***Commonwealth of Massachusetts***

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

***Office of Medicaid***

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MassHealth

# HCBS Waiver Provider Bulletin 20

September 2022

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

**FROM**: Amanda Cassel Kraft, Assistant Secretary for MassHealth [signature of Amanda Cassel Kraft]

RE: Enhanced Rates 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) established enhanced rates for certain home and community-based services (HCBS) under 101 CMR 453.00: *Enhanced 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, 2022, through June 30, 2023.

EOHHS is extending enhanced rates for ABI and MFP waiver services through June 30, 2023, or until such time that EOHHS updates 101 CMR 359.00: *Rates for Home and Community-Based Services Waivers*. This bulletin extends the requirements of [HCBS Waiver Provider Bulletin 16](https://www.mass.gov/lists/masshealth-provider-bulletins-by-provider-type-d-h#hcbs-waiver-), published in January 2022, 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, 2022, and provides information regarding the required attestation and reporting requirements regarding use of the funds associated with the temporary rate increase established pursuant to 101 CMR 453.00.

## Enhanced ABI and MFP Waiver Service Rates and Billing Instructions for Dates of Service beginning July 1, 2022

### Enhanced Rates

To promote workforce development and strengthen the HCBS workforce, rates for the following services are being established in 101 CMR 453.00 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* for dates of services beginning July 1, 2022, through June 30, 2023, or until such time that EOHHS updates 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)** | **Non-Agency rate: 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 | *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 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. | *See* 101 CMR 415.00: *Rates for 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 U1  S5110 U8 U2 | Per 15 Min. | *See* 101 CMR 414.00: *Rates for Family Stabilization Services* | | | 89.75%  of Agency Rate | N/A |
| Dav Services | ABI-N, ABI-RH, MFP-CL, MFP-RS | S5102 U4 UC  S5102 U5 UC  S5102 U8 UC  S5102 U9 UC | Per Diem | $120.87 | $12.09 | $132.96 | N/A | N/A |
| Day Services | ABI-N, ABI-RH, MFP-CL, MFP-RS | S5101 U4 UC  S5101 U5 UC  S5101 U8 UC  S5101 U9 UC | Partial Per Diem | $60.43 | $6.05 | $66.48 | N/A | N/A |
| Home Health Aide | MFP-CL | G0156 U8 | Per 15 Min. | *See* 101 CMR 453.03(4)(a): *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 U4  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 | *Per Diem* | $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. | *See* Levels G - H in 101 CMR 423.00: *In-home Basic Living Supports* | | | 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. | *See* Levels G - H in 101 CMR 423.00: *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 U1  S9129 U4 U2  S9129 U5 U1  S9129 U5 U2  S9129 U8 U1  S9129 U8 U2  S9129 U9 U1  S9129 U9 U2 | Per Visit | *See* 101 CMR 453.03(4)(a): *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 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  H0038 U9 UB | Per 15 Min. | *See* 101 CMR 414.00: *Rates for 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 U1  T1019 U8 U2  T1019 U8 UB | Per 15 Min. | $6.35 | $0.64 | $6.99 | *See* 101 CMR 309.00: *Rates for Certain Services for the* Personal *Care Attendant Program* | |
| 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 453.03(4)(a): *Home Health Services* | | | *See* 101 CMR 339.00: *Restorative Services* (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 414.00: *Rates for Family Stabilization Services* | | | 89.75% of Agency Rate | N/A |
| Residential Habilitation Services | ABI-RH, MFP-RS | T2016 U5  T2016 U9 | *Per Diem* | *See* 101 CMR 420.00: *Rates for Adult Long-term Residential Services* | | | NA | NA |
| Shared Home Supports | MFP-CL | H2016 U8 U1  H2016 U8 U2  H2016 U8 U3 | *Per Diem* | *See* 101 CMR 411.00: *Rates for Certain Placement, Support, and 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 U5  T2033 U9 | *Per Diem* | *See* 101 CMR 411.00: *Rates for Certain Placement, Support, and Shared Living Services* | | | N/A | N/A |
| Skilled Nursing – LPN | MFP-CL, MFP-RS | G0300 U8  G0300 U9 | Per Visit | *See* 101 CMR 453.03(4)(a): *Home Health Services* | | | N/A | N/A |
| Skilled Nursing – RN | MFP-CL,  MFP-RS | G0299 U8  G0299 U9 | Per Visit | *See* 101 CMR 453.03(4)(a): *Home Health Services* | | | N/A | N/A |
| Specialized Medical Equipment | ABI-N, ABI-RH MFP-CL MFP-RS | T2029 U4  T2029 U5  T2029 U8  T2029 U9 | Item | *See* 101 CMR 322.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.* | | | 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 | *See* 101 CMR 453.03(4)(a): *Home Health Services.* | | | *See* 101 CMR 339.00: *Restorative Services* (out-of-office visit rate) | N/A |
| Supported Employment | ABI-N, ABI-RH MFP-CL MFP-RS | H2023 U4  H2023 U5  H2023 U8  H2023 U9 | Per 15 Min. | *See* 101 CMR 419.00: *Rates for Supported Employment Services.* (rate for Individual Supported Employment) | | | 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 | *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 |

### 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 as described in this bulletin. Providers must submit claims according to policies and procedures set forth in applicable administrative and billing regulations and supporting guidance.

## Allowable Uses of Enhanced Funding for Workforce Development

Providers are 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.

Providers will be required to submit a spending report no later than December 31, 2022, to report on enhanced funds related to the period of July 1, 2021, through June 30, 2022. A final spending report will be due December 31, 2023 and must account for enhanced funds related to the period of July 1, 2022, through June 30, 2023.

### Spending and Report Deadlines

|  |  |  |
| --- | --- | --- |
| Rate Enhancement Period | Funds Expended by | Spending Report Deadline |
| July 1, 2021 – June 30, 2022 | September 30, 2022 | December 31, 2022 |
| July 1, 2022 – June 30, 2023 | September 30, 2023 | December 31, 2023 |

EOHHS guidance about the provider attestation and spending report requirements is located 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 above, and pursuant to 130 CMR 450.238: *Sanctions: General* and 130 CMR 450.239: *Sanctions: Calculation of Administrative Fine*.

## MassHealth Website

This bulletin is available on the [MassHealth Provider Bulletins](http://www.mass.gov/masshealth-provider-bulletins) web page.

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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](mailto: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](file:///C:\Users\claus\Desktop\ARPA%20ROund%202\ProviderNetwork@umassmed.edu)