




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

MassHealth
Home Health Agency Bulletin 67
August 2021

TO: Home Health Agencies 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 Home Health Agency (HHA) services and Continuous Skilled Nursing (CSN) services provided by a home health agency, 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 and strengthen the HCBS workforce during the continued federal public health emergency.

This bulletin sets forth the enhanced rates and billing instructions in effect for MassHealth-covered HHA and CSN 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 HHA Rates and Billing Instructions for Dates of Service from July 1, 2021, through December 31, 2021

Enhanced Rates

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 350.00: *Rates for Home Health Services*.

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Service Description	Code	Unit	Rate	Add-on	Total
Services of an RN in home health setting (one through 30 calendar days)	G0299	Per visit	\$89.21	\$8.92	\$98.13
Services of an LPN in home health setting (one through 30 calendar days)	G0300	Per visit	\$89.21	\$8.92	\$98.13
Services of an RN in home health setting (31+ calendar days)	G0299 UD	Per visit	\$72.30	\$7.23	\$79.53
Services of an LPN in home health setting (31+ calendar days)	G0300 UD	Per visit	\$72.30	\$7.23	\$79.53
Administration of oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)	T1502	Per visit	\$59.14	\$5.91	\$65.05
Administration of medication other than oral, intramuscular, and/or subcutaneous medication by health care agency/professional per visit (RN or LPN) (Use only for Medication Administration visit.)	T1503	Per visit	\$59.14	\$5.91	\$65.05
Office services provided on an emergency basis	99058	Per visit	\$28.99	\$2.90	\$31.89
Services of Physical Therapist in the home health setting	G0151	Per visit	\$71.64	\$7.16	\$78.80
Services of Occupational Therapist in the home health setting	G0152	Per visit	\$74.68	\$7.47	\$82.15
Services of Speech/Language Therapist in the home health setting	G0153	Per visit	\$76.44	\$7.64	\$84.08
Services of Home Health Aide in the home health setting	G0156	Per 15 minutes	\$6.73	\$0.67	\$7.40
Services of Home Health Aide in the home health setting for ADL support	G0156 UD	Per 15 minutes	\$6.73	\$0.67	\$7.40
Services of an RN for the observation and assessment of the patient's condition provided every 60 days to members utilizing home health aide services for ADL support	G0493	Per visit	\$89.21	\$8.92	\$98.13
Nursing care visit for temporary emergency PCA services (RN; per visit)	G0299 U3	Per visit	\$89.21	\$8.92	\$98.13
Nursing care visit for temporary emergency PCA services (LPN; per visit)	G0300 U3	Per visit	\$89.21	\$8.92	\$98.13
PCA services performed by a home health aide	99509	Per 15 minutes	\$6.73	\$0.67	\$7.40

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In addition to the above rate enhancements, CSN rates provided by a home health agency are being established in 101 CMR 447.00 at an amount approximately 30% higher than the existing rates for these services as established in 101 CMR 361.00: *Rates for Continuous Skilled Nursing Services.*

Service Description	Code	Unit	Rate (Agency)	Add-on (Agency)	Total (Agency)
Single patient Straight-time hour RN Services, Weekday	T1002	15 minutes	\$13.51	\$4.32	\$17.83
Single patient Straight-time hour RN Services, Nights	T1002-UJ	15 minutes	\$14.35	\$4.59	\$18.94
Single patient Straight-time hour RN Services, Holidays	T1002	15 minutes	\$18.68	\$5.98	\$24.66
Single patient Straight-time hour LPN Services, Weekday	T1003	15 minutes	\$11.14	\$3.56	\$14.70
Single patient Straight-time hour LPN Services, Nights	T1003-UJ	15 minutes	\$11.84	\$3.79	\$15.63
Single patient Straight-time hour LPN Services, Holidays	T1003	15 minutes	\$15.50	\$4.96	\$20.46
Two Patient RN Services, Weekday	T1002 TT	15 minutes	\$19.00	\$6.08	\$25.08
Two Patient RN Services, Nights	T1002 U1	15 minutes	\$20.23	\$6.47	\$26.70
Two Patient RN Services, Holidays	T1002 TT	15 minutes	\$26.73	\$8.55	\$35.28
Two Patient LPN Services, Weekday	T1003 TT	15 minutes	\$15.75	\$5.04	\$20.79
Two Patient LPN Services, Nights	T1003 U1	15 minutes	\$16.79	\$5.37	\$22.16
Two Patient LPN Services, Holidays	T1003 TT	15 minutes	\$22.29	\$7.13	\$29.42
Three Patient RN Services, Weekday	T1002 U2	15 minutes	\$22.70	\$7.26	\$29.96

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Service Description	Code	Unit	Rate (Agency)	Add-on (Agency)	Total (Agency)
Three Patient RN Services, Nights	T1002 U3	15 minutes	\$24.15	\$7.73	\$31.88
Three Patient RN Services, Holidays	T1002 U2	15 minutes	\$31.74	\$10.16	\$41.90
Three Patient LPN Services, Weekday	T1003 U2	15 minutes	\$19.12	\$6.12	\$25.24
Three Patient LPN Services, Nights	T1003 U3	15 minutes	\$20.34	\$6.51	\$26.85
Three Patient LPN Services, Holidays	T1003 U2	15 minutes	\$26.76	\$8.56	\$35.32

Service Provision

All HHA services receiving enhanced funding must be delivered in accordance with all applicable program requirements and regulations as set forth in 130 CMR 403.000: *Home Health Agency*.

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.

Home Health Agency Rates for Dates of Service on or after January 1, 2022

For dates of service on or after January 1, 2022, MassHealth will pay providers for Home Health Agency services at the rates established under 101 CMR 350.00 and 101 CMR 361.00.

Allowable Uses of Enhanced Funding

Providers will be required to use at least 90% of enhanced funds 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

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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 funds 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 the 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](#) 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.

The MassHealth LTSS Provider Service Center is also open from 8 a.m. to 6 p.m. ET, Monday through Friday, excluding holidays. LTSS Providers should direct their questions about this letter or other MassHealth LTSS Provider questions to the LTSS Third Party Administrator (TPA) as follows:

Phone: Toll free (844) 368-5184
Email: support@masshealthtss.com
Portal: www.MassHealthLTSS.com
Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215
Fax: (888) 832-3006