101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 417.00: RATES FOR CERTAIN ELDER CARE SERVICES

Section

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417.01: General Provisions

(1) Scope. 101 CMR 417.00 governs the payment rates for certain elder care services provided to clients of the Executive Office of Aging and Independence (AGE) by Aging Services Access Points (ASAPs) and other designated providers.

(2) Applicable Dates of Service. Rates contained in 101 CMR 417.00 apply for dates of service provided on or after January 1, ~~2026~~2027.

(3) Disclaimer of Authorization of Services. 101 CMR 417.00 is neither authorization for, nor approval of, the services for which rates are determined pursuant to 101 CMR 417.00. Governmental units that purchase ASAP 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 417.00.

417.02: Definitions

As used in 101 CMR 417.00, unless the context requires otherwise, terms have the meanings in 101 CMR 417.02.

AGE. The Executive Office of Aging and Independence, formerly known as the Executive Office of Elder Affairs, established under M.G.L. c. 19A.

Aging Services Access Points (ASAPs). One or more nonprofit agencies, one or more home care providers as defined in M.G.L. c. 19A, § 4(c), a combination of said home care corporations acting jointly, or a state agency ~~that is/are~~ , all of which must be designated by and under contract with AGE to provide services for Medicaid community-based long-term care pursuant to an interagency agreement between AGE and the Office of Medicaid. ASAPs contract with AGE to purchase community-based long-term-care services for certain clients, provide protective services (and in some cases provide nutrition services), provide information and referral services, provide case management services, coordinate and authorize the delivery of home care program services, and provide clinical screening for nursing facility and community-based long-term-care services. Each agency is organized to plan, develop, and implement the coordination and delivery of community-based long-term-care services.

ASAP Services. Those functions that are performed by the ASAP according to the terms of an ASAP contract. The functions include screenings, interdisciplinary case management, protective

services, information and referral, and, in cases in which the ASAP elects to provide rather than subcontract the function, nutrition services.

Client. A person who receives community-based long-term-care services purchased by a governmental unit.

Congregate Housing Services Coordination. Services provided to eligible seniors and adults with disabilities living in a multi-unit housing setting in which residents have a private bedroom or apartment and share living space; and in which a congregate coordinator evaluates applicants, arranges for community-based support services that residents may need, and provides living support and social activities.

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

Enhanced Community Options Program (ECOP) Direct Services. A program administered by ASAPs for frail elders who are clinically eligible for nursing facility services under MassHealth and who meet criteria set forth by AGE. ECOP provides a broad range of community services for these elders to remain in the community that includes services available under the Home Care Program.

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.

Guardianship Services. A legal service administered by AGE by which the Probate and Family Court appoints a guardian and grants the guardian authority to care for and to make decisions on behalf of an incapacitated person.

Home Care Program Case Management Services. Services under the Basic Home Care and ECOP programs to coordinate a variety of homemaker and assisted daily living services within the client's home and community. Services are provided by Basic Home Care and ECOP case managers, based on the needs and acuity level of the client.

Home Care Program Direct Services. Home Care Program services include homemaker, personal care, laundry, home-delivered meals, chores, home health, transportation, social day care services, adult day health, dementia day care, adaptive housing, personal emergency response, grocery shopping/delivery, companion, emergency shelter, respite care, and other Home Care Program services as set forth in 651 CMR 3.01: *Scope and Purpose*. Service definitions and service standards are established by AGE in 651 CMR 3.00: *Home Care Program*.

Incapacitated Person. An adult who has a clinically diagnosed medical condition that results in an inability to receive and evaluate information or make or communicate decisions about their everyday personal care, health, and safety, and who has been determined to be an incapacitated person by the Massachusetts Probate and Family Court.

Money Management Program. Services that assist low-income elders who have difficulty with money management or bill paying and, as a result, are vulnerable to financial exploitation, or are at serious risk due to an inability to meet critical needs. Services under this program include representative payee and bill payer services.

Protective Services (PS). A statewide system administered by AGE to receive and investigate reports of elder abuse, including physical, emotional, and sexual abuse, neglect by a caregiver, self-neglect, and financial exploitation, and to provide protective services as necessary. Services are provided by designated PS agencies to respond to reports of elder abuse, to remedy or alleviate the abusive situation, and to prevent the recurrence of abuse.

Protective Services Central Intake Unit. A live data entry, protective services call center that takes an elder abuse report directly from a reporter and enters the information into the AGE web based Protective Services Case Management System. An elder abuse report submitted directly by a reporter through the AGE online reporting system does not constitute a Protective Services Intake for billing purposes.

Protective Services Intake. The ancillary service, provided by an ASAP, of taking an elder abuse report directly from a reporter and entering the information into the AGE web based Protective Services Case Management System. An elder abuse report submitted directly by a reporter through the AGE online reporting system does not constitute a Protective Services Intake for billing purposes.

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).

State Funding. The aggregate state fiscal year amount of payments to a provider by a governmental unit for services purchased at rates established in 101 CMR 417.00. State funding does not include any amounts attributable to federal funding or grant funds.

Supportive Senior Housing. A program administered by AGE to develop supportive senior housing in public housing with the goal of promoting independence and aging in place. Supportive senior housing services include service coordination, 24-hour emergency coverage on-site or on call, social activities, and at least one congregate meal per weekday.

417.03: 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 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 program 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 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) Approved Rates. The approved rate is the lower of the provider's charge or amount accepted as payment from another payer or the rate listed in 101 CMR 417.03(4).

Service	Unit	Rate
Enhanced Community Options Program (ECOP) Direct Services	Per client per month	$~~1,025.12~~1,106.91
Home Care Program Services Direct Services	Per client per month	$~~457.41~~491.76
Congregate Housing Services Coordination	Per client per month	$394.89
Central Intake and Assessment Program	Monthly accommodation rate~~Per client report~~	$249,021~~$138.85~~
Basic Home Care Case Management	Per client per month	$202.47
ECOP Case Management	Per client per month	$373.83
Protective Services	Per client per month	$656.56
Protective Services Intake	Per protective service report	$~~85.24~~178.16
Supportive Senior Housing	Per site per month	$17,545.39
Money Management Services	Per client per month	$143.86
Guardianship Services	Per client per month	$1,304.65

417.04: 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 will 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 417.04(3).

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417.05: Severability

The provisions of 101 CMR 417.00 are severable. If any provision of 101 CMR 417.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of any remaining provisions of 101 CMR 417.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

101 CMR 417.00: M.G.L. c. 118E.