

Testimony on Amendments to 101 CMR 348.00
Rates for Day Habilitation Services
Effective September 1, 2026
March 20, 2026—10:00 a.m.

Introduction

Good morning. My name is Karen Seck, Senior Manager, Agency-Based Fee-for-Service Community Programs, Adult Day Health and Day Habilitation, at the Office of Long Term Services and Supports (OLTSS) in the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on proposed amendments to 101 CMR 348.00: *Rates for Day Habilitation Services*. The anticipated effective date of the proposed amendments is for dates of service on or after September 1, 2026.

Background

Regulation 101 CMR 348.00 governs the payment rates for day habilitation (DH) services rendered to publicly aided individuals. DH programs provide individualized, integrated, and goal-oriented services designed to maximize the independence of individuals with intellectual disabilities and developmental disabilities (ID/DDs). Services are provided in two settings: community day habilitation programs and nursing facilities. Effective August 1, 2024, day habilitation services transitioned from a three-tier acuity structure to a four-tier structure. For services provided in community programs, rates are based on four levels of acuity according to a member profile completed by the provider. For services provided in nursing facilities, rates are set at Level 4 acuity rates.

Three transportation services are available to support member and staff transportation to and from DH programs. Effective July 5, 2023, one-time engagement incentives, admission services (code S5105) and re-engagement services (code S5015 with a modifier KZ), were added to support DH programs for returning members to services.

Description of Proposed Amendments

The proposed amendments update the effective date of 101 CMR 348.00 to September 1, 2026, with no changes to the current rates. After conducting a review of the day habilitation program and the existing rates, EOHHS has determined that the current rates, inclusive of the engagement incentive payments designed to facilitate reduction in waitlists, are adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in

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conformity with applicable state and federal laws and regulations, including M.G.L. Chapter 118E Section 13C, as well as the quality and safety standards and which are within the financial capacity of the Commonwealth.

Fiscal Impact

There is no fiscal impact associated with the proposed amendments.

This concludes my testimony.

Thank you.