

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 420.00: RATES FOR ADULT LONG-TERM RESIDENTIAL SERVICES

Section

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420.01: General Provisions

- (1) Scope. 101 CMR 420.00 governs the payment rates for Adult Long-term Residential (ALTR) Services, as further described below, purchased by a governmental unit including but not limited to the Department of Developmental Services (DDS), Massachusetts Commission for the Blind (MCB), or Massachusetts Rehabilitation Commission (MRC).
- (2) Effective Date. The effective date for rates under 101 CMR 420.00 is as provided under 101 CMR 420.03(7)(a) through (f), unless otherwise specifically noted.
- (3) Services and Rates Covered by Other Regulations. For dates of service on or after July 1, 2016, rates for the following services are not included within the scope of 101 CMR 420.00 and are governed by the following EOHHS rate regulations.

<i>Add-on Service</i>	<i>Regulation</i>
Registered Nurse (RN) Licensed Practical (LPN)	114.3 CMR 50.00: <i>Rates for Home Health Services</i>
Clinician	101 CMR 352.00: <i>Rates of Payment for Certain Children's Behavioral Health Services</i>
Psychologist (PhD)/Psychiatrist	101 CMR 414.00: <i>Rates for Family Stabilization Services</i>

- (4) Disclaimer of Authorization of Services. 101 CMR 420.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 420.00. Governmental units that purchase the services described in 101 CMR 420.00 are responsible for the definition, authorization, and approval of services extended to clients.
- (5) Administrative Bulletins. The Executive Office of Health and Human Services may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 420.00.

420.02: Definitions

As used in 101 CMR 420.00, unless the context requires otherwise, terms have the meanings ascribed in 101 CMR 420.02.

Add-on Rate. A rate that is intended to provide an additional, necessary service not included in the current programmatic model, which will be instituted at the discretion of the purchasing governmental unit.

ALTR Services. Residential site specific programs that provide adult clients a place of overnight housing for an extended period of time in a residential facility with necessary daily living, physical, social, and clinical and/or medical support, and that are not subject to licensure under M.G.L. c. 111, § 71.

Basic. The category of ALTR service models for clients who need daily intervention, supervision, and skills training in activities of daily living, managing within a home environment, and community integration. Individuals may require some physical assistance or accommodation due to cognitive and/or intellectual disability, including a mild-to-moderate developmental delay.

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Basic Lower Intensity. The category of ALTR service models for clients who require minimal 24-hour support, supervision, and skills training in activities of daily living, managing within a home environment, and community integration.

Client. An individual receiving ALTR 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) are used when required.

Direct Care (DC) Staff Intensity Level. The number of full-time equivalent (FTE) positions for direct care staff included in each program model. The DC staff intensity level reflects the sum of the FTEs for direct care workers (DC I + II + III), including overnight staffs.

Emergency Stabilization Residence. This service provides temporary, flexible, and individualized services to adults in a facility or home-like environment. The program is designed for adults who are not able to be stabilized in their current family home or residential program due to behavioral, mental health, or other care issues. The program is available 24 hours a day/seven days a week. Provider billing for Emergency Stabilization Residence services utilizing rates under 101 CMR 420.00 is pursuant to contract with the purchasing governmental unit and for dates of service on or after July 1, 2016.

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

Full-time Equivalent (FTE). Staff position equivalent to a full-time employee.

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

Intermediate. The category of ALTR service models designed to meet the needs of clients with support need beyond the basic level. These program models include specialized staffing, training or additional skills for staff, and/or additional operational support when compared to basic. The selection of intermediate tier programs is based on client need for behavioral supports, enhanced supervision, or interventions designed to address multiple disabilities.

Medical/Clinical. The category of ALTR service models that delivers additional supports, when compared to the intermediate models, in one or more of the following staff classifications: direct nursing services, highly experienced or credentialed direct care staff, and/or behavioral/clinical consultation. In this category, the intermediate models are used as the foundation for all medical/clinical programs. For each intermediate model, there are four associated medical/clinical models, each reflecting the additional resources for one of four varying but standardized incremental, intensity-based credentialed staff support assumptions.

Model Type	DC%	CNA%	LPN%	RN%
Intermediate	100	0	0	0
Medical/Clinical Level 1	80	0	10	10
Medical/Clinical Level 2	50	25	10	15
Medical/Clinical Level 3	40	20	15	25

Medical/Clinical Level 4	15	20	25	40
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- (a) Medical/Clinical Level 1. This level reflects a predominance of direct care staffing, with a relatively light complement of LPN and RN direct supports.
- (b) Medical/Clinical Level 2. This level reflects approximately 50% direct care staffing and the balance of staffing reflecting enhanced CNA and higher- skilled nursing resources.
- (c) Medical/Clinical Level 3. This level continues to rely less on direct care staffing and more on higher-skilled nursing resources.
- (d) Medical/Clinical Level 4. This level represents the highest intensity of direct nursing supports with the lowest level of direct care staffing.

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New Program/Replacement Rate. Rate for a new program site or replacement of an existing site.

Program Per Diem. Program service unit based on a 24-hour period of care.

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 UFR.

Service Model Rate. A rate that includes the programmatic resources to provide the client focused direct care and support services, including consultants, materials and supplies, and administrative services attributed to the service portion of the program. It does not include the resources for provision of the physical space associated with the program and included in the site rate.

Site Rate. A rate established for the provision of the physical site and associated costs of the building that houses the ALTR program, which includes, but is not limited to, lease or rental payments, depreciation, interest associated with long-term debt, durable equipment, insurance on buildings and equipment, real estate taxes, maintenance and/or condominium fees, electricity, heat, water, and meals. Lease payments to related parties must not exceed the cost of what the provider would pay if the provider directly owned the property.

