



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

**MassHealth**  
**Managed Care Entity Bulletin 71**  
**October 2021**

**TO:** Accountable Care Partnership Plans and Managed Care Organizations Participating in MassHealth, and the MassHealth Behavioral Health Vendor

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

**RE:** Temporary Rate Increases Due to American Rescue Plan Act HCBS–Services and Behavioral Health Services

**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**

MassHealth’s mission is to improve the health outcomes of our diverse members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. In support of that mission, MassHealth provides broad coverage of medically necessary health care services to its members.

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 pursuant to Section 9817 of the American Rescue Plan Act (ARPA) and drawing on additional Medicaid funding, EOHHS is providing immediate time-limited rate enhancements from July through December 2021 to support HCBS and behavioral health workforce development. This investment is aimed at strengthening and stabilizing the state’s HCBS and behavioral health workforce in response to the COVID-19 public health emergency.

This bulletin details requirements for Accountable Care Partnership Plans (ACPPs), Managed Care Organizations (MCOs), and MassHealth’s Behavioral Health Vendor (referred to here collectively as “managed care plans”) related to the distribution of ARPA and Medicaid funds to HCBS and

**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 2 of 10**

behavioral health providers through provider rate increases.<sup>1</sup> MassHealth is directing managed care plans to adjust certain provider payments. Furthermore, managed care plans must follow steps outlined below to ensure funding is only applied to allowable uses.

MassHealth is concurrently publishing a companion bulletin (Managed Care Entity Bulletin 72) applicable to Senior Care Organizations (SCOs), One Care plans, and Program of All-inclusive Care for the Elderly (PACE) organizations.

MassHealth anticipates extending temporary rate increases for HCBS and Behavioral Health services through June 30, 2022, and will provide further guidance on such increases in calendar year 2022 in the coming months.

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

Managed care plans must ensure that their providers receiving the rate increases set forth in this bulletin use at least 90% of the enhanced funds to support HCBS and behavioral health direct care and support staff. HCBS and behavioral health direct care and support staff as well as behavioral health clinical staff providing managed care plan covered services that are eligible for the rate increases include, but are not limited to:

- Frontline workers who provide care, services, or support to families and individuals in home and community-based 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, home health and home care aides (workers), nurse aides, nursing assistants, social workers, recovery coaches, recovery specialists, case managers, care coordinators, licensed and pre-licensed master 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 or behavioral health services or supports directly to the individual and/or their family.

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<sup>1</sup> MassHealth is also directing rate increases for Early Intervention services, which are medical services under the ACPP and MCO contracts. However, for simplicity purposes, all references to behavioral health services should be understood to include Early Intervention services as well. Intensive Early Intervention services are themselves Behavioral Health Services.

## **Allowable Uses**

Managed 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/or 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, etc.).
- “Hourly wage increase” defined as an increase to the wage the provider agrees to pay an employee per hour worked.
- “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 of staff moving up in the career ladder.

Managed care plans should encourage their providers to choose the most 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. Managed care plans must ensure that providers expend all funds received as a result of this enhanced rate by June 30, 2022.

## **Provider Spending Report and Attestation**

Managed care plans must ensure that providers complete an attestation assuring EOHHS that they will use at least 90% of the funds for HCBS and behavioral health workforce development, which 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 that accounts 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.

Managed care plans must ensure that following the distribution of this funding, providers submit a spending report to EOHHS outlining how they used the funds. EOHHS will create an online spending report tool for providers to submit required information. The tool will be accessible here: [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)

The spending categories will align with the types of allowable uses defined in this document and will be aggregated across all payors (i.e., MassHealth fee-for-service, MassHealth managed care, and state agency payments).

The spending report tool also includes an attestation form. Managed care plans must ensure that providers complete the attestation confirming that they used at least 90% of the funds for HCBS and behavioral health workforce development, which includes hiring and retention bonuses and other categories of worker compensation as described herein.

Managed care plans must ensure that providers receiving enhanced funds complete and submit the spending report and attestation to MassHealth and retain a copy of their submission in their records.

Spending reports and attestations will be due July 31, 2022.

