




**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 87**  
**April 2022**

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

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

**RE:** **Extension of and Updates to Temporary Rate Increases Due to the American Rescue Plan Act Home and Community-Based Services and Temporary Rate Increases for 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**

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 a 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.

MassHealth is concurrently publishing a companion bulletin ([Managed Care Entity Bulletin 86](#)) applicable to Accountable Care Partnership Plans, Managed Care Organizations, and MassHealth's behavioral health vendor.

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This bulletin sets forth the extension of the enhanced rates and billing instructions in effect for One Care plans and Senior Care Organizations (SCOs) (referred to here collectively as “integrated 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 72](#). This bulletin further sets forth certain updates to MCE Bulletin 72 and additional information related to the rate increases directed for dates of service on or after January 1, 2022, through June 30, 2022.

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 the table on page 5.

All rates are to remain the same as described in MCE Bulletin 72 unless otherwise noted in this bulletin. Providers will have until September 30, 2022, to spend funds for services provided between July 1, 2021, and June 30, 2022.

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

Integrated 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 integrated 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 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 master level clinicians, psychologists, and psychiatrists.

Direct care workers also include those employed under consumer-directed model.

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**

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:

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- “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 and promotion of staff.

Integrated 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. Integrated 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 72. The September 30, 2022, deadline for provider expenditure of increased funds updates the deadline provided in MCE Bulletin 72.

### **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, 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. 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](http://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.

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).

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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 72.

### **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 be subject to financial penalty.

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

MassHealth is directing integrated 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. 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) the integrated care plans must apply the rate increases to the plan's contracted rates effective as of July 1, 2021. For all other services listed below, plans must apply the rate increases to the plan's contracted rates with providers as of June 30, 2021.

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

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

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

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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 that are listed in the table below, for dates of service on or after January 1, 2022, through June 30, 2022.

<b>Service</b>	<b>One Care</b>	<b>SCO</b>
Adult Day Health	X	X
Adult Foster Care	X	X
Ambulance and Wheelchair Van Services	X	X
Continuous Skilled Nursing Services	X	X
Day Habilitation	X	X
Durable Medical Equipment	X	X
Home Health	X	X
Group Adult Foster Care	X	X
Personal Care Attendant (PCA) Program	X	X

Please refer to [Integrated Care Code Reference Table – HCBS and Behavioral Health](#) for additional details.

**Behavioral Health Service Rate Increases by Service**

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

<b>Covered Service</b>	<b>One Care</b>	<b>SCO</b>
Acute Treatment Services (ATS) for Substance Use Disorders and Clinical Support Services for Substance Use Disorders (including Individualized Treatment Services)	X	X
Community Support Program (CSP), including CSP for Chronically Homeless Individuals (CSP-CHI)	X	X
Emergency Service Program (ESP) and Community Crisis Stabilization (CCS)	X	X
Intensive Hospital Diversion	X	X
Intensive Outpatient Program (IOP)	X	X

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Covered Service	One Care	SCO
Outpatient mental health services: <ul style="list-style-type: none"> <li>• Case consultation</li> <li>• Couples/Family Treatment</li> <li>• Diagnostic Evaluation</li> <li>• Dialectical Behavioral Therapy (DBT)</li> <li>• Electro-Convulsive Therapy (ECT)</li> <li>• Family Consultation</li> <li>• Group Treatment</li> <li>• Individual Treatment</li> <li>• Inpatient-Outpatient Bridge Visit</li> <li>• Psychological Testing (including Psychological Neuropsychological Testing)</li> <li>• Medication Visit</li> </ul>	X	X
Partial Hospitalization (PHP)	X	X
Program of Assertive Community Treatment (PACT)	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	
Structured Outpatient Addiction Program (SOAP)	X	X
SUD Clinic Services: <ul style="list-style-type: none"> <li>Acupuncture Treatment</li> <li>Ambulatory Withdrawal Management</li> <li>Medication Visit</li> <li>Opioid Treatment Services including counseling services</li> </ul>	X	X

Please refer to [Integrated Care Code Reference Table – Behavioral Health and ARPA HCBS](#) for additional details

**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.

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

Integrated 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.

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.

Integrated 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 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 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](http://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](mailto: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, email your inquiry to [providersupport@mahealth.net](mailto:providersupport@mahealth.net), or fax your inquiry to (617) 988-8974.