Site Unit Cost. The result of dividing the total annualized cost of a program's physical site for the July 1, 2011, through June 30, 2012, time period by the product of the capacity times 365.

420.03: 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, except as cited in 101 CMR 420.03.

(4) Blended Contract Rate Calculation. Purchasing governmental units may pay a Blended Contract Rate for purchase of two or more ALTR programs. The blended rate will be calculated according to the following formula: Sum of {[*Per Diem* rate for Program Model 1]*(Capacity of Program Model 1)], [*Per Diem* rate for Program Model 2]*(Capacity of Program Model 2)], [*Per Diem* rate for Program Model 3]*(Capacity of Program Model 3)],... } Divided by the Sum of the Capacities of all programs in the contract.

(5) Service Model Naming Convention. 101 CMR 420.03(5)(a) and (b) describe the naming convention for the service models as listed in the rate tables.

(a) Basic, Lower, and Intermediate. The name of each service model rate consists of four characters. The first character represents the category of the service tier, B for Basic, L for Lower, and I for Intermediate. The second and third characters describe the model's daily capacity. The fourth character represents the specific model level within that capacity for the category. Example: I01A describes an Intermediate category, one person capacity, and the Service Model A.

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(b) Medical/Clinical. The name of each medical/clinical service model rate consists of six characters. The first four characters represent a specific intermediate model that serves as the foundation. The fifth character represents the level of incremental resources contained in the medical/clinical service model. The sixth character reflects the fact that it is a medical clinical service model. Example: I01A - 1M represents the Medical/Clinical level 1 for the Intermediate model, I01A.

(6) Programs Located Outside the Commonwealth of Massachusetts.

(a) If an ALTR is located outside of the Commonwealth of Massachusetts in a state that has an established state rate or price setting mechanism the purchasing governmental unit will pay for the service using the rate established, authorized, or approved by the state in which the program is located, provided that the rate is the lowest charged by a provider for the program. If the requested rate is not the lowest charged by the provider for the program, the provider must identify and document the amount of the lowest rate charged, which will then be used by the purchasing governmental unit to pay for services. In order for the purchasing governmental unit to pay this rate, the following must be submitted to the purchasing governmental unit by the provider:

- 1. a certification from the provider that the rate requested to be authorized is the lowest charged by the provider for the program; and
- 2. a copy of the rate authorization or approval by the state in which the program is located, including the effective dates of the rate.

(b) If an ALTR service is located outside the Commonwealth of Massachusetts in a state where there is no established state rate or price setting mechanism, the purchasing governmental unit will pay for the service using the rates set forth in 101 CMR 420.03(7).

(7) Approved Rates. The rates set forth in 101 CMR 420.03(7) govern the payment rates for services purchased by a governmental unit including, but not limited to, DDS, MCB, and MRC, provided pursuant to contracts executed under their FY 2014 or subsequent procurements. The approved rate will be the lower of the provider's charge or amount accepted as payment from another payer or the rate listed below.

(a) Per Diem Service Model Program Rates Effective April 1, 2016.

1. Basic Lower Intensity.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
L02A	3.45	\$319.17
L03A	3.45	\$223.02
L04A	3.45	\$186.55
L05A	3.45	\$155.38
L07A	7.56	\$183.23
L07B	8.30	\$194.66
L09A	8.48	\$161.61
L11A	9.85	\$152.27
L12A	8.73	\$132.46
L13A	12.23	\$154.16

2. Basic.

Direct Care

Program Model	Staff Intensity Level	<i>Per Diem Rate</i>
B02A	4.35	\$374.35
B02B	4.50	\$383.55
B02C	5.15	\$423.40
B03A	4.35	\$259.81
B03B	5.00	\$286.38
B03C	5.50	\$309.90
B03D	6.00	\$330.35
B03E	6.90	\$356.72
B03F	7.25	\$370.42

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Program Model	Direct Care Staff Intensity Level	Per Diem Rate
B03G	7.90	\$396.66
B04A	5.50	\$249.39
B04B	6.13	\$268.55
B04C	6.90	\$280.30
B04D	7.53	\$307.69
B04E	8.15	\$318.32
B04F	8.90	\$341.31
B05A	6.53	\$230.80
B05B	7.53	\$250.71
B05C	8.38	\$271.56
B05D	8.88	\$283.82
B06A	8.03	\$224.26
B08A	9.95	\$206.14

3. Intermediate.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01A	3.15	\$502.24
I01B	3.45	\$550.32
I01C	3.95	\$615.92
I01D	4.55	\$685.91
I01H	7.22	\$1,008.96
I02A	3.70	\$356.64
I02B	4.35	\$400.94
I02C	4.90	\$446.64
I02D	5.25	\$469.59
I02E	5.50	\$503.44
I02F	5.85	\$526.40
I02G	6.13	\$544.77
I02H	6.50	\$569.04
I02I	7.25	\$610.60
I02J	7.75	\$647.10
I02K	8.40	\$660.32
I02L	8.90	\$705.73
I02M	9.40	\$739.20
I03A	4.35	\$277.61
I03B	4.90	\$308.07
I03C	5.50	\$359.40
I03D	6.90	\$388.57
I03E	7.25	\$424.29
I03F	7.50	\$431.34
I03G	7.93	\$451.62
I03H	8.43	\$473.48
I03I	8.93	\$495.35
I03J	9.60	\$518.09

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I03K	10.40	\$553.07
I03L	10.80	\$570.57
I04A	6.13	\$285.76
I04B	6.90	\$311.02
I04C	7.25	\$322.49
I04D	7.93	\$347.96
I04E	8.33	\$369.80
I04F	8.95	\$398.44
I04G	9.70	\$423.66
I04H	10.10	\$435.30