### **Multiple Businesses**

EOHHS recognizes that some providers deliver certain HCBS and behavioral health services through separate businesses. Managed 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**

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

### **Temporary Rate Increases by Service**

MassHealth is directing managed care plans to increase payment rates temporarily to providers of the services specified in the table below. The rate increases apply to services delivered in-person and via telehealth, as applicable. The managed care plan must apply the percentage increases indicated in the table to the plan's current contracted rates, as of June 30, 2021, with providers, regardless of whether those rates are the same as the MassHealth fee-for-service rates. For any service already subject to a directed payment requirement, the managed care plan shall apply the rate increases set forth below to the directed payment amount set forth in the managed care plan's contract.

If a managed 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.

**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 5 of 10**

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 the table below. MassHealth will amend the plans' contracts to reflect these rate increase requirements in the coming weeks.

**ARPA Home and Community Based Services (HCBS) Temporary Rate Increases by Service**

<b>Covered Service</b>	<b>Increase</b>	<b>Rate Increase Effective Date</b>	<b>Rate Increase End Date</b>	<b>ACPP/MCO</b>	<b>MBHP</b>
Private Duty Nursing/ Continuous Skilled Nursing services provided to Special Kids Special Care enrollees	30%	7/1/21	12/31/21	X	
Children's Behavioral Health Initiative (CBHI)	MassHealth has increased its state plan rates for CBHI services. In accordance with the directed payment in their contracts with EOHHS, plans must pay CBHI providers at or above the MassHealth state plan rate. See Appendix C below.	7/1/2021	12/31/21	X	X
Home Health Services	10%	7/1/21	12/31/21	X	
Durable Medical Equipment	10%	7/1/21	12/31/21	X	

Please refer to Appendix B and C for additional details.

**Behavioral Health Rate Increases by Service**

**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 6 of 10**

<b>Covered Service</b>	<b>Increase</b>	<b>Rate Increase Effective Date</b>	<b>Rate Increase End Date</b>	<b>ACPP/ MCO</b>	<b>MBHP</b>
Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	10%	7/1/21	12/31/21	X	X
Outpatient mental health services:  Couples/Family Treatment Diagnostic Evaluation Dialectical Behavioral Therapy (DBT) Family Consultation Group Treatment Individual Treatment Medication visit Psychological Testing Special Education Psychological Testing Electro-Convulsive Therapy (ECT) Case consultation Collateral Contact	10%	7/1/21	12/31/21	X	X
Community Support Program (CSP) and Intensive Outpatient Program (IOP)	10%	7/1/21	12/31/21	X	X
Psych Day Treatment	10%	7/1/21	12/31/21	X	X
Partial Hospitalization (PHP)	10%	7/1/21	12/31/21	X	X
SUD Clinic Services:  Ambulatory Withdrawal Management Medication Visit Opioid Treatment Services including counseling services	10%	7/1/21	12/31/21	X	X
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical	10%	7/1/21	12/31/21	X	X

**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 7 of 10**

<b>Covered Service</b>	<b>Increase</b>	<b>Rate Increase Effective Date</b>	<b>Rate Increase End Date</b>	<b>ACPP/ MCO</b>	<b>MBHP</b>
Support Services for Substance Use Disorders (including Individualized Treatment Services)					
Residential Rehabilitation Services for Substance Use Disorders	10%	7/1/21	12/31/21	X	X
Structured Outpatient Addiction Program (SOAP)	10%	7/1/21	12/31/21	X	X
Recovery Support Navigators (RSN)	10%	7/1/21	12/31/21	X	X
Recovery Coaching	10%	7/1/21	12/31/21	X	X
Acupuncture Treatment	10%	7/1/21	12/31/21	X	X
Community-Based Acute Treatment for Children and Adolescents (CBAT) (including Intensive Community-based Acute Treatment for Children and Adolescents (ICBAT))	10%	7/1/21	12/31/21	X	X
Transitional Care Unit (TCU)	10%	7/1/21	12/31/21	X	X
Applied Behavioral Analysis for members under 21 years of age (ABA Services)	10%	7/1/21	12/31/21	X	X
Program of Assertive Community Treatment (PACT)	10%	7/1/21	12/31/21	X	X
Early Intervention	10%	7/1/21	12/31/21	X	
Early Intensive Behavioral Intervention	10%	10/1/21	12/31/21	X	X

Please refer to Appendix A for additional details.

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

Managed care plans must pay the increased rate for services delivered on or after the rate increase effective date in the table above, including claims submitted prior to the effective date of this bulletin. All rate increases are effective through December 31, 2021.

