***Commonwealth of Massachusetts***

***Executive Office of Health and Human Services***

***Office of Medicaid***

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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 [signature of Amanda Cassel Kraft]

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*.

| **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 U4S5125 U4 U2 | Per 15 Min. | $5.39  | $0.54  | $5.93  | 89.75% of Agency Rate | N/A |
| Adult Companion | MFP-CL | S5135 U8S5125 U8 U2S5125 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 U5T2031 U9 | *Per Diem* | $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 U1S5120 U8 U2S5120 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 U4S5100 U4 U1S5100 U4 U2S5100 U4 U3S5100 U5S5100 U5 U1S5100 U5 U2S5100 U5 U3S5100 U8S5100 U8 U1S5100 U8 U2S5100 U8 U3S5100 U9S5100 U9 U1S5100 U9 U2S5100 U9 U3 | Per 15 Min. | *See* 101 CMR 447.03(6)(e): *Community-based Day Support Services.*  | 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 U1S5110 U8 U2 | Per 15 Min. | *See* 101 CMR 447.03(6)(b): *Family Stabilization Services.* | 89.75% of Agency Rate | N/A |
| Home Health Aide | MFP-CL | G0156 U8 | Per 15 Min. | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | N/A | N/A |
| Homemaker | ABI-N | S5130 U4 | Per 15 Min. | $6.30  | $0.63  | $6.93  | N/A | N/A |
| Homemaker | MFP-CL | S5130 U8 U1S5130 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 | *Per Diem* | $83.88  | $8.39  | $92.27  | N/A | N/A |
| Individual Support and Community Habilitation | ABI-N | S5108 U4S5108 U4 U1H2014 U4 H2014 U4 U1 | Per 15 Min. | *See* Levels G - H in 101 CMR 447.03(6)(h): *In-home Basic Living Supports.* | 89.69% of Agency Rate | N/A |
| Individual Support and Community Habilitation | MFP-CL, MFP-RS | S5018 U8S5108 U8 U1H2014 U8 H2014 U8 U1H2014 U8 UBS5108 U9S5108 U9 U1H2014 U9 H2014 U9 U1H2014 U9 UB | Per 15 Min. | *See* Levels G - H in 101 CMR 447.03(6)(h): *In-home Basic Living Supports.* | 89.69% of Agency Rate | 89.69% of Agency Rate |
| Occupational Therapy | ABI-N, ABI-RH, MFP-CL, MFP-RS | S9129 U4 U1S9129 U4 U2S9129 U5 U1S9129 U5 U2S9129 U8 U1S9129 U8 U2S9129 U9 U1S9129 U9 U2 | Per Visit | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | *See* 101 CMR 339.00: *Restorative Services* (out-of-office visit rate) | N/A |
| Orientation and Mobility Services | MFP-CL, MFP-RS | H2021 U8 U1H2021 U8 U2H2021 U8 U3H2021 U9 U1H2021 U9 U2H2021 U9 U3 | Per 15 Min | Level I: $32.00 Level II: $35.38Level III: $38.75 | Level I: $3.20Level II: $3.54Level III: $3.88 | Level I: $35.20Level II: $38.92Level III: $42.63 | Level I: $32.00 Level II: $35.38Level III: $38.75 | N/A |
| Peer Support | MFP-CL, MFP-RS | H0038 U8 U1H0038 U8 U2H0038 U8 UBH0038 U9 U1H0038 U9 U2H0038 U9 UB | Per 15 Min. | *See* 101 CMR 447.03(6)(b): *Family Stabilization Services.* | 89.75% of Agency Rate | 89.75% of Agency Rate |
| 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 U1T1019 U8 U2T1019 U8 UB | Per 15 Min. | $6.35  | $0.64  | $6.99  | *See* 101 CMR 447.03(6)(k): *Personal Care Attendant Services.* |
| Physical Therapy  | ABI-N, ABI-RH, MFP-CL, MFP-RS | S9131 U4 U1S9131 U4 U2S9131 U5 U1S9131 U5 U2S9131 U8 U1S9131 U8 U2S9131 U9 U1S9131 U9 U2 | Per Visit | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | *See* 101 CMR 339.00: *Restorative Services* (out-of-office visit rate) | N/A |
| Prevocational Services  | MFP-CL, MFP-RS | T2019 U8T2019 U9 | Per 15 Min. | $9.35  | $0.94  | $10.29  | N/A | N/A |
| Residential Family Training  | MFP-RS | S5110 U9 U1S5110 U9 U2 | Per 15 Min. | *See* 101 CMR 447.03(6)(b): *Family Stabilization Services.* | 89.75% of Agency Rate | N/A |
| Residential Habilitation Services | ABI-RH, MFP-RS  | T2016 U5T2016 U9 | *Per Diem* | *See* 101 CMR 447.03(6)(a): *Adult Long-term Residential Services.* | NA | NA |
| Shared Home Supports | MFP-CL | H2016 U8 U1 H2016 U8 U2H2016 U8 U3 | *Per Diem* | *See* 101 CMR 447.03(6)(c): *Shared Living Services.* (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 U5T2033 U9 | *Per Diem* | *See* 101 CMR 447.03(6)(c): *Shared Living Services.* | N/A | N/A |
| Skilled Nursing – LPN | MFP-CL,MFP-RS | G0300 U8 G0300 U9 | Per Visit | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | N/A | N/A |
| Skilled Nursing – RN | MFP-CL,MFP-RS | G0299 U8 G0299 U9 | Per Visit | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | N/A | N/A |
| Specialized Medical Equipment  | ABI-N,ABI-RHMFP-CLMFP-RS | T2029 U4T2029 U5T2029 U8T2029 U9 | Item | *See* 101 CMR 447.03(6)(s): *Durable Medical Equipment.* | N/A | N/A |
| Speech Therapy | ABI-N,ABI-RHMFP-CLMFP-RS | S9128 U4 U1S9128 U4 U2S9128 U5 U1S9128 U5 U2S9128 U8 U1S9128 U8 U2S9128 U9 U1 S9128 U9 U2 | Per Visit | *See* 101 CMR 447.03(6)(i): *Home Health Services.* | *See* 101 CMR 339.00: *Restorative Services* (out-of-office visit rate) | N/A |
| Supported Employment  | ABI-N,ABI-RHMFP-CLMFP-RS | H2023 U4H2023 U5 H2023 U8 H2023 U9  | Per 15 Min. | *See* 101 CMR 447.03(6)(f): *Supported Employment Services.* (rate for Individual Supported Employment) | N/A | N/A |
| Transitional Assistance | ABI-N, ABI-RH, MFP-CL, MFP-RS  | T2038 U4T2038 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 U4T2003 U5T2003 U8 T2003 U9 | One-way Trip | *See* 101 CMR 327.00: *Rates of Payment for Ambulance and Wheelchair Van Services.*  | 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 |

### 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 | *Per Diem* | $131.38  | $13.14 | $144.52  | N/A | N/A |
| Day Services | ABI-N, ABI-RH, MFP-CL, MFP-RS | S5101-UC | *Partial Per Diem* | $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.

## 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](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).

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](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 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*.

## 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.

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