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Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I04I	10.85	\$438.22
I04J	11.20	\$448.18
I04K	11.68	\$464.31
I04L	12.20	\$481.81
I04M	12.70	\$509.72
I05A	6.90	\$258.27
I05B	7.40	\$271.39
I05C	7.90	\$284.50
I05D	8.30	\$298.13
I05E	8.58	\$301.61
I05F	8.95	\$318.43
I05G	9.70	\$326.09
I05H	10.20	\$339.21
I05I	10.70	\$352.33
I05J	11.20	\$374.78
I05K	11.68	\$386.05
I05L	12.20	\$399.69
I05M	12.70	\$413.42
I06A	8.95	\$271.68
I08A	11.58	\$250.84

4. Medical/Clinical.

Program Model	Medical Blend Staff Intensity Level	Per Diem Rate
I01A - 1M	3.15	\$595.38
I01A - 2M	3.15	\$650.74
I01A - 3M	3.15	\$710.02
I01A - 4M	3.15	\$814.14
I01B - 1M	3.45	\$650.87
I01B - 2M	3.45	\$711.51
I01B - 3M	3.45	\$776.44
I01B - 4M	3.45	\$890.47
I01C - 1M	3.95	\$728.82
I01C - 2M	3.95	\$798.25
I01C - 3M	3.95	\$872.58
I01C - 4M	3.95	\$1,003.14
I01D - 1M	4.55	\$813.64
I01D - 2M	4.55	\$893.61
I01D - 3M	4.55	\$979.24
I01D - 4M	4.55	\$1,129.63
I02A - 1M	3.70	\$409.99
I02A - 2M	3.70	\$442.50
I02A - 3M	3.70	\$477.32
I02A - 4M	3.70	\$538.47
I02B - 1M	4.35	\$462.33

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I02B - 2M	4.35	\$500.56
I02B - 3M	4.35	\$541.49
I02B - 4M	4.35	\$613.38
I02C - 1M	4.90	\$514.82
I02C - 2M	4.90	\$557.89
I02C - 3M	4.90	\$603.99
I02C - 4M	4.90	\$684.97
I02D - 1M	5.25	\$542.10
I02D - 2M	5.25	\$588.24
I02D - 3M	5.25	\$637.64
I02D - 4M	5.25	\$724.41

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Program Model	Medical Blend Staff Intensity Level	Per Diem Rate
I02E - 1M	5.50	\$579.04
I02E - 2M	5.50	\$627.38
I02E - 3M	5.50	\$679.13
I02E - 4M	5.50	\$770.02
I02F - 1M	5.85	\$606.32
I02F - 2M	5.85	\$657.74
I02F - 3M	5.85	\$712.78
I02F - 4M	5.85	\$809.46
I02G - 1M	6.13	\$628.15
I02G - 2M	6.13	\$682.02
I02G - 3M	6.13	\$739.70
I02G - 4M	6.13	\$841.01
I02H - 1M	6.50	\$656.99
I02H - 2M	6.50	\$714.12
I02H - 3M	6.50	\$775.28
I02H - 4M	6.50	\$882.70
I02I - 1M	7.25	\$715.45
I02I - 2M	7.25	\$779.17
I02I - 3M	7.25	\$847.39
I02I - 4M	7.25	\$967.20
I02J - 1M	7.75	\$754.43
I02J - 2M	7.75	\$822.54
I02J - 3M	7.75	\$895.46
I02J - 4M	7.75	\$1,023.54
I02K - 1M	8.40	\$779.40
I02K - 2M	8.40	\$853.22
I02K - 3M	8.40	\$932.26
I02K - 4M	8.40	\$1,071.08
I02L - 1M	8.90	\$818.37
I02L - 2M	8.90	\$891.75
I02L - 3M	8.90	\$975.50
I02L - 4M	8.90	\$1,122.58
I02M - 1M	9.40	\$857.35
I02M - 2M	9.40	\$939.96
I02M - 3M	9.40	\$1,028.41
I02M - 4M	9.40	\$1,183.76
I03A - 1M	4.35	\$318.54
I03A - 2M	4.35	\$344.03
I03A - 3M	4.35	\$371.31
I03A - 4M	4.35	\$419.24
I03B - 1M	4.90	\$353.53
I03B - 2M	4.90	\$382.24
I03B - 3M	4.90	\$412.98
I03B - 4M	4.90	\$466.96
I03C - 1M	5.50	\$409.80
I03C - 2M	5.50	\$442.02
I03C - 3M	5.50	\$476.52

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I03C - 4M	5.50	\$537.12
I03D - 1M	6.90	\$470.92
I03D - 2M	6.90	\$511.34
I03D - 3M	6.90	\$554.63
I03D - 4M	6.90	\$630.65
I03E - 1M	7.25	\$489.10
I03E - 2M	7.25	\$531.58
I03E - 3M	7.25	\$577.06
I03E - 4M	7.25	\$656.94
I03F - 1M	7.50	\$498.21
I03F - 2M	7.50	\$542.15

