

PUBLISHED: December 30, 2016

**NOTICE OF CHANGES IN STATEWIDE METHODS AND STANDARDS  
FOR SETTING PAYMENT RATES**

**SUBJECT:** MassHealth: Rates for Home and Community Based Services Waivers

**AGENCY:** Massachusetts Executive Office of Health and Human Services

**SUMMARY:** MassHealth Rate Changes for Home and Community Based Services Waivers  
Effective January 1, 2017

**DESCRIPTION OF CHANGES:**

The following rate changes have an effective date of January 1, 2017. The amendments to the regulation at 101 CMR 359.00 change rates to be paid for certain home- and community-based waiver services provided under the MassHealth program. The new regulation at 101 CMR 359.00 and the rates contained therein replace the regulations at 101 CMR 357.00 and 114.3 CMR 54.00 and the rates contained therein. The addendum to this notice sets forth both the rates and, if applicable, the prior rates for each program identified in the new regulation. The self-directed services rates are inclusive of the employer expense component.

This rate change is pursuant to M.G.L. Chapter 118E, Sections 13C and 13D, which require that the Executive Office of Health and Human Services (EOHHS) establish, by regulation, health care rates to be paid by governmental units and biennially determine the rates to be paid. The rate changes simplify the rate development and promulgation process and enhance clarity for providers. The estimate of the expected increase in annual aggregate expenditures of the above-cited changes to the Commonwealth is \$8,490,969, for a total increase of 6.75% over current spending. There is no fiscal impact on cities and towns.

Individuals may submit written comments and obtain copies of notices or the regulations by e-mailing [ehs-regulations@state.ma.us](mailto:ehs-regulations@state.ma.us). Please submit electronic comments as an attached Word document or as text within the body of the e-mail with the phrase “MassHealth Changes in Rates for Home and Community Based Services Waivers” in the subject line. All submissions must include the sender’s full name and address. Individuals who are unable to submit comments or request copies of the notices or regulations by e-mail should mail written comments to EOHHS, c/o Debby Briggs, 100 Hancock Street, 6<sup>th</sup> Floor, Quincy, MA 02171.

**ADDENDUM**

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
Adult Companion	ABI-N	Per 15 Min.	\$5.07	\$5.07	\$4.55	N/A	89.75% of Agency Rate	N/A
Adult Companion	MFP-CL	Per 15 Min.	\$5.07	\$5.07	\$4.55	\$4.55	89.75% of Agency Rate	89.75% of Agency Rate
Assisted Living	ABI-RH, MFP-RS	Per Diem	\$104.53	\$104.53	N/A	N/A	N/A	N/A
Chore	ABI- N	Per 15 Min.	\$7.04	\$7.78	N/A	N/A	N/A	N/A
Chore	MFP-CL	Per 15 Min.	\$7.04	\$7.78	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate
Community Family Training	MFP-CL	Per 15 Min.	<i>See 114.4 CMR 14.00: Rates for Family Stabilization Services (rate divided by four to determine rate per 15 minute</i>	<i>See 101 CMR 414.00: Rates for Family Stabilization Services (Family Training rate divided by 4 to determine rate per 15 minute</i>	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate	N/A

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
			increments)	increments)				
Day Services	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per diem	\$102.90	\$102.90	N/A	N/A	N/A	N/A
Home Accessibility Adaptations	ABI-N, MFP-CL, MFP-RS	Item	I.C.	I.C.	N/A	N/A	N/A	N/A
Home Health Aide	MFP-CL	Per 15 min.	<i>See 114.3 CMR 50.00: Home Health Services</i>	<i>See 114.3 CMR 50.00: Home Health Services</i>	N/A	N/A	N/A	N/A
Homemaker	ABI-N	Per 15 Min.	\$5.07	\$5.82	N/A	N/A	N/A	N/A
Homemaker	MFP-CL	Per 15 Min.	\$5.07	\$5.82	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate
Independent Living Supports	MFP-CL	Per Diem	\$82.12	\$82.12	N/A	N/A	N/A	N/A
Individual Support and Community Habilitation	ABI-N	Per 15 Min.	\$10.30	<i>See 101 CMR 423.00: Rates for Certain In-Home Basic Living Supports; Levels G-H</i>	\$5.83	N/A	56.60 % of Agency Rate	N/A

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
Individual Support and Community Habilitation	MFP-CL, MFP- RS	Per 15 Min.	\$10.30	See 101 CMR 423.00: Rates for Certain In-Home Basic Living Supports; Levels G-H	\$5.83	\$5.83	56.60 % of Agency Rate	56.60 % of Agency Rate
Occupational Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Visit	See 114.3 CMR 50.00: Home Health Services	See 114.3 CMR 50.00: Home Health Services	See 114.3 CMR 39.00: Rehabilitation Center Services, Audiological Services, Restorative Services (\$60.00 per visit)	N/A	See 114.3 CMR 39.00: Rehabilitation Center Services, Audiological Services, Restorative Services (out-of-office visit rate)	N/A
Orientation and Mobility Services	MFP-CL, MFP-RS	Per 15 Min	Level I: \$31.02 Level II: \$34.39 Level III: \$37.77	Level I: \$31.02 Level II: \$34.39 Level III: \$37.77	Level I: \$31.02 Level II: \$34.39 Level III: \$37.77	N/A	Level I: \$31.02 Level II: \$34.39 Level III: \$37.77	N/A
Peer Support	MFP-CL, MFP- RS	Per 15 Min.	See 101 CMR 414.00: Rates for Family Stabilization Services (rate divided by 4 to determine	See 101 CMR 414.00: Rates for Family Stabilization Services (rate divided by 4 to determine rate	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
			rate per 15 minute increments)	per 15 minute increments)				
Personal Care	ABI-N	Per 15 Min.	\$5.07	\$5.84	N/A	N/A	N/A	N/A
Personal Care	MFP-CL	Per 15 Min.	\$5.07	\$5.84	<i>See 114.3 CMR 9.00: Independent Living Services for the Personal Care Attendant Program</i>	<i>See 114.3 CMR 9.00: Independent Living Services for the Personal Care Attendant Program</i>	<i>See 101 CMR 309.00: Independent Living Services for the Personal Care Attendant Program</i>	<i>See 101 CMR 309.00: Independent Living Services for the Personal Care Attendant Program</i>
Physical Therapy	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Visit	<i>See 114.3 CMR 50.00: Home Health Services</i>	<i>See 114.3 CMR 50.00: Home Health Services</i>	<i>See 114.3 CMR 39.00: Rehabilitation Center Services, Audiological Services, Restorative Services (\$60.00 per visit)</i>	N/A	<i>See 114.3 CMR 39.00: Rehabilitation Center Services, Audiological Services, Restorative Services (out-of-office visit rate)</i>	N/A

