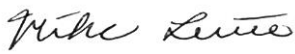




Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
Managed Care Entity Bulletin 105
October 2023

TO: One Care Plans, Program of All-inclusive Care for the Elderly (PACE) Organizations, and Senior Care Organizations (SCO) Participating in MassHealth

FROM: Mike Levine, Assistant Secretary for MassHealth 

RE: Extension of and Updates to the Temporary Rate Increases for Home- and Community-based Services and Behavioral Health Services for Integrated Care Plans

Applicable Managed Care Entities and PACE Organizations

- ☐ Accountable Care Partnership Plans (ACPPs)
- ☐ Managed care organizations (MCOs)
- ☐ MassHealth's behavioral health vendor
- ☒ One Care Plans
- ☒ Senior Care Organizations (SCOs)
- ☒ Program of All-inclusive Care for the Elderly (PACE) Organizations

Background

The Executive Office of Health and Human Services (EOHHS) recognizes that a strong direct-care and support workforce is essential to any effort to strengthen, enhance, and expand home- and community-based services (HCBS) and behavioral health outpatient and diversionary services. Accordingly, as part of its implementation of increased funding available under Section 9817 of the American Rescue Plan Act (ARPA) and by using additional Medicaid funding, EOHHS provided immediate time-limited rate enhancements from July through December 2021, to support HCBS and behavioral health workforce development. EOHHS later extended these rate enhancements through June 30, 2022, via [Managed Care Entity \(MCE\) Bulletin 87](#) and through December 31, 2022, via [Managed Care Entity \(MCE\) Bulletin 92](#). Now, EOHHS is extending these rate enhancements, as detailed herein, using Medicaid funds. These investments are aimed at strengthening and stabilizing the state's HCBS and behavioral health workforce.

This bulletin announces the extension of the enhanced rates and billing instructions in effect for One Care plans and Senior Care Organizations (SCOs) (collectively referred to as "integrated care plans") related to the provider rate increases described in [Managed Care Entity Bulletins 72, 87, and 92](#). This bulletin announces certain updates to MCE Bulletin 92 and additional information related to the rate increases directed for dates of service on or after January 1, 2023, through December 31, 2023, or as detailed herein.

Program of All-inclusive Care for the Elderly (PACE) organizations are encouraged to institute temporary rate increases for providers external to, but contracted with, a PACE organization to provide the services that are listed in Table 1 and Table 2.

MassHealth is concurrently publishing a companion bulletin (Managed Care Entity Bulletin 104) applicable to Accountable Care Partnership Plans, managed care organizations, and MassHealth's behavioral health vendor.

Eligible Medicaid HCBS and Behavioral Health Direct Care, Clinical, and Support Staff

Integrated care plans must ensure that their providers receiving the rate increases stated in this bulletin use at least 90% of the enhanced funds to support HCBS and behavioral health direct care and support staff. HCBS staff and behavioral health direct-care and support staff, as well as behavioral health clinical staff providing integrated care plan-covered services that are eligible for the rate increases, include, but are not limited to, frontline workers providing care, services, or support to families and individuals in home- and community-based settings and behavioral health outpatient and diversionary settings.

Note: There are a variety of job titles that currently refer to these workers, including, but not limited to: licensed practical nurses (LPNs), registered nurses (RNs), psychiatric nurse practitioners, personal care attendants, companions, respite providers, homemakers, chore providers, home health and home care aides (workers), nurse aides, nursing assistants, social workers, paid caregiver (including shared living caregivers), recovery coaches, recovery specialists, case managers, care coordinators, licensed and pre-licensed masters-level clinicians, psychologists, and psychiatrists.

The following workers are not considered HCBS and behavioral health direct care, clinical, or support staff, and would be considered **ineligible** toward meeting the 90% requirement: executive management, administrators, or individuals in positions that do not include the provision of HCBS and behavioral health services or supports directly to the individual and their family.

Allowable Uses

Integrated care plans must ensure that providers receiving the rate increases use this funding for the specific purposes of recruiting, building, and retaining their direct-care, clinical, and support workforce. Examples of allowable uses include:

- “recruitment” defined as offering of incentives and onboarding/training;
- “bonuses,” defined as added compensation that is over and above an hourly rate of pay and are not part of an employee’s standard wages. An employee may receive a retention or recruitment bonus;
- “overtime,” defined as compensation for additional hours worked beyond the employer’s standard work week;

- “shift differential,” defined as additional pay beyond the employee’s standard hourly wage for working a specific shift (e.g., nights, weekends, holidays, etc.) or working for special populations (e.g., dementia, autism spectrum disorder);
- “Hourly wage increase,” defined as an increase to the wage the provider agrees to pay an employee per hour worked; and
- “wraparound benefits,” defined as employer-provided benefits to help the workforce remain employed. Examples include public transportation or shared ride reimbursements, meal vouchers, or small grants for childcare assistance or regular car maintenance. Other examples include paying for testing or certification materials, continuing education credits (CEUs), or exam fees to encourage retention and promotion of staff.

