Section

433.01: General Provisions

433.02: Definitions

433.03: Rate Provisions

433.04: Filing and Reporting Requirements

433.05: Severability

433.01: General Provisions

(1) Scope. 101 CMR 433.00 governs the payment rates for Certain Health and Human Services Programs Previously Established on July 1, 2021 purchased by a governmental unit, including, but not limited to, Department of Developmental Services (DDS), the Massachusetts Commission for the Blind (MCB), the Massachusetts Rehabilitation Commission (MRC), the Department of Mental Health (DMH), the Department of Youth Services (DYS), the Department of Children and Families (DCF), the Department of Public Health (DPH), the Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH), or MassHealth.

(2) Applicable Dates of Service. Rates contained in 101 CMR 433.00 apply for dates of service provided on or after January 1, 2022.

(3) Disclaimer of Authorization of Services. 101 CMR 433.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 433.00. Governmental units that purchase the services described in 101 CMR 433.00 are responsible for the definition, authorization, and approval of services provided to clients.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 433.00.

(5) Parent Regulations. 101 CMR 433.00 describes operational add-on rates for certain services whose basic rates are governed by other regulations. For services not included in 101 CMR 433.00, please refer to the parent regulation listed in 101 CMR 433.01(5)

| **Service** | **Parent Regulation** |
| --- | --- |
| Residential Rehabilitation programs, Clinically Managed Detoxification Services, Supportive Case Management Services, Triage, Engagement and Assessment Services, Youth Residential and Clinical SUD Treatment Services and Office Based Opioid Treatment Services | 101 CMR 346.00 *Rates for Certain Substance-Related and Addictive Disorders Programs* |
| Certain Adult Housing and Community Support Services | 101 CMR 421.00: *Rates for Adult Housing and Community Support Services* |
| Certain Youth and Young Adult Services | 101 CMR 427.00: *Rates for Certain Youth and Young Adult Support Services* |
| Certain Independent Living Communities | 101 CMR 428.00: *Rates for Certain Independent Living Communities and Services* |
| Sexual and Domestic Violence Services | 101 CMR 429.00: *Rates for Certain Sexual and Domestic Violence Services* |
| Program of Assertive Community Treatment Services | 101 CMR 430.00: *Rates for Program of Assertive Community Treatment Services* |
| Certain Respite Services | 101 CMR 431.00: *Rates for Certain Respite Services* |
| Certain Lead Agency Services | 101 CMR 432.00: *Rates for Certain Lead Agency Services* |

433.02: Definitions

 As used in 101 CMR 433.00, terms have the meanings in 101 CMR 433.02, except as otherwise provided.

Client. An individual receiving services purchased by a governmental unit.

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.

COVID-19 Payment Rate. A rate that is intended to take into account the change in program model necessary due to COVID-19 requirements, which will be instituted at the discretion of the purchasing 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.

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).

433.03: 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 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 with Applicable Dates of Service Provided on or after July 1, 2021. 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 433.03(4).

(a) Certain Substance Use Disorder Programs. Terms used in 101 CMR 433.03(4)(a) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 346.02: *Definitions*.

