



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

MassHealth
Independent Nurse Bulletin 3
August 2021

TO: Independent Nurses Participating in MassHealth

FROM: Amanda Cassel Kraft, Acting Assistant Secretary for MassHealth 

RE: **Rate Increases 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 Continuous Skilled Nursing (CSN) services provided by Independent Nurse providers, 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 CSN services for dates of service beginning July 1, 2021, through December 31, 2021.

Enhanced CSN 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 30% higher than the existing rates in 101 CMR 361.00: *Rates for Continuous Skilled Nursing Services*.

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Service Description	Code	Unit	Rate (Individual)	Add-on (Individual)	Total (Individual)
Single patient Straight-time hour RN Services, Weekday	T1002	15 minutes	\$11.10	\$3.55	\$14.65
Single patient Straight-time hour RN Services, Nights	T1002-UJ	15 minutes	\$11.87	\$3.80	\$15.67
Single patient Straight-time hour RN Services, Holidays	T1002	15 minutes	\$15.90	\$5.09	\$20.99
Single patient Straight-time hour LPN Services, Weekday	T1003	15 minutes	\$9.24	\$2.96	\$12.20
Single patient Straight-time hour LPN Services, Nights	T1003-UJ	15 minutes	\$9.90	\$3.17	\$13.07
Single patient Straight-time hour LPN Services, Holidays	T1003	15 minutes	\$13.32	\$4.26	\$17.58
Two Patient RN Services, Weekday	T1002 TT	15 minutes	\$16.04	\$5.13	\$21.17
Two Patient RN Services, Nights	T1002 U1	15 minutes	\$17.21	\$5.51	\$22.72
Two Patient RN Services, Holidays	T1002 TT	15 minutes	\$23.24	\$7.44	\$30.68
Two Patient LPN Services, Weekday	T1003 TT	15 minutes	\$13.42	\$4.29	\$17.71
Two Patient LPN Services, Nights	T1003 U1	15 minutes	\$14.39	\$4.60	\$18.99
Two Patient LPN Services, Holidays	T1003 TT	15 minutes	\$19.51	\$6.24	\$25.75
Three Patient RN Services, Weekday	T1002 U2	15 minutes	\$18.61	\$5.96	\$24.57

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Service Description	Code	Unit	Rate (Individual)	Add-on (Individual)	Total (Individual)
Three Patient RN Services, Nights	T1002 U3	15 minutes	\$19.96	\$6.39	\$26.35
Three Patient RN Services, Holidays	T1002 U2	15 minutes	\$27.01	\$8.64	\$35.65
Three Patient LPN Services, Weekday	T1003 U2	15 minutes	\$15.56	\$4.98	\$20.54
Three Patient LPN Services, Nights	T1003 U3	15 minutes	\$16.71	\$5.35	\$22.06
Three Patient LPN Services, Holidays	T1003 U2	15 minutes	\$22.67	\$7.25	\$29.92
Overtime RN Services, Weekday	T1002 TU	15 minutes	\$15.90	\$5.09	\$20.99
Overtime RN Services, Nights	T1002 U4	15minutes	\$17.06	\$5.46	\$22.52
Overtime RN Services, Holidays	T1002 TU	15 minutes	\$23.10	\$7.39	\$30.49
Overtime LPN Services, Weekday	T1003 TU	15 minutes	\$13.32	\$4.26	\$17.58
Overtime LPN Services, Nights	T1003 U4	15 minutes	\$14.29	\$4.57	\$18.86
Overtime LPN Services, Holidays	T1003 TU	15 minutes	\$19.39	\$6.20	\$25.59

Service Provision

All CSN services receiving enhanced funding must be delivered in accordance with all applicable program requirements and regulations as set forth in 130 CMR 414.000: *Independent Nurse*.

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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CSN 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 CSN services at the rates established under 101 CMR 361.00.

MassHealth Website

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Questions

The MassHealth LTSS Provider Service Center is 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@masshealthltss.com
Portal: www.MassHealthLTSS.com
Mail: MassHealth LTSS
PO Box 159108
Boston, MA 02215
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