***Commonwealth of Massachusetts***

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

***Office of Medicaid***

[*www.mass.gov/masshealth*](http://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 [signature of Amanda Cassel Kraft]

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*.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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.

## 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

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

[Sign up](https://www.mass.gov/forms/email-notifications-for-provider-bulletins-and-transmittal-letters) to receive email alerts when MassHealth issues new bulletins and transmittal letters.

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