| **Service/Program** | **Code** | **Unit of Service** | **Rate**  |
| --- | --- | --- | --- |
| Youth Residential Substance Use Disorder Treatment | H0019-HF | *Per Diem* | $323.55  |
| Clinically Intensive Youth Residential Substance Use Disorder Treatment | H0019-HA | *Per Diem* | $425.39  |
| Residential Services | H0019 | *Per Diem* | $149.20  |
| Residential Rehab Pregnant Enhancement | H0019-TH | *Per Diem* | $41.58  |
| Residential Rehab Postpartum Enhancement | H0019-HD | *Per Diem* | $93.35  |
| Residential Rehab Child Enhancement | H0019-HV | *Per Diem* | $46.67  |
| Medically Monitored Inpatient Detoxification | H0011 | *Per Diem* | $420.77  |
| Clinically Managed Inpatient Detoxification | H0010 | *Per Diem* | $350.93  |
| Transitional Support Services | H0018 | *Per Diem* | $185.21  |
| Second Offender Drive Alcohol Education Residential | H0018-H9 | *Per Diem* | $148.82  |
| Jail Diversion - Phase 1 | H0019-H9 | *Per Diem* | $222.81  |
| Jail Diversion - Phase 2 | H0006-H9 | Per Hour | $61.53  |
| Family Supportive Housing | H0019-HR | *Per Diem* | $197.63  |
| Family Residential Treatment | H0019-HR | *Per Diem* | $327.92  |
| Supportive Case Management - Permanent Adult | N/A | Enrolled Client Day | $12.43  |
| Supportive Case Management - Permanent Families | N/A | Enrolled Client Day | $25.06  |
| Supportive Case Management - Permanent Young Adult | N/A | Enrolled Client Day | $34.46  |
| Supportive Case Management - Transitional Adult | N/A | Enrolled Client Day | $14.80  |
| Supportive Case Management - Transitional Families | N/A | Enrolled Client Day | $29.79  |
| Supportive Case Management - Transitional Young Adult | N/A | Enrolled Client Day | $40.17  |
| Supportive Case Management - House Manager Add-on | N/A | Month | $2,917.00  |
| Supportive Case Management - Outreach and Staffing Supports | N/A | Month | $3,997.00  |
| Supportive Case Management - Low Threshold | N/A | Enrolled Client Day | $51.43  |
| Supportive Case Management - School Based Targeted Prevention | N/A | Month | $16,882.00  |
| Triage, Engagement & Assessment Services - Model A- Base Rate | N/A | Monthly Per Slot | $952.00  |
| Triage, Engagement & Assessment Services - Model A- Engagement Staff Rate | N/A | Monthly Per Slot | $534.00  |
| Triage, Engagement & Assessment Services - Model A- Engagement Staff Rate Day Program Only | N/A | Monthly Per Slot | $273.00  |
| Triage, Engagement & Assessment Services - Model B - Base Rate | N/A | Monthly Per Slot | $1,141.00  |
| Triage, Engagement & Assessment Services - Model B - Engagement Staff Rate | N/A | Monthly Per Slot | $720.00  |
| Triage, Engagement & Assessment Services - Model B - Engagement Staff Rate Day Program Only | N/A | Monthly Per Slot | $447.00  |
| Triage, Engagement & Assessment Services - Peer Service Coordinator Add-on | N/A | *Per Diem* | $22.04  |
| Triage, Engagement & Assessment Services - Social Worker LICSW Add-on | N/A | *Per Diem* | $38.08  |
| Triage, Engagement & Assessment Services - Care Coordinator Add-on | N/A | *Per Diem* | $22.04  |
| Triage, Engagement & Assessment Services - Direct Care Staff Add-on | N/A | *Per Diem* | $22.04  |
| Triage, Engagement & Assessment Services - Support Staff Add-on | N/A | *Per Diem* | $22.04  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 1 | N/A | Monthly | $2,562.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 2 | N/A | Monthly | $3,611.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 3 | N/A | Monthly | $4,659.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 4 | N/A | Monthly | $5,708.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 5 | N/A | Monthly | $6,757.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 6 | N/A | Monthly | $8,108.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 7 | N/A | Monthly | $9,459.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 8 | N/A | Monthly | $10,810.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 9 | N/A | Monthly | $12,162.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - Tier 10 | N/A | Monthly | $13,513.00  |
| Office Based Opioid Treatment (FQHCs) Wraparound Services - 25 Client Add-on  | N/A | Monthly | $1,351.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 1 | N/A | Monthly | $4,714.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 2 | N/A | Monthly | $5,763.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 3 | N/A | Monthly | $6,811.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 4 | N/A | Monthly | $7,860.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 5 | N/A | Monthly | $8,908.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 6 | N/A | Monthly | $10,690.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 7 | N/A | Monthly | $12,472.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 8 | N/A | Monthly | $14,253.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 9 | N/A | Monthly | $16,035.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - Tier 10 | N/A | Monthly | $17,817.00  |
| Office Based Opioid Treatment - Outpatient Clinic Wraparound Services - 25 Client Add-on  | N/A | Monthly | $3,503.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 1 | N/A | Monthly | $4,968.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 2 | N/A | Monthly | $8,495.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 3 | N/A | Monthly | $11,985.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 4 | N/A | Monthly | $15,501.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 5 | N/A | Monthly | $19,018.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 6 | N/A | Monthly | $22,821.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 7 | N/A | Monthly | $26,625.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 8 | N/A | Monthly | $30,428.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 9 | N/A | Monthly | $34,232.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - Tier 10 | N/A | Monthly | $38,035.00  |
| Office Based Opioid Treatment - Hospital Wraparound Services - 25 Client Add-on  | N/A | Monthly | $2,562.00  |
| Office Based Opioid Treatment (FQHCs) Start-up - Level 1 | N/A | Monthly | $8,659.00  |
| Office Based Opioid Treatment (FQHCs) Start-up - Level 2 | N/A | Monthly | $12,669.00  |

 (b) Adult Housing and Community Support Services. Terms used in 101 CMR 433.03(4)(f) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 421.02:  *Definitions*.

1. Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| Outreach and Engagement | Month | $31,757  |
| Safe Haven: ten to 12 beds | Enrolled day | $180.45  |
| Safe Haven: seven to nine beds | Enrolled day | $200.40  |
| Dual Diagnosis Shelter - donated space  | Enrolled day | $163.66  |
| Dual Diagnosis Shelter - with occupancy costs | Enrolled day | $184.38  |
| Housing Options Program: Level 1 | Enrolled month | $40.58  |
| Housing Options Program: Level 2 | Enrolled month | $165.45  |
| Assertive Treatment and Relapse Prevention: Model A – nine to 12 clients | Enrolled day | $50.98  |
| Assertive Treatment and Relapse Prevention: Model B – six to eight clients | Enrolled day | $48.57  |

2. Adult Housing and Community Support Service Add-on Rates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title** | **Per Diem** | **.25 FTE Monthly** | **.50 FTE Monthly** | **1.0 FTE Monthly** |
| Direct Care  | $166  | $897  | $1,793  | $3,587  |
| Direct Care III | $214  | $1,161  | $2,321  | $4,643  |
| LICSW | $302  | $1,633  | $3,267  | $6,534  |

(c) Youth And Young Adult Support Services. Terms used in 101 CMR 433.03(4)(g) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 427.02: *Definitions*.

1. Alternative Lock-up Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service / Program** | **Unit of Service** | **Rate**  |
| A | Monthly | $11,547  |
| B | Monthly | $20,111  |
| C | Monthly | $25,703  |

2. Conflict of Interest Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service / Program** | **Unit of Service** | **Rate**  |
| One Family | Monthly | $1,090  |
| Five Families | Monthly | $5,448  |

3. Teen Pregnancy Prevention Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| In school | Curriculum Hour | $324.70  |
| Outside school | Curriculum Hour | $405.88  |
| Remote Add-on | Hour | $81.18  |
| Peer Leadership & Youth Development | Contact Hour | $243.53  |
| Partnership Development | Hour | $46.70  |

4. Therapeutic Day Services Program Rates.

| **Service/Program** | **Unit of Service** | **Rate**  |
| --- | --- | --- |
| Model 1 | Month | $28,418  |
| Model 2 | Month | $24,586  |
| Model 3A | Month | $25,547  |
| Model 3B | Month | $34,615  |
| Model 4A | Month | $20,030  |
| Model 4B | Month | $37,806  |

5. Therapeutic Day Services Add-on Rates.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Title** | **Unit of Service** | **.25 FTE** | **.5 FTE** | **.75 FTE** | **1 FTE** |
| Clinical (LICSW) | Monthly | $1,633  | $3,268  | $4,900  | $6,534  |
| Peer/Direct Care | Monthly | $897  | $1,794  | $2,690  | $3,587  |
| Direct Care III | Monthly | $1,160  | $2,321  | $3,481  | $4,641  |

6. Young Parent Support Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| Model A | Month | $8,435  |
| Model B | Month | $16,869  |
| YPS Specialty Direct Care III Add-on (.5 FTE)  | Month | $2,321  |
| YPS Specialty Direct Care III Add-on (1 FTE)  | Month | $4,641  |

 (d) Independent Living Community Programs. Terms used in 101 CMR 433.03(4)(h) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 428.02: *Definitions*.

1. Deaf and Hard of Hearing Independent Living Service Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| DHILs - Region 1 | Monthly | $46,315  |
| DHILs - Region 2 | Monthly | $40,707  |
| DHILs - Region 3 | Monthly | $36,502  |
| DHILs - Region 4 | Monthly | $33,600  |
| DHILs - Region 5 | Monthly | $21,841  |
| DHILs - Region 6 | Monthly | $18,927  |
| DHILs - Region 7 | Monthly | $11,631  |
| DHILs - Region 8 | Monthly | $7,495  |

2. Recovery Learning Communities Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| Recovery Learning Communities | Monthly | $76,935  |

3. Vocational Rehabilitation Independent Living Service Program Rates.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| VRIL Service Add-on | Per Hour | $129  |
| VRIL Assessment | Per Component | $515  |
| Independent Living Skills Training | Per Component | $1,931  |
| Community Resource Access | Per Component | $1,931  |
| PASS Plan | Per Component | $1,931  |
| Single Service Purchase | Per Component | $901  |
| VRIL Group Training Add-on | Per Client per Class | $43.49  |

4. Independent Living Communities Add-on Rates.

|  |  |  |
| --- | --- | --- |
| **Position**  | **Unit of Service** | **Rate**  |
| Direct Care 0.25 FTE Add-on | Monthly | $1,161  |
| Direct Care 0.5 FTE Add-on | Monthly | $2,321  |
| Direct Care 0.75 FTE Add-on | Monthly | $3,482  |
| Direct Care 1.0 FTE Add-on | Monthly | $4,643  |