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Program Model	Medical Blend Staff Intensity Level	Per Diem Rate
I03F - 3M	7.50	\$589.20
I03F - 4M	7.50	\$671.83
I03G - 1M	7.93	\$527.09
I03G - 2M	7.93	\$573.52
I03G - 3M	7.93	\$623.24
I03G - 4M	7.93	\$710.55
I03H - 1M	8.43	\$553.07
I03H - 2M	8.43	\$602.44
I03H - 3M	8.43	\$655.29
I03H - 4M	8.43	\$748.11
I03I - 1M	8.93	\$579.06
I03I - 2M	8.93	\$631.35
I03I - 3M	8.93	\$687.33
I03I - 4M	8.93	\$785.67
I03J - 1M	9.60	\$607.34
I03J - 2M	9.60	\$663.59
I03J - 3M	9.60	\$723.81
I03J - 4M	9.60	\$829.57
I03K - 1M	10.40	\$648.91
I03K - 2M	10.40	\$709.85
I03K - 3M	10.40	\$775.09
I03K- 4M	10.40	\$889.67
I03L - 1M	10.80	\$669.70
I03L - 2M	10.80	\$732.98
I03L - 3M	10.80	\$800.72
I03L - 4M	10.80	\$919.71
I04A - 1M	6.13	\$327.42
I04A - 2M	6.13	\$354.34
I04A - 3M	6.13	\$383.15
I04A - 4M	6.13	\$433.76
I04B - 1M	6.90	\$357.43
I04B - 2M	6.90	\$387.73
I04B - 3M	6.90	\$420.17
I04B - 4M	6.90	\$477.14
I04C - 1M	7.25	\$371.07
I04C - 2M	7.25	\$402.91
I04C - 3M	7.25	\$437.00
I04C - 4M	7.25	\$496.86
I04D - 1M	7.93	\$404.57
I04D - 2M	7.93	\$439.39
I04D - 3M	7.93	\$476.68
I04D - 4M	7.93	\$542.16
I04E - 1M	8.33	\$428.88
I04E - 2M	8.33	\$465.46
I04E - 3M	8.33	\$504.63
I04E - 4M	8.33	\$573.42
I04F - 1M	8.95	\$453.24

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I04F - 2M	8.95	\$492.57
I04F - 3M	8.95	\$534.68
I04F - 4M	8.95	\$608.63
I04G - 1M	9.70	\$482.47
I04G - 2M	9.70	\$525.10
I04G - 3M	9.70	\$570.73
I04G - 4M	9.70	\$650.88
I04H - 1M	10.10	\$496.55
I04H - 2M	10.10	\$540.93
I04H - 3M	10.10	\$588.45
I04H - 4M	10.10	\$671.91

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Program Model	Medical Blend Staff Intensity Level	Per Diem Rate
I04I - 1M	10.85	\$517.83
I04I - 2M	10.85	\$565.51
I04I - 3M	10.85	\$616.56
I04I - 4M	10.85	\$706.21
I04J - 1M	11.20	\$529.96
I04J - 2M	11.20	\$579.18
I04J - 3M	11.20	\$631.87
I04J - 4M	11.20	\$724.42
I04K - 1M	11.68	\$548.67
I04K - 2M	11.68	\$600.00
I04K - 3M	11.68	\$654.95
I04K - 4M	11.68	\$751.46
I04L - 1M	12.20	\$568.94
I04L - 2M	12.20	\$622.55
I04L - 3M	12.20	\$679.95
I04L - 4M	12.20	\$780.76
I04M - 1M	12.70	\$588.43
I04M - 2M	12.70	\$644.23
I04M - 3M	12.70	\$703.98
I04M - 4M	12.70	\$808.92
I05A - 1M	6.90	\$295.42
I05A - 2M	6.90	\$319.68
I05A - 3M	6.90	\$345.65
I05A - 4M	6.90	\$391.26
I05B - 1M	7.40	\$311.01
I05B - 2M	7.40	\$337.03
I05B - 3M	7.40	\$364.88
I05B - 4M	7.40	\$413.80
I05C - 1M	7.90	\$326.60
I05C - 2M	7.90	\$354.38
I05C - 3M	7.90	\$384.11
I05C - 4M	7.90	\$436.33
I05D - 1M	8.30	\$342.21
I05D - 2M	8.30	\$371.39
I05D - 3M	8.30	\$402.63
I05D - 4M	8.30	\$457.49
I05E - 1M	8.58	\$350.11
I05E- 2M	8.58	\$380.25
I05E - 3M	8.58	\$412.53
I05E- 4M	8.58	\$469.21
I05F - 1M	8.95	\$368.78
I05F - 2M	8.95	\$400.24
I05F - 3M	8.95	\$433.93
I05F - 4M	8.95	\$493.09
I05G - 1M	9.70	\$380.14
I05G - 2M	9.70	\$414.24
I05G - 3M	9.70	\$450.75

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I05G - 4M	9.70	\$514.87
I05H- 1M	10.20	\$395.73
I05H - 2M	10.20	\$431.59
I05H - 3M	10.20	\$469.98
I05H - 4M	10.20	\$537.41
I05I - 1M	10.70	\$411.32
I05I - 2M	10.70	\$448.94
I05I - 3M	10.70	\$489.21
I05I - 4M	10.70	\$559.94
I05J - 1M	11.20	\$436.25
I05J - 2M	11.20	\$475.62

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Program Model	Medical Blend Staff Intensity Level	Per Diem Rate
I05J - 3M	11.20	\$517.77
I05J - 4M	11.20	\$591.81
I05K - 1M	11.68	\$449.85
I05K - 2M	11.68	\$490.89
I05K - 3M	11.68	\$534.83
I05K - 4M	11.68	\$612.01
I05L- 1M	12.20	\$466.06
I05L - 2M	12.20	\$508.93
I05L - 3M	12.20	\$554.83
I05L - 4M	12.20	\$635.45
I05M- 1M	12.70	\$479.51
I05M - 2M	12.70	\$524.14
I05M - 3M	12.70	\$571.92
I05M - 4M	12.70	\$655.84
I06A - 1M	8.95	\$313.63
I06A - 2M	8.95	\$339.85
I06A - 3M	8.95	\$367.92
I06A - 4M	8.95	\$417.23
I08A - 1M	11.58	\$294.80
I08A - 2M	11.58	\$320.23
I08A - 3M	11.58	\$347.46
I08A - 4M	11.58	\$395.28