Integrated care plans should encourage their providers to choose the optimal distribution method to benefit their employees. Providers may use enhanced funds to cover costs associated with incentives provided to direct-care and support staff beginning on, but not before, June 1, 2021. Integrated care plans must ensure that providers expend all funds received as a result of the enhanced rates for the rate enhancement period between July 1, 2022, and June 30, 2023, by September 30, 2023. Integrated care plans must ensure that providers expend all funds received as a result of the enhanced rates for the rate enhancement period between July 1, 2023, and December 31, 2023, by March 31, 2024.

Provider Spending Report and Attestation

Integrated care plans must ensure that, following the payment of the rate increases, providers complete and submit an attestation assuring EOHHS that they will use at least 90% of the funds for HCBS and behavioral health workforce development. This could include hiring and retention bonuses and other categories of worker compensation as a condition of receipt of the enhanced funding. Additionally, plans must require providers that receive enhanced funds to submit a spending report to EOHHS accounting for how the enhanced funds were used. Attestations and reporting will be aggregated across all lines of payment (i.e., MassHealth fee-for-service, MassHealth managed care, and state agencies) such that a provider should submit only one attestation and aggregate payments in the required spending reports. Providers should retain a copy of their submissions in their records.

EOHHS created an online spending report tool for providers to submit required information available at [MassGrants](#). The spending report tool also includes an attestation form. EOHHS guidance about the provider attestation and spending report requirements is available at www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding. Integrated care plans should encourage their providers to check this site regularly for updated information. Integrated care plans will be notified of submitted attestations and spending plans.

Spending reports and attestations will be due December 31, 2023, for the rate enhancement period between July 1, 2022, and June 30, 2023. Spending reports and attestations will be due June 30, 2024, for the rate enhancement period between July 1, 2023, and December 31, 2023. The information is explained in the following table.

Rate Enhancement Period	Funds Expended by	Spending Report Deadline
July 1, 2022–June 30, 2023	September 30, 2023	December 31, 2023
July 1, 2023–December 31, 2023	March 31, 2024	June 30, 2024

Multiple Businesses

EOHHS recognizes that some providers deliver certain HCBS and behavioral health services through separate businesses. Integrated care plans must ensure that providers in this situation submit one attestation and one spending report per employer identification number (EIN) or tax identification number (TIN).

For example, a provider operates one business for its behavioral health services, and another business for home health aide services. The two businesses have two separate EINs. In this case, the provider must submit two attestations and two spending reports—one attestation and spending report for its behavioral health business, and a second attestation and spending report for its home health aide business.

Failure to Comply with Requirements

Integrated care plans must inform their network providers that failure to comply with the attestation and spending plan requirement may subject the network providers to financial penalty.

Temporary Rate Increases by Service

HCBS and Behavioral Health Services

MassHealth is directing integrated care plans to increase payment rates temporarily to providers of the services specified in Tables 1 and 2, which follow. The rate increases apply to services delivered in person and via telehealth, as applicable. The integrated care plan must apply the percentage increases indicated in the table to the plan's contracted rates with providers as of June 30, 2021, unless otherwise specified. Plans must apply the rate increases regardless of whether their contracted rates are the same as the MassHealth fee-for-service rates. For any service already subject to a directed payment requirement, the integrated care plan must apply the listed rate increases to the directed payment amount stated in the integrated care plan's contract.

Behavioral Health Services

Integrated care plans must implement the temporary rate increases for certain behavioral health services specified in Table 2, as follows.

- For residential rehabilitation services (RRS), acute treatment services (ATS), clinical stabilization services (CSS), Program of Assertive Community Treatment (PACT), 60-minute

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psychotherapy codes, and psychiatric day treatment (behavioral health day treatment), apply the percentage increases to contracted rates effective July 1, 2021.

- For dates of service on or after February 1, 2022, for behavioral health urgent care (BHUC apply the percentage increases to contracted rates effective February 1, 2022. The percentage increase will be in addition to the BHUC directed payment stated in managed care), plan contracts.

HCBS Temporary Rate Increases by Service

Integrated care plans must increase rates by 10% for dates of service as specified in Table 1.

PACE organizations are encouraged to increase payment rates by 10% over rates in effect as of June 30, 2021, for providers external to, but contracted with, a PACE organization to provide the services listed in Table 1.

Table 1

Service	Covered Period	One Care	SCO
Adult Foster Care	January 1, 2023– June 30, 2023	X	X
Continuous Skilled Nursing Services	January 1, 2023– June 30, 2023	X	X
Home Health Services	January 1, 2023– December 31, 2023	X	X
Personal Care Management (PCM) Agencies	January 1, 2023– June 30, 2023	X	X

Behavioral Health Service Rate Increases by Service

Integrated care plans must increase rates by 10% for dates of service as specified in Table 2.

