



**Commonwealth of Massachusetts**  
**Executive Office of Health and Human Services**  
**Office of Medicaid**  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

**MassHealth**  
**Home Health Agency Bulletin 78**  
**September 2022**

**TO:** Home Health Agencies Participating in MassHealth

**FROM:** Amanda Cassel Kraft, Assistant Secretary for MassHealth

**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 Home Health Agency (HHA) services through June 30, 2023, or until such time that EOHHS updates 101 CMR 350.00: *Rates for Home Health Services*. This bulletin extends the requirements of [Home Health Agency Bulletin 71](#), published in January 2022, sets forth billing instructions in effect for MassHealth-covered HHA services provided by a HHA agency for dates of service beginning July 1, 2022, and provides information about the required provider attestation and reporting requirements regarding use of the funds associated with the temporary rate increase under 101 CMR 453.00.

### **Enhanced HHA Rates and Billing Instructions for Dates of Service beginning July 1, 2022**

#### **Enhanced Rates**

To promote workforce development and strengthen the HCBS workforce during the continued federal public health emergency, rates for the following services were established in 101 CMR 453.00 at an amount 10% higher than the existing rates for these services as established in 101 CMR 350.00: *Rates for Home Health Services* for dates of services beginning July 1, 2022, through June 30, 2023, or until such time that EOHHS updates 101 CMR 350.00: *Rates for Home Health Services*.

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**Enhanced rates for Intermittent Home Health Services provided by HHA**

<b>Service Description</b>	<b>Code</b>	<b>Unit</b>	<b>Rate</b>	<b>Add-on</b>	<b>Total</b>
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

## **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. Providers must submit claims according to the policies and procedures set forth in applicable administrative and billing regulations and supporting guidance.

## **Allowable Uses of Enhanced Funding**

Providers are 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](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).

## **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.

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**

<b>Rate Enhancement Period</b>	<b>Funds Expended by</b>	<b>Spending Report Deadline</b>
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 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.

[Sign up](#) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

## **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 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](mailto:support@masshealthtss.com)  
**Portal:** [www.MassHealthLTSS.com](http://www.MassHealthLTSS.com)  
**Mail:** MassHealth LTSS  
PO Box 159108  
Boston, MA 02215  
**Fax:** (888) 832-3006