5. Add-on Rates.

Category	Unit	Rates	Regulatory Sources (if applicable)
DC Workers Level I	Hourly Rate	\$15.63	
	Day Rate	\$125.01	
DC Workers Level II	Hourly Rate	\$16.72	
	Day Rate	\$133.74	
Relief Level I	Hourly Rate	\$13.64	
Relief Level II	Hourly Rate	\$14.59	
RN	Hourly Rate	\$40.12	114.3 CMR 50.00: Home Health Ser- vices
LPN	Hourly Rate	\$33.44	
	Day Rate	\$267.52	114.3 CMR 50.00: Home Health Ser- vices
Certified Nurse Assistant (CNA)	Hourly Rate	\$17.62	
Clinician	Hourly Rate	\$50.44	
Psychologist	Hourly Rate	\$122.30	
(PhD)/Psychiatrist			
Vehicle Upgrade from Minivan to Wheelchair Van	Day Rate - Capacity 2	\$8.69	

	Day Rate - Capacity 3	\$5.79
	Day Rate - Capacity 4	\$4.35
	Day Rate - Capacity 5	\$3.48
Adding a Wheelchair Van	Day Rate - Capacity 1	\$45.31
	Day Rate - Capacity 2	\$22.65
	Day Rate - Capacity 3	\$15.10
	Day Rate - Capacity 4	\$11.33
	Day Rate - Capacity 5	\$9.06

420.03: continued

- (b) Site Rates Effective April 1, 2016.
1. Site Rates for Programs Operating in That Location for Longer Than Two Years. The table in 101 CMR 420.03(7)(b) lists *per diem* benchmark cost ranges and the corresponding *per diem* rate. The rate is determined by selecting the range within which the site unit cost falls.
2. New Program Site or Current Site Replacement Rate. A monthly accommodation rate for a new or replacement residence based on the particular needs of the individuals proposed for placement at the site should be developed using the Application for New Site Occupancy issued by EOHHS. The application must include the provider's best estimates of site-specific costs and must be supported by available documentation and a statement noting the specific exceptional characteristics that pertain to the proposed site. A food allowance of \$8.16 per resident per day should be included as an occupancy expense for each new or replacement residence. The application will be subject to EOHHS audit and verification of actual costs to ensure they are not excessive. The purchasing governmental unit may require the provider to return any excess funding received through this provision.

Range	Per Diem Rate
\$0.01 - \$12.76	\$11.63
\$12.77 - \$17.22	\$16.13
\$17.23 - \$21.68	\$20.24
\$21.69 - \$26.15	\$24.80
\$26.16 - \$30.60	\$29.19
\$30.61 - \$35.07	\$33.41
\$35.08 - \$39.52	\$37.74
\$39.53 - \$43.98	\$42.05
\$43.99 - \$48.44	\$46.70
\$48.45 - \$52.90	\$51.39
\$52.91 - \$57.36	\$55.61
\$57.37 - \$61.82	\$60.07
\$61.83 - \$66.28	\$63.13
\$66.29 - \$70.74	\$68.60
\$70.75 - \$75.20	\$73.39
\$75.21 - \$79.66	\$77.72
\$79.67 - \$84.12	\$82.64
\$84.13 - \$88.58	\$87.43
\$88.59 - \$94.15	\$92.26
\$94.16 - \$99.73	\$97.02
\$99.74 - \$103.07	\$100.35
\$103.08+	\$146.21

- (c) Per Diem Service Model Program Rates Effective July 1, 2016.
1. Lower.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
L01A	3.45	\$510.35
L02A	3.45	\$322.38

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L03A	3.45	\$225.23
L04A	3.45	\$188.38
L05A	3.45	\$156.89
L06A	5.88	\$180.16
L07A	7.56	\$185.09
L07B	8.3	\$196.65
L08A	8.02	\$172.80
L09A	8.48	\$163.23
L10A	9.17	\$158.13
L11A	9.85	\$153.79
L12A	8.73	\$133.76
L13A	12.23	\$155.70

420.03: continued

2. Basic.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
B01A	3.15	\$496.75
B02A	4.35	\$378.18
B02B	4.52	\$387.48
B02C	5.15	\$427.78
B03A	4.35	\$262.44
B03B	5	\$289.31
B03C	5.5	\$313.10
B03D	6	\$333.77
B03E	6.9	\$360.43
B03F	7.25	\$374.29
B03G	7.9	\$400.83
B04A	5.5	\$251.93
B04B	6.13	\$271.31
B04C	6.9	\$283.23
B04D	7.53	\$310.89
B04E	8.15	\$321.78
B04F	8.9	\$345.03
B05A	6.53	\$233.16
B05B	7.53	\$253.29
B05C	8.38	\$274.38
B05D	8.88	\$286.78
B06A	8.03	\$226.57
B07A	9.01	\$217.63
B08A	9.95	\$208.24
B09A	10.25	\$192.29
B10A	10.93	\$186.83
B11A	11.67	\$182.27
B12A	12.5	\$179.23

3. Intermediate.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01A	3.15	\$507.31
I01B	3.45	\$555.93
I01C	3.95	\$622.27
I01D	4.55	\$693.04
I01E	5.08	\$772.19
I01F	5.35	\$807.34
I01G	6.28	\$932.32
I01H	7.22	\$1,019.73
I02A	3.7	\$360.18
I02B	4.35	\$404.98
I02C	4.9	\$451.08

