




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

MassHealth
Managed Care Entity Bulletin 86
April 2022

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: Extension of and Updates to the Temporary Rate Increases Due to the American Rescue Plan Act Home and Community-Based Services and Temporary Rate Increases for 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 provided immediate time-limited rate enhancements from July through December 2021 to support HCBS and behavioral health workforce development. EOHHS is extending these rate enhancements through June 30, 2022. These investments are aimed at strengthening and stabilizing the state's HCBS and behavioral health workforce in response to the COVID-19 public health emergency.

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This bulletin sets forth the extension of the enhanced rates and billing instructions in effect 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 behavioral health providers through provider rate increases described in [Managed Care Entity Bulletin 71](#). This bulletin further sets forth certain updates to MCE Bulletin 71 and additional information related to the rate increases directed for dates of service on or after January 1, 2022, through June 30, 2022.

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

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.

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.

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- “Bonuses” defined as added compensation that is over and above an hourly rate of pay and is 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 and promotion of staff.

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 September 30, 2022, including funds provided through MCE Bulletin 71. The September 30, 2022, deadline for provider expenditure of increased funds updates the deadline provided in MCE Bulletin 71.

Provider Spending Report and Attestation

Managed 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 enhanced 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. Providers should retain a copy of their submissions in their records.

EOHHS will create an online spending report tool for providers to submit required information. 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. Managed care plans should encourage their providers to check this site regularly for updated information. Managed care plans will be informed of submitted attestations and spending plans.

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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).

Spending reports and attestations will be due December 31, 2022, for funds for services provided between July 1, 2021, and June 30, 2022. The December 31, 2022, submission deadline updates the deadline provided in MCE Bulletin 71.

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

HCBS and Behavioral Health Services

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 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 managed care plan must apply the rate increases set forth below to the directed payment amount set forth in the managed care plan's contract.

Behavioral Health Services

Managed care plans must implement the temporary rate increases for certain behavioral health services specified in the table below as follows.

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- For Residential Rehabilitation Services, Co-Occurring Residential Rehabilitation Services, Acute Treatment Services (ATS), Community Support Services (CSS), Program for Acute Treatment (PACT), 60-minute Psychotherapy codes, and Psychiatric Day Treatment (Behavioral Health Day Treatment) apply the percentage increases to contracted rates effective as of July 1, 2021.
- For In-Home Therapy services provided as part of Intensive Hospital Diversion apply the percentage increases to contracted rates effective as of January 1, 2022.
- For dates of service on or after February 1, 2022, for Behavioral Health Urgent Care (BHUC), apply the percentage increases to contracted rates starting on the effective date of the plan's BHUC contract with the provider. The percentage increase will be in addition to the BHUC directed payment set forth in [Managed Care Entity Bulletins 76 and 83](#) and to be included in forthcoming contract amendments.
- For dates of service on or after April 1, 2022, for additional Mobile Crisis Intervention services apply the percentage increases to contracted rates effective as of April 1, 2022.

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

Managed care plans must increase rates as set forth below for dates of service on or after January 1, 2022, through June 30, 2022.

Covered Service	Increase	ACPP/ MCO	MBHP
Private Duty Nursing/ Continuous Skilled Nursing services provided to Special Kids Special Care enrollees	10%	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 B below.	X	X
Home Health Services	10%	X	
Durable Medical Equipment	10%	X	

Please refer to Appendices A and B for additional details.

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Behavioral Health Rate Increases by Service

Managed care plans must increase rates by 10% for the services set forth below for dates of service on or after January 1, 2022, through June 30, 2022.

Covered Service	ACPP/ MCO	MBHP
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	X	X
Applied Behavioral Analysis for members under 21 years of age (ABA Services)	X	X
Community-Based Acute Treatment for Children and Adolescents (CBAT)	X	X
Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	X	X
Early Intervention	X	
Early Intensive Behavioral Intervention	X	X
Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	X	X
Intensive Hospital Diversion (In-Home Therapy)	X	X
Intensive Outpatient Program (IOP)	X	X
Outpatient mental health services: <ul style="list-style-type: none"> • Case consultation • Collateral Contact • 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) • Special Education Psychological Testing • Medication Visit 	X	X

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Covered Service	ACPP/ MCO	MBHP
Partial Hospitalization (PHP)	X	X
Program of Assertive Community Treatment (PACT)	X	X
Psychiatric Day Treatment (Behavioral Health Day Treatment)	X	X
Recovery Coaching	X	X
Recovery Support Navigators (RSN)	X	X
Residential Rehabilitation Services for Substance Use Disorders (RRS)	X	X
Structured Outpatient Addiction Program (SOAP)	X	X
SUD Clinic Services: Acupuncture Treatment Ambulatory Withdrawal Management Medication Visit Opioid Treatment Services including counseling services	 X X	 X
Transitional Care Unit (TCU)	X	X

Please refer to Appendix C for additional details.