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
Prevocational Services	MFP-CL, MFP- RS	Per 15 min	114.3 CMR 54.00: <i>Rates for Acquired Brain Injury Waiver &amp; Related Services</i> (same rate as Supported Employment – \$8.56)	\$9.15	N/A	N/A	N/A	N/A
Residential Family Training	MFP- RS	Per 15 min	<i>See 101 CMR 414.00: Rates for Family Stabilization Services</i> (Family Training rate divided by 4 to determine rate per 15 minute increments)	<i>See 101 CMR 414.00: Rates for Family Stabilization Services</i> (Family Training rate divided by 4 to determine rate per 15 minute increments)	89.75% of Agency Rate	89.75% of Agency Rate	89.75% of Agency Rate	N/A
Residential Habilitation Room and Board	ABI-RH, MFP-RS	Per Diem	\$63.52	<i>See 101 CMR 420.00: Rates for Adult Long-Term Residential</i>	N/A	N/A		

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
				<i>Services: Site Rates</i>				
Residential Habilitation Services	ABI-RH, MFP-RS	Per Diem	Level 1: \$309.49 Level 2: \$428.09	<i>See 101 CMR 420.00: Rates for Adult Long-Term Residential Services: Basic Lower Intensity, Basic, or Intermediate categories, Medical/Clinical Level 1 or Medical/Clinical Level 2</i>	N/A	N/A	N/A	N/A
Respite	ABI-N, MFP-CL	Per Diem	I.C.	I.C.	N/A	N/A	N/A	N/A
Shared Home Supports	MFP-CL	Per Diem	\$76.39	\$76.39	N/A	N/A	N/A	N/A
Shared Living – 24 Hour Supports	ABI-RH, MFP-RS	Per Diem	Level 1: \$158.50 Level 2: \$183.45	<i>See 101 CMR 411.00: Rates for Certain Placement and Support Services</i>	N/A	N/A	N/A	N/A

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
Skilled Nursing – LPN	MFP-CL, MFP- RS	Per Visit	<i>See 114.3 CMR 50.00: Home Health Services: Rates for Skilled Nursing Services</i>	<i>See 114.3 CMR 50.00: Home Health Services: Rates for Skilled Nursing Services</i>	N/A	N/A	N/A	N/A
Skilled Nursing – RN	MFP-CL, MFP- RS	Per Visit	<i>See 114.3 CMR 50.00: Home Health Services: Rates for Skilled Nursing Services</i>	<i>See 114.3 CMR 50.00: Home Health Services: Rates for Skilled Nursing Services</i>	N/A	N/A	N/A	N/A
Specialized Medical Equipment	ABI-N, ABI-RH, MFP-CL, MFP-RS	Item	<i>See 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment</i>	<i>See 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment</i>	<i>See 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment</i>	N/A	<i>See 114.3 CMR 22.00: Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment</i>	N/A
Speech Therapy	ABI-N, ABI-RH, MFP-CL,	Per Visit	<i>See 114.3 CMR 50.00: Home Health</i>	<i>See 114.3 CMR 50.00: Home Health Services</i>	<i>See 114.3 CMR 39.00: Rehabilitation Center Services,</i>	N/A	<i>See 114.3 CMR 39.00: Rehabilitation</i>	N/A

Service	HCBS Waiver	Units	Prior Agency Rate	New Agency Rate	Prior Non-Agency Rate		New Non-Agency Rate	
					Individual Provider (Self-Employed Provider )	Self-directed Service	Individual Provider (Self-Employed Provider )	Self-directed Service
	MFP-RS		<i>Services</i>		<i>Audiological Services, Restorative Services</i> (out-of-office visit rate)		<i>Center Services, Audiological Services, Restorative Services</i> (out-of-office visit rate)	
Supported Employment	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per 15 Min.	\$8.56	\$9.15	N/A	N/A	N/A	N/A
Supportive Home Care Aide	MFP-CL	Per 15 Min.	<i>See 114.3 CMR 50.00: Home Health Services (Rate for Home Health Aide )</i>	<i>See 114.3 CMR 50.00: Home Health Services (8.03% above the rate for Home Health Aide )</i>	N/A	N/A	N/A	N/A
Transitional Assistance	ABI-N, ABI-RH, MFP-CL, MFP-RS	Per Episode	I.C.	I.C.	N/A	N/A	N/A	N/A
Transportation	ABI-N, ABI-RH, MFP-CL, MFP-RS	One-Way Trip	<i>See 114.3 CMR 27.00: Ambulance Services</i>	<i>See 114.3 CMR 27.00: Ambulance Services</i>	N/A	N/A	N/A	N/A
Vehicle Modification	MFP-CL	Item	I.C.	I.C.	N/A	N/A	N/A	N/A