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I02D	5.25	\$474.29
I02E	5.5	\$508.33
I02F	5.85	\$531.55
I02G	6.13	\$550.12
I02H	6.5	\$574.67
I02I	7.25	\$616.69
I02J	7.75	\$653.60
I02K	8.4	\$667.26
I02L	8.9	\$712.89
I02M	9.4	\$746.74
I03A	4.35	\$280.38

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I03B	4.9	\$311.11
I03C	5.5	\$362.89
I03D	6.9	\$392.56
I03E	7.25	\$428.68
I03F	7.5	\$435.81
I03G	7.93	\$456.24
I03H	8.43	\$478.35
I03I	8.93	\$500.46
I03J	9.6	\$523.46
I03K	10.4	\$558.83
I03L	10.8	\$576.53
I04A	6.13	\$288.66
I04B	6.9	\$314.21
I04C	7.25	\$325.81
I04D	7.93	\$351.49
I04E	8.33	\$373.47
I04F	8.95	\$402.47
I04G	9.7	\$427.98
I04H	10.1	\$439.75
I04I	10.85	\$442.77
I04J	11.2	\$452.84
I04K	11.68	\$469.15
I04L	12.2	\$486.85
I04M	12.7	\$515.01
I05A	6.9	\$260.87
I05B	7.4	\$274.14
I05C	7.9	\$287.39
I05D	8.3	\$301.14
I05E	8.58	\$304.67
I05F	8.95	\$321.60
I05G	9.7	\$329.48
I05H	10.2	\$342.75
I05I	10.7	\$356.02
I05J	11.2	\$378.61
I05K	11.68	\$390.01
I05L	12.2	\$403.80
I05M	12.7	\$417.69
I06A	8.95	\$274.36
I07A	10.6	\$257.58
I08A	11.58	\$253.34
I09A	12.56	\$238.92
I10A	13.54	\$230.17
I11A	14.52	\$225.79
I12A	15.5	\$220.86

4. Medical/Clinical.

Program Model	Direct Care Staff Intensity Level	<i>Per Diem Rate</i>
I01A - 1M	3.15	\$601.59
I01A - 2M	3.15	\$657.58
I01A - 3M	3.15	\$717.52
I01A - 4M	3.15	\$822.81
I01B - 1M	3.45	\$657.61
I01B - 2M	3.45	\$718.93
I01B - 3M	3.45	\$784.59
I01B - 4M	3.45	\$899.90

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01C - 1M	3.95	\$736.44
I01C - 2M	3.95	\$806.65
I01C - 3M	3.95	\$881.81
I01C - 4M	3.95	\$1,013.84
I01D - 1M	4.55	\$822.31
I01D - 2M	4.55	\$903.18
I01D - 3M	4.55	\$989.77
I01D - 4M	4.55	\$1,141.85
I02A - 1M	3.7	\$414.13
I02A - 2M	3.7	\$447.00
I02A - 3M	3.7	\$482.21
I02A - 4M	3.7	\$544.04
I02B - 1M	4.35	\$467.06
I02B - 2M	4.35	\$505.72
I02B - 3M	4.35	\$547.11
I02B - 4M	4.35	\$619.81
I02C - 1M	4.9	\$520.03
I02C - 2M	4.9	\$563.59
I02C - 3M	4.9	\$610.20
I02C - 4M	4.9	\$692.10
I02D - 1M	5.25	\$547.62
I02D - 2M	5.25	\$594.28
I02D - 3M	5.25	\$644.23
I02D - 4M	5.25	\$731.98
I02E - 1M	5.5	\$584.78
I02E - 2M	5.5	\$633.66
I02E - 3M	5.5	\$685.99
I02E - 4M	5.5	\$777.91
I02F - 1M	5.85	\$612.36
I02F - 2M	5.85	\$664.36
I02F - 3M	5.85	\$720.02
I02F - 4M	5.85	\$817.79
I02G - 1M	6.13	\$634.44
I02G - 2M	6.13	\$688.92
I02G - 3M	6.13	\$747.25
I02G - 4M	6.13	\$849.69
I02H - 1M	6.5	\$663.60
I02H - 2M	6.5	\$721.38
I02H - 3M	6.5	\$783.23
I02H - 4M	6.5	\$891.85
I02I - 1M	7.25	\$722.72
I02I - 2M	7.25	\$787.16
I02I - 3M	7.25	\$856.15
I02I - 4M	7.25	\$977.30
I02J - 1M	7.75	\$762.14
I02J - 2M	7.75	\$831.02
I02J - 3M	7.75	\$904.76

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I02J - 4M	7.75	\$1,034.28
I02K - 1M	8.4	\$787.68
I02K - 2M	8.4	\$862.33
I02K - 3M	8.4	\$942.26
I02K - 4M	8.4	\$1,082.64
I02L - 1M	8.9	\$827.09
I02L - 2M	8.9	\$901.35
I02L - 3M	8.9	\$986.04
I02L - 4M	8.9	\$1,134.78
I02M - 1M	9.4	\$866.51
I02M - 2M	9.4	\$950.05