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

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.

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.

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. Claims paid prior to 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 June 30, 2022.

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All encounter file claim paid amounts with dates of service from the rate increase effective date through the rate increase end date must reflect that the specified rate increases were paid by plans to eligible providers no later than July 31, 2022.

Managed care plans must certify to 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 to only eligible providers, which include these required increases, with no offsets to provider payments through withholds, sub-capitated payment arrangements or other APMs. Managed care entities will be informed of provider attestations, but providers must not be required to submit spending reports and attestations prior to receiving the rate increases.

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. 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.

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, or fax your inquiry to (617) 988-8974.

Appendix A: 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-o/download
- www.mass.gov/doc/home-health-agency-hha-subchapter-6/download
- www.mass.gov/doc/durable-medical-equipment-dme-subchapter-6/download
- www.mass.gov/doc/continuous-skilled-nursing-agency-csn-subchapter-6-o/download
- www.mass.gov/doc/oxygen-and-respiratory-therapy-equipment-oxy-subchapter-6-o/download

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

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

Managed care plans are required to pay providers at least the rates listed below for dates of service on or after January 1, 2022, through June 30, 2022.

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	\$18.58	\$1.86	\$20.44
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional)	H2011-HN	15 minutes	\$30.57	\$3.06	\$33.63
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a master-level clinician)	H2011-HO	15 minutes	\$39.70	\$3.97	\$43.67
Skills training and development, per 15 minutes (behavior management monitoring provided by a bachelor-level clinician)	H2014-HN	15 minutes	\$15.02	\$1.50	\$16.52
Skills training and development, per 15 minutes (behavior management therapy provided by a master-level clinician)	H2014-HO	15 minutes	\$28.48	\$2.85	\$31.33
Therapeutic behavioral services, per 15 minutes (therapeutic training and support services)	H2019-HN	15 minutes	\$16.79	\$1.68	\$18.47

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Service Description	Code	Unit	Rate	Add-on	Total
provided by a bachelor-level clinician)					
Therapeutic behavioral services, each 15 minutes (in-home therapy provided by a master-level clinician)	H2019-HO	15 minutes	\$23.95	\$2.40	\$26.35
Family training and counseling for child development, per 15 minutes (therapeutic mentoring service)	T1027-EP	15 minutes	\$15.64	\$1.56	\$17.20
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	\$51.93	\$5.19	\$57.12

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Managed care plans are required to pay providers at least the rates listed below for dates of service on or after April 1, 2022, through June 30, 2022.

Service Description	Code	Unit	Rate	Add-on	Total
Crisis intervention service, per 15 minutes (mobile crisis intervention service provided by a paraprofessional, community-based site of service. Must use place of service code “- 15”)	H2011-HN	15 minutes	\$33.94	\$3.39	\$37.33
Crisis intervention service- per 15 minutes (mobile crisis intervention service provided by a master-level clinician, community-based site of service. Must use place of service code “- 15”)	H2011-HO	15 minutes	\$44.33	\$4.43	\$48.76

Appendix C: Behavioral Health Services

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 and including any additional services as set forth in MCE Bulletin 83 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, 99417), Specialing (T1004), ASAP (H2028), SUD medication (J0571, J0572, J0573, J2315, J3490)

Plans must additionally increase rates for the following services:

- TCU – Transitional Care Unit (Rev codes 0100, 0114, 0124, 0134, 0144, 0154), ABA – Applied Behavior Analysis (H2012- U2, H0032- U2, H0031-U2, H2019- U2, 97156, IOP – Intensive Outpatient Psychiatric (Rev Code 0905, 0906, CPT 90834), Early Intervention (96153, 96164, 96165, H2015, T1015, T1027, T1023, T1024), Early Intensive Behavioral Intervention (H2012-TL, H0032- TL, H0031-TL, H2019- TL, 97156- TL) 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), CSP for Chronically Homeless Individuals (CSP-CHI) (H2016-HK), CSP – Social Impact Financing, (CSP-SIF) (H2016-SE).