

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 421.00: RATES FOR ADULT HOUSING AND COMMUNITY SUPPORT SERVICES

Section

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421.01: General Provisions

- (1) Scope. 101 CMR 421.00 governs the payment rates for adult housing and community support services purchased by a governmental unit. These services are designed to provide various types of assistance to homeless individuals and, following stabilization, promote more structured supports for them.
- (2) Applicable Dates of Service. The rates contained in 101 CMR 421.00 apply for dates of service provided on or after July 1, 202~~3~~5.
- (3) Disclaimer of Authorization of Services. 101 CMR 421.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 421.00. Governmental units that purchase adult housing and community support services are responsible for the definition, authorization, and approval of services extended to clients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 421.00.

421.02: Definitions

As used in 101 CMR 421.00, unless the context requires otherwise, terms have the meanings in 101 CMR 421.02.

Assertive Treatment and Relapse Prevention. A supportive housing program for persons at risk of homelessness, who have a dual diagnosis of mental illness and substance-related addictive disorders. The model is an intensive clinical outreach service designed to provide individualized support in community housing placements. The intensive clinical outreach services promote housing retention, assistance in accessing treatment, and other resources so that the individuals served can achieve recovery.

Client. An individual who receives adult housing and community support services purchased by a governmental unit.

Cost Report. The documentation used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) is used when required.

Dual Diagnosis Shelter. This service model is a specialized shelter for homeless individuals who have a dual diagnosis of mental illness and substance-related addictive disorders. The specialized

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shelter provides emergency beds and clinical support. Staffing is provided 24 hours ~~per a~~ day and seven days ~~per a~~ week. On-site shelter support includes assessment of needs, service coordination, crisis intervention, assistance with activities of daily living, assistance with medication, and nutritional education.

Enrolled Month. In general, an enrolled month is the unit of service used to bill the governmental unit, applicable in homeless support services where there are specialized residential supports in a system of closed referrals. An enrolled month is a calendar month where an enrolled client is authorized by the governmental unit to receive services, including lease management or lease management with other supportive services as determined by the governmental unit.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Housing Options Program. Low-intensity services for homeless individuals with disabilities who qualify for specialized housing subsidies with supportive services. Level 1 services include assistance in maintaining housing subsidies provided by the federal Department of Housing and Urban Development. Level 2 services include supportive help with life tasks, such as ensuring adequate food, paying bills, mediation with landlords, and/or help with social interactions with the goal of housing retention.

Outreach and Engagement Services. These services, provided by an outreach team, focus on making contact in the community with individuals who are experiencing homelessness in an effort to engage them and facilitate referrals for essential treatment, including behavioral health and primary care, employment services, housing, and assistance in applying for benefits for which they may be eligible. Services include engagement, assessments, crisis intervention, and information and referral.

Program Staffing Supports. This service provides direct care staffing assistance to help ensure successful outcomes for individuals experiencing homelessness. The service is typically provided as a part of a larger project of which the governmental unit purchasing the service is a funding partner. Direct care staff may range from nonspecialized to licensed independent clinical social workers (LICSW).

Provider. Any individual, group, partnership, trust, corporation, or other legal entity that offers services for purchase by a governmental unit and that meets the conditions of purchase or licensure that have been adopted by a purchasing governmental unit.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

Safe Haven. This service model is an alternative to shelter for individuals whose symptoms of mental illness make it difficult to ~~utilize~~ shelters and who may have otherwise been sleeping outdoors. Safe Haven programs are residential in design, transitional in nature, and are targeted for individuals with serious and persistent mental illness. Services beyond housing include help

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with benefits, other housing applications, social support, and crisis intervention, with staffing provided 24 hours ~~per-a~~ day, seven days ~~per-a~~ week with the goal of stabilization and assistance in transitioning into long-term housing.

421.03: Rate Provisions

- (1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).
- (2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for the services rendered to the publicly assisted client.
- (3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.
- (4) Administrative Adjustment for Extraordinary Circumstances. A method whereby, subject to availability of funds, a purchasing governmental unit may provide additional resource allocations to a qualified provider in response to unusual and unforeseen circumstances that substantially increase the cost of service delivery in ways not contemplated in the development of current rates. It must be demonstrated that such cost increases gravely threaten the stability of service provision such that client or consumer access to necessary services is at risk. The purchasing governmental unit will evaluate the need for the administrative adjustment, determine whether funding is available, and convey that information to EOHHS for review to determine the amount of any adjustment.
- (5) Approved Rates. The approved rate is the lower of a provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 421.03(5).

Program/Service Type	Rate	Unit
Outreach and Engagement	\$35,983 <u>8,879</u>	Month
Safe Haven: ten to 12 beds	\$207,142 <u>24.87</u>	Enrolled day
Safe Haven: seven to nine beds	\$229,462 <u>48.79</u>	Enrolled day
Dual Diagnosis Shelter - donated space	\$189,382 <u>07.31</u>	Enrolled day
Dual Diagnosis Shelter - with occupancy costs	\$210,622 <u>29.22</u>	Enrolled day
Housing Options Program: Level 1	\$45,434 <u>.78</u>	Enrolled month

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Housing Options Program: Level 2	\$189.97 <u>207.35</u>	Enrolled month
Assertive Treatment and Relapse Prevention: Model A – nine to 12 clients	\$58.01 <u>63.70</u>	Enrolled day
Assertive Treatment and Relapse Prevention: Model B – six to eight clients	\$55.62 <u>61.01</u>	Enrolled day

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Program Staffing Supports		Rates		
		FTE Basis		
		0.25	0.5	1
Position Titles	Per Diem	Monthly		
Direct Care	\$184.00 201.22	\$1,162.62 \$1,061.00	\$2,325.24 \$2,122.00	\$4,650.47 \$4,244.00
Direct Care III	\$234.00 261.57	\$1,511.28 \$1,354.00	\$3,022.56 \$2,708.00	\$6,045.12 \$5,415.00
LICSW	\$340.00 389.16	\$2,248.47 \$1,965.00	\$4,496.95 \$3,929.00	\$8,993.90 \$7,858.00

421.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS must be certified under pains and penalties of perjury as true, correct, and accurate by the executive director or chief financial officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or the purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual Uniform Financial Statements and Independent Auditor's Report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any cost report supplemental schedule as issued by EOHHS; and

(c) any additional information requested by EOHHS within 21 days of a written request.

(3) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 421.04(3).

421.05: Severability

The provisions of 101 CMR 421.00 are severable. If any provision of 101 CMR 421.00 or application of ~~such any~~ provision to ~~any eligible applicable individual, entity, or circumstance provider or fiscal intermediary~~ is held invalid or unconstitutional, ~~such determination that holding~~ will not ~~be construed to~~ affect the validity or constitutionality of any remaining provisions of 101 CMR 421.00 or application of ~~such those~~ provisions to ~~eligible providers or fiscal intermediaries in circumstances other than those held invalid applicable individuals, entities, or circumstances.~~

REGULATORY AUTHORITY

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101 CMR 421.00: M.G.L. c. 118E.