 (e) Sexual and Domestic Violence Services. Terms used in 101 CMR 433.03(4)(i) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 429.02: *Definitions*.

| **Service/Program** | **Unit of Service** | **Rate** |
| --- | --- | --- |
| Domestic Violence Community-based Services | .25 Direct Care FTE | $1,952  |
| Child Exposed to Domestic Violence Services | .25 Direct Care FTE | $2,097  |
| Supervised Visitation Services | .25 Direct Care FTE | $1,990  |
| Sexual and Domestic Violence Equity Services | .25 Direct Care FTE | $1,952  |
| Sexual and Domestic Violence Equity Legal Services | .25 Direct Care FTE | $3,028  |
| Intimate Partner Abuse Education Services | Per Cohort | $2,658  |
| Intimate Partner Abuse Education Services - Outreach and Development | Monthly | $443  |
| Rape Crisis Centers – Dual Agency Tier 1 | Monthly | $67,141  |
| Rape Crisis Centers – Dual Agency Tier 2 | Monthly | $58,974  |
| Rape Crisis Centers – Dual Agency Tier 3 | Monthly | $50,807  |
| Rape Crisis Centers – Dual Agency Tier 4 | Monthly | $42,640  |
| Rape Crisis Centers – Dual Agency Tier 5 | Monthly | $34,473  |
| Rape Crisis Centers – Dual Agency Tier 6 | Monthly | $26,306  |
| Rape Crisis Centers – Dual Agency Tier 7 | Monthly | $18,139  |
| Rape Crisis Centers – Dual Agency Tier 8 | Monthly | $9,972  |
| Rape Crisis Centers – Stand-alone Agency Tier 1 | Monthly | $70,328  |
| Rape Crisis Centers – Stand-alone Agency Tier 2 | Monthly | $61,771  |
| Rape Crisis Centers – Stand-alone Agency Tier 3 | Monthly | $53,214  |
| Rape Crisis Centers – Stand-alone Agency Tier 4 | Monthly | $44,658  |
| Rape Crisis Centers – Stand-alone Agency Tier 5 | Monthly | $36,101  |
| Rape Crisis Centers – Stand-alone Agency Tier 6 | Monthly | $27,544  |
| Rape Crisis Centers – Stand-alone Agency Tier 7 | Monthly | $18,987  |
| Rape Crisis Centers – Stand-alone Agency Tier 8 | Monthly | $10,430  |
| Rape Crisis Satellite Center Add-on | Hourly | $40.40  |
| Rape Crisis Direct Care 0.25 FTE Add-on | Monthly | $1,952  |

 (f) Program of Assertive Community Treatment. Terms used in 101 CMR 433.03(4)(j) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 430.02: *Definitions*.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| Program of Assertive Community Treatment- PACT50 | Enrollment Day | $54.02  |
| Program of Assertive Community Treatment- PACT80 | Enrollment Day | $49.83  |
| Program of Assertive Community Treatment- Forensic PACT | Enrollment Day | $78.54  |
| Program of Assertive Community Treatment- Forensic GLE | Bed Day | $323.39  |

(g) Certain Respite Services. Terms used in 101 CMR 433.03(4)(k) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 431.02: *Definitions*.

| **Service/Program** | **Unit of Service** | **Rate** |
| --- | --- | --- |
| Respite - A | Month | $60,629  |
| Respite - B | Month | $83,628  |
| Respite - C | Month | $172,054  |
| Respite - Peer Model | Month | $43,271  |
| Respite - Site Only | *Per Diem* | $262.40  |
| Respite - Mobile Only | *Per Diem* | $130.52  |

 (h) Lead Agency Services. Terms used in 101 CMR 433.03(4)(l) that have not been defined elsewhere in 101 CMR 433.00 have the meanings in 101 CMR 432.02: *Definitions*.

|  |  |  |
| --- | --- | --- |
| **Service/Program** | **Unit of Service** | **Rate**  |
| Lead Agency Tier 1 | Month | $26,181  |
| Lead Agency Tier 2 | Month | $31,772  |
| Lead Agency Tier 3 | Month | $37,060  |
| Lead Agency Tier 4 | Month | $40,706  |
| Lead Agency Tier 5 | Month | $55,781  |
| Lead Agency Tier 6 | Month | $73,749  |
| Case Manager/ Education Coordinator 0.50 FTE Add-on | Month | $2,916  |
| Case Manager/ Education Coordinator 1.0 FTE Add-on | Month | $5,832  |

433.04: 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 433.04(3).

433.05: Severability

 The provisions of 101 CMR 433.00 are severable. If any provision of 101 CMR 433.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 433.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 433.00: M.G.L. c. 118E.