PACE organizations are encouraged to increase payment rates by 10% over rates in effect as of June 30, 2021, for providers external to, but contracted with, a PACE organization to provide the services listed in Table 2.

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Table 2

Covered Service	Covered Period	One Care	SCO
Acute Treatment Services (ATS) for Substance Use Disorders, and Clinical Stabilization Services for Substance Use Disorders (including Individualized Treatment Services)	January 1, 2023–December 31, 2023	X	X
Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	January 1, 2023–March 31, 2023	X	X
Emergency Services Program/Community Crisis Stabilization services	January 1, 2023–January 2, 2023	X	X
Intensive Outpatient Program (IOP)	January 1, 2023–December 31, 2023	X	X
Outpatient Mental Health Services: <ul style="list-style-type: none"> • Case Consultation • Couples/Family Treatment • Diagnostic Evaluation • Dialectical Behavioral Therapy (DBT) • Electro-Convulsive Therapy (ECT) • Family Consultation • Group Treatment • Individual Treatment • Inpatient-Outpatient Bridge Visit • Psychological Testing (including Psychological Neuropsychological Testing) • Medication Visit 	January 1, 2023–December 31, 2023	X	X
Partial Hospitalization (PHP)	January 1, 2023–December 31, 2023	X	X

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Covered Service	Covered Period	One Care	SCO
Program of Assertive Community Treatment (PACT)	January 1, 2023– December 31, 2023	X	
Psychiatric Day Treatment (Behavioral Health Day Treatment)	January 1, 2023– December 31, 2023	X	X
Recovery Coaching	January 1, 2023– December 31, 2023	X	X
Recovery Support Navigators (RSN)	January 1, 2023– December 31, 2023	X	X
Residential Rehabilitation Services for Substance Use Disorders (RRS)	January 1, 2023– December 31, 2023	X	
Structured Outpatient Addiction Program (SOAP)	January 1, 2023– December 31, 2023	X	X
SUD Clinic Services: <ul style="list-style-type: none"> • Acupuncture Treatment • Ambulatory Withdrawal Management • Medication Visit • Counseling Services 	January 1, 2023– December 31, 2023	X	X

Additional Requirements for Temporary Rate Increases for HCBS and Behavioral Health Services

If an integrated care plan has sub-capitated or Alternative Payment Methodology (APM) arrangements with providers, the sub-capitated or APM payments to providers should be increased by the equivalent of the rate increases that would be required for fee-for-service payments.

Integrated care plans will not subject the required rate increases to any withhold arrangement with providers; the plans will ensure that providers receive the full rate increases in payments made for the services listed in Tables 1 and 2. MassHealth will amend the plans' contracts to reflect these rate increase requirements.

Integrated care plans must pay the increased rate for services delivered on or after the rate increase's effective date in the table, including claims submitted before the effective date of this bulletin. Claims paid before the effective date of this bulletin must be reprocessed as appropriate no later than 60 days after the release of this bulletin. All rate increases are effective through the dates specified in Tables 1 and 2.

All encounter file claim paid amounts with dates of service from the rate increase's effective date through June 30, 2023, must reflect that the specified rate increases were paid by plans to eligible

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providers no later than July 31, 2023. For services with rate increases effective through December 31, 2023, all encounter file claim paid amounts with dates of service from July 1, 2023, through December 31, 2023, must reflect that the specified rate increases were paid by plans to eligible providers no later than January 31, 2024.

Integrated care plans must certify compliance with the rate increase requirements described in this bulletin on a monthly basis in a form and format specified by MassHealth. Such certification must include certification that the plan has made timely payments only to eligible providers, which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements, or other APMs. Integrated care plans will be informed of provider attestations, but providers must not be required to submit spending reports and attestations before receiving the rate increases.

Appendix A: HCBS

As stated above, integrated care plans must increase their rates for HCBS services and should refer to the following MassHealth provider manual Subchapter 6's for additional detail on applicable codes for each service.

- www.mass.gov/doc/independent-nurse-in-subchapter-6-o/download
- www.mass.gov/doc/home-health-agency-hha-subchapter-6/download
- www.mass.gov/doc/continuous-skilled-nursing-agency-csn-subchapter-6-o/download
- www.mass.gov/doc/personal-care-pca-subchapter-6/downloadwww.mass.gov/doc/adult-foster-care-afc-subchapter-6-0/download

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.

Further Information and Questions

EOHHS will post documents and information related to the implementation on our website at www.mass.gov/info-details/strengthening-home-and-community-based-services-and-behavioral-health-services-using-american-rescue-plan-arp-funding. Integrated care plans should encourage their providers to check this site regularly for updated information.

Integrated care plans should inform their providers that they may submit questions related to the enhanced funding and other questions related to this bulletin to ARPAMedicaidHCBS@mass.gov.

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, TDD/TTY: 711, or email your inquiry to provider@masshealthquestions.com.