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I02M - 3M	9.4	\$1,039.49
I02M - 4M	9.4	\$1,196.59
I03A - 1M	4.35	\$321.77
I03A - 2M	4.35	\$347.55
I03A - 3M	4.35	\$375.13
I03A - 4M	4.35	\$423.60
I03B - 1M	4.9	\$357.08
I03B - 2M	4.9	\$386.12
I03B - 3M	4.9	\$417.20
I03B - 4M	4.9	\$471.79
I03C - 1M	5.5	\$413.85
I03C - 2M	5.5	\$446.44
I03C - 3M	5.5	\$481.33
I03C - 4M	5.5	\$542.61
I03D - 1M	6.9	\$475.79
I03D - 2M	6.9	\$516.67
I03D - 3M	6.9	\$560.44
I03D - 4M	6.9	\$637.32
I03E - 1M	7.25	\$494.18
I03E - 2M	7.25	\$537.14
I03E - 3M	7.25	\$583.13
I03E - 4M	7.25	\$663.91
I03F - 1M	7.5	\$503.43
I03F - 2M	7.5	\$547.87
I03F - 3M	7.5	\$595.45
I03F - 4M	7.5	\$679.01
I03G - 1M	7.93	\$532.56
I03G - 2M	7.93	\$579.51
I03G - 3M	7.93	\$629.79
I03G - 4M	7.93	\$718.09
I03H - 1M	8.43	\$558.83
I03H - 2M	8.43	\$608.76
I03H - 3M	8.43	\$662.20
I03H - 4M	8.43	\$756.07
I03I - 1M	8.93	\$585.12
I03I - 2M	8.93	\$637.99
I03I - 3M	8.93	\$694.60
I03I - 4M	8.93	\$794.05
I03J - 1M	9.6	\$613.79
I03J - 2M	9.6	\$670.67
I03J - 3M	9.6	\$731.57
I03J - 4M	9.6	\$838.52
I03K - 1M	10.4	\$655.83
I03K - 2M	10.4	\$717.45
I03K - 3M	10.4	\$783.43
I03K - 4M	10.4	\$899.30
I03L - 1M	10.8	\$676.85

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I03L - 2M	10.8	\$740.84
I03L - 3M	10.8	\$809.35
I03L - 4M	10.8	\$929.68
I04A - 1M	6.13	\$330.79
I04A - 2M	6.13	\$358.02
I04A - 3M	6.13	\$387.15
I04A - 4M	6.13	\$438.33
I04B - 1M	6.9	\$361.14
I04B - 2M	6.9	\$391.78
I04B - 3M	6.9	\$424.59
I04B - 4M	6.9	\$482.20

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I04C - 1M	7.25	\$374.93
I04C - 2M	7.25	\$407.13
I04C - 3M	7.25	\$441.61
I04C - 4M	7.25	\$502.14
I04D - 1M	7.93	\$408.73
I04D - 2M	7.93	\$443.94
I04D - 3M	7.93	\$481.65
I04D - 4M	7.93	\$547.87
I04E - 1M	8.33	\$433.22
I04E - 2M	8.33	\$470.21
I04E - 3M	8.33	\$509.82
I04E - 4M	8.33	\$579.38
I04F - 1M	8.95	\$457.85
I04F - 2M	8.95	\$497.62
I04F - 3M	8.95	\$540.21
I04F - 4M	8.95	\$614.99
I04G - 1M	9.7	\$487.41
I04G - 2M	9.7	\$530.52
I04G - 3M	9.7	\$576.66
I04G - 4M	9.7	\$657.72
I04H - 1M	10.1	\$501.67
I04H - 2M	10.1	\$546.55
I04H - 3M	10.1	\$594.60
I04H - 4M	10.1	\$679.00
I04I - 1M	10.85	\$523.27
I04I - 2M	10.85	\$571.49
I04I - 3M	10.85	\$623.12
I04I - 4M	10.85	\$713.77
I04J - 1M	11.2	\$535.56
I04J - 2M	11.2	\$585.33
I04J - 3M	11.2	\$638.61
I04J - 4M	11.2	\$732.21
I04K - 1M	11.68	\$554.48
I04K - 2M	11.68	\$606.39
I04K - 3M	11.68	\$661.95
I04K - 4M	11.68	\$759.55
I04L - 1M	12.2	\$574.98
I04L - 2M	12.2	\$629.19
I04L - 3M	12.2	\$687.24
I04L - 4M	12.2	\$789.18
I04M - 1M	12.7	\$594.69
I04M - 2M	12.7	\$651.11
I04M - 3M	12.7	\$711.54
I04M - 4M	12.7	\$817.66
I05A - 1M	6.9	\$298.44
I05A - 2M	6.9	\$322.97
I05A - 3M	6.9	\$349.23

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I05A - 4M	6.9	\$395.36
I05B - 1M	7.4	\$314.20
I05B - 2M	7.4	\$340.52
I05B - 3M	7.4	\$368.68
I05B - 4M	7.4	\$418.15
I05C - 1M	7.9	\$329.97
I05C - 2M	7.9	\$358.06
I05C - 3M	7.9	\$388.12
I05C - 4M	7.9	\$440.93
I05D - 1M	8.3	\$345.72
I05D - 2M	8.3	\$375.23

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I05D - 3M	8.3	\$406.82
I05D - 4M	8.3	\$462.30
I05E - 1M	8.58	\$353.71
I05E- 2M	8.58	\$384.19
I05E - 3M	8.58	\$416.84
I05E- 4M	8.58	\$474.15
I05F - 1M	8.95	\$372.52
I05F - 2M	8.95	\$404.33
I05F - 3M	8.95	\$438.40
I05F - 4M	8.95	\$498.22
I05G - 1M	9.7	\$384.14
I05G - 2M	9.7	\$418.62
I05G - 3M	9.7	\$455.54
I05G - 4M	9.7	\$520.39
I05H- 1M	10.2	\$399.90
I05H - 2M	10.2	\$436.17
I05H - 3M	10.2	\$474.99
I05H - 4M	10.2	\$543.18
I05I - 1M	10.7	\$415.67
I05I - 2M	10.7	\$453.71
I05I - 3M	10.7	\$494.44
I05I - 4M	10.7	\$565.96
I05J - 1M	11.2	\$440.78
I05J - 2M	11.2	\$480.59
I05J - 3M	11.2	\$523.21
I05J - 4M	11.2	\$598.09
I05K - 1M	11.68	\$454.54
I05K - 2M	11.68	\$496.04
I05K - 3M	11.68	\$540.48
I05K - 4M	11.68	\$618.53
I05L- 1M	12.2	\$470.93
I05L - 2M	12.2	\$514.29
I05L - 3M	12.2	\$560.70
I05L - 4M	12.2	\$642.23
I05M- 1M	12.7	\$484.56
I05M - 2M	12.7	\$529.69
I05M - 3M	12.7	\$578.01
I05M - 4M	12.7	\$662.87
I06A - 1M	8.95	\$316.78
I06A - 2M	8.95	\$343.30
I06A - 3M	8.95	\$371.68
I06A - 4M	8.95	\$421.55
I07A - 1M	10.6	\$305.58
I07A - 2M	10.6	\$332.48
I07A - 3M	10.6	\$361.29
I07A - 4M	10.6	\$411.87
I08A - 1M	11.58	\$297.80