All encounter file claim paid amounts with dates of service between the rate increase effective date and the rate increase end date must reflect the specified rate increases having been paid by plans to eligible providers no later than June 30, 2022.

Managed care plans shall certify on a monthly basis in a form and format specified by MassHealth to compliance with the rate increase requirements described in this bulletin. Such certification shall include certification that the plan has made timely payments to only eligible providers, which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements or other APMs. Using the provider attestations sent in directly from providers to MassHealth, MassHealth will subsequently distribute lists of ARPA eligible providers to managed care plans that plans will be expected to use in certifying that payments are only issued to eligible providers.

### **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 [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). Managed care plans should encourage their providers to check this site regularly for updated information.

Managed 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](mailto:ARPAMEDICAIDHCBS@mass.gov).

### **Questions**

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.

### **Appendix A: Behavioral Health Services**



**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 9 of 10**

Managed care plans must increase their rates for the services set forth in Appendix T of the Accountable Care Partnership Plan and Managed Care Organization contracts and Appendix L of the Behavioral Health Vendor Contract with the exception of the following services:

- Certain Consult codes and E&M codes (99231, 99232, 99233, 99251, 99252, 99253, 99254, 99255, 99281, 99282, 99283, 99284, 99285), Specializing (T1004), ASAP (H2028), SUD medication (J0571, J0572, J0573, J2315, J3490)

Plans must additionally increase rates for the following services:

- CBAT – Community Based Acute Treatment (Rev Code 1001), ICBAT – Intensive Community Based Acute Treatment (Rev Code 1001), TCU – Transitional Care Unit (Rev codes 0100, 0114, 0124, 0134, 0144, 0154), ABA – Applied Behavior Analysis (H2012, H0032, H0031, H2019, 97156, ITS H2036), IOP – Intensive Outpatient Psychiatric (Rev Code 0905, 0906 CPT 90834), Early Intervention (96153, 96164, 96165, H2015, T1015, T1027, T1023, T1024), PACT – Program of Assertive Community Treatment (H0040, ATS H0011 or rev code 1002 for MBHP), RSS and COE RRS (H0019 or H0019-HH), CSS (H0010 or rev code 907 for MBHP)

**Appendix B: Home and Community-based Services**

As set forth above, managed care plans must increase their rates for HCBS services and should refer to the following MassHealth Provider Manual sections for additional detail on applicable codes for each service:

- [www.mass.gov/doc/independent-nurse-in-subchapter-6-0/download](http://www.mass.gov/doc/independent-nurse-in-subchapter-6-0/download)
- [www.mass.gov/doc/home-health-agency-hha-subchapter-6/download](http://www.mass.gov/doc/home-health-agency-hha-subchapter-6/download)
- [www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6/download](http://www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6/download)

**Appendix C: Children’s Behavioral Health Initiative (CBHI) Rate Increase by Services**

The table below details the revised state plan rates for CBHI services (see also 101 CMR 447).

Service Description	Code	Unit	Rate	Add-on	Total
Self-help/peer services, per 15 minutes (parent-caregiver peer-to-peer support service provided by a family partner)	H0038	15 minutes	\$15.96	\$5.11	\$21.07
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)	H2011-HN	15 minutes	\$21.07	\$6.74	\$27.81

**MassHealth  
Managed Care Entity Bulletin 71  
October 2021  
Page 10 of 10**

<b>Service Description</b>	<b>Code</b>	<b>Unit</b>	<b>Rate</b>	<b>Add-on</b>	<b>Total</b>
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)	H2011-HO	15 minutes	\$31.43	\$10.06	\$41.49
Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)	H2014-HN	15 minutes	\$13.83	\$4.43	\$18.26
Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)	H2014-HO	15 minutes	\$27.21	\$8.71	\$35.92
Therapeutic behavioral services, per 15 minutes (therapeutic training and support services provided by a bachelor-level clinician)	H2019-HN	15 minutes	\$16.53	\$5.29	\$21.82
Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)	H2019-HO	15 minutes	\$23.58	\$7.55	\$31.13
Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)	T1027-EP	15 minutes	\$14.23	\$4.55	\$18.78
Behavioral Health Outreach Service (Targeted Case Management) (multi-disciplinary team) that includes family support and training and intensive care coordination per day	H0023-HT	Per Day	\$46.63	\$14.92	\$61.55