-way Trip	<i>See 101 CMR 327.00: Rates of Payment for Ambulance and Wheelchair Van Services.</i>			N/A	N/A
Supportive Home Care Aide	MFP-CL	T1004 U8	Per 15 Min.	\$7.61	\$0.76	\$8.37	N/A	N/A

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Enhanced Rates: Day Program Enhancements

In order to address reduced utilization of day program services during the continued federal public health emergency, rates for the following services are being established in 101 CMR 447.00 at an amount 25% higher than the existing rates for these services as established in 101 CMR 359.00. Enhanced funding attributable to the 25% rate increase to address reduced utilization of these services is not subject to the allowable use, attestation, and spending report requirements set forth in this bulletin.

In addition to the 25% rate enhancements, rates for these services are being established in 101 CMR 447.00 to include a 10% add-on to promote workforce development and strengthen the HCBS workforce. Enhanced funding attributable to the 10% add-on for workforce development is subject to the allowable use, attestation, and spending report requirements set forth in this bulletin.

Service	HCBS Waiver	Code	Units	Agency Rate	Agency Rate Add-on	Agency Rate Total	Non-agency Rate	
							Individual Provider (Self-employed Provider)	Self-directed Service
Day Services	ABI-N, ABI-RH, MFP-CL, MFP-RS	S5102-UC	<i>Per Diem</i>	\$131.38	\$13.14	\$144.52	N/A	N/A
Day Services	ABI-N, ABI-RH, MFP-CL, MFP-RS	S5101-UC	<i>Partial Per Diem</i>	\$65.69	\$6.57	\$72.26	N/A	N/A

Service Provision

All ABI and MFP waiver services receiving enhanced funding must be delivered in accordance with all applicable program requirements and regulations as set forth in 130 CMR 630.000: *Home and Community-based Services Waivers*.

Administrative and Billing Requirements

All existing provider billing processes will remain in effect during the period of enhanced funding, beginning July 2021, through December 2021. Providers must submit claims according to policies and procedures set forth in applicable administrative and billing regulations and supporting guidance.

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ABI and MFP Waiver Services Rates for Dates of Service on or after January 1, 2022

For dates of service on or after January 1, 2022, MassHealth will pay ABI and MFP waiver providers for services at the rates established under 101 CMR 359.00.

Allowable Uses of Enhanced Funding for Workforce Development

Providers will be required to use at least 90% of the 10% work force development rate add-on 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.

As noted in the EOHHS guidance, ABI and MFP waiver providers who are individual (self-employed) providers or self-directed service providers are not subject to the allowable use requirements, and are not required to submit an attestation or spending report.

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 workforce development rate add-on for HCBS workforce development and submit a spending report to EOHHS that accounts for how the enhanced funds were used.

EOHHS guidance about the provider attestation and spending report requirements will be provided at a future date at 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 EOHHS guidance, including the Home and Community-Based Service Enhanced Rate Add-Ons using American Rescue Plan Act (ARPA) Funding guidance noted above, and pursuant to 130 CMR 450.238: *Sanctions: General* and 130 CMR 450.239: *Sanctions: Calculation of Administrative Fine*.

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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.

The University of Massachusetts Medical School Disability and Community Services HCBS Provider Network Administration Unit is also open 9 a.m. to 5 p.m. ET, Monday through Friday, excluding holidays. ABI and MFP waiver providers may direct questions about this bulletin or other ABI and MFP waiver provider questions to the Disability and Community Services HCBS Provider Network Administration Unit, as follows:

Phone: Toll free (855) 300-7058

Email: ProviderNetwork@umassmed.edu