

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 431.00: RATES FOR CERTAIN RESPITE SERVICES

Section

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431.01: General Provisions

- (1) Scope. 101 CMR 431.00 governs the payment rates for certain respite services purchased by governmental units including the Department of Mental Health.
- (2) Effective Date. Rates contained within 101 CMR 431.00 are effective for dates of service provided on or after July 1, 2019.
- (3) Disclaimer of Authorization of Services. 101 CMR 431.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 431.00. Governmental units that purchase the services described in 101 CMR 431.00 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 431.00.

431.02: Definitions

As used in 101 CMR 431.00, unless the context requires otherwise, terms have the meanings in 101 CMR 431.02.

Client. An individual who receives certain respite 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.

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 or may be 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).

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Respite Services. These services provide temporary short-term, community-based clinical and rehabilitative services that enable an individual to live in the community as fully and independently as possible. Respite services are strength-based and person-centered in supporting clients to maintain, enter, or return to permanent living situations and are available in both site-based and mobile settings.

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 431.00. State funding does not include any amounts attributable to federal funding or grant funds.

Workforce Initiatives. Funds directed to a provider for workforce development.

431.03: 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. 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 431.03.

Service	Model	Unit of Service	Rate
Respite	A	Month	\$55,402
	B	Month	\$76,925
	C	Month	\$156,912
	Peer Model	Month	\$38,007
	Site Only	<i>Per Diem</i>	\$234.31
	Mobile Only	<i>Per Diem</i>	\$120.93

Add-on	Unit	Rate
Workforce Initiatives	Annual	2.9% of the Provider's FY18 State Funding

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431.04: 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 431.04(3).

431.05: Severability

The provisions of 101 CMR 431.00 are severable. If any provision of 101 CMR 431.00 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 431.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 431.00: M.G.L. c. 118E.