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I08A - 2M	11.58	\$323.51
I08A - 3M	11.58	\$351.05
I08A - 4M	11.58	\$399.41
I09A - 1M	12.56	\$281.69
I09A - 2M	12.56	\$306.49
I09A - 3M	12.56	\$333.02
I09A - 4M	12.56	\$379.66
I10A - 1M	13.54	\$270.79
I10A - 2M	13.54	\$294.65
I10A - 3M	13.54	\$320.18
I10A - 4M	13.54	\$365.04

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I11A - 1M	14.52	\$265.09
I11A - 2M	14.52	\$288.67
I11A - 3M	14.52	\$313.78
I11A - 4M	14.52	\$357.89
I12A - 1M	15.5	\$259.05
I12A - 2M	15.5	\$281.99
I12A - 3M	15.5	\$306.57
I12A - 4M	15.5	\$349.73

5. Add-on Rates.

Category	Unit	Rate
DC Worker Level I	Hour	\$15.84
DC Worker Level I	Day	\$126.42
DC Worker Level II	Hour	\$16.92
DC Worker Level II	Day	\$135.24
Relief Level I	Hour	\$13.80
Relief Level II	Hour	\$14.76
Certified Nurse Assistant (CNA)	Hour	\$17.84
Vehicle Add-on	Day	Month
Sedan	\$21.94	\$667.22
Minivan	\$27.13	\$825.10
Van	\$32.22	\$979.90
Wheelchair Van	\$44.01	\$1,338.62
Vehicle Upgrade	Day	Month
Sedan to Minivan	\$5.19	\$157.88
Sedan to Van	\$10.28	\$312.68
Sedan to Wheelchair Van	\$22.07	\$671.40
Minivan to Van	\$5.09	\$154.80
Minivan to Wheelchair Van	\$16.88	\$513.52
Van to Wheelchair Van	\$11.79	\$358.73

- (d) Site Rates Effective July 1, 2016.
1. Site Rates for Programs Operating in That Location for Longer Than Two Years. The table in 101 CMR 420.03(7)(d) lists *per diem* benchmark cost ranges and the corresponding *per diem* rate. The rate is determined by selecting the range within which the site unit cost falls.
 2. New Program Site or Current Site Replacement Rate. A monthly accommodation rate for a new or replacement residence based on the particular needs of the individuals proposed for placement at the site should be developed using the Application for New Site Occupancy issued by EOHHS. The application must include the provider's best estimates of site-specific costs and must be supported by available documentation and

a statement noting the specific exceptional characteristics that pertain to the proposed site. A food allowance of \$8.16 per resident per day should be included as an occupancy expense for each new or replacement residence. The application will be subject to EOHHS audit and verification of actual costs to ensure they are not excessive. The purchasing governmental unit may require the provider to return any excess funding received through this provision.

Range	<i>Per Diem Rate</i>
\$0.01 - \$12.76	\$11.63
\$12.77 - \$17.22	\$16.13

420.03: continued

Range	<i>Per Diem Rate</i>
\$17.23 - \$21.68	\$20.24
\$21.69 - \$26.15	\$24.80
\$26.16 - \$30.60	\$29.19
\$30.61 - \$35.07	\$33.41
\$35.08 - \$39.52	\$37.74
\$39.53 - \$43.98	\$42.05
\$43.99 - \$48.44	\$46.70
\$48.45 - \$52.90	\$51.39
\$52.91 - \$57.36	\$55.61
\$57.37 - \$61.82	\$60.07
\$61.83 - \$66.28	\$63.13
\$66.29 - \$70.74	\$68.60
\$70.75 - \$75.20	\$73.39
\$75.21 - \$79.66	\$77.72
\$79.67 - \$84.12	\$82.64
\$84.13 - \$88.58	\$87.43
\$88.59 - \$94.15	\$92.26
\$94.16 - \$99.73	\$97.02
\$99.74 - \$103.07	\$100.35
\$103.08 - \$107.53	\$104.87
\$107.54 - \$111.99	\$109.39
\$112.00 - \$116.45	\$113.91
\$116.46 - \$120.91	\$118.43
\$120.92 - \$125.37	\$122.96
\$125.38 - \$129.83	\$127.48
\$129.84 - \$134.29	\$132.00
\$134.30 - \$138.75	\$136.52
\$138.76 - \$143.21	\$141.04
\$143.22 +	\$146.21

(e) Per Diem Service Model Rates Effective July 1, 2017.

1. Lower.

Program Model	Direct Care Staff Intensity Level	<i>Per Diem Rate</i>
L01A	3.45	\$515.69
L02A	4.45	\$325.62
L03A	5.45	\$227.47
L04A	6.45	\$190.24
L05A	7.45	\$158.42
L06A	8.45	\$182.03
L07A	9.45	\$186.97
L07B	10.45	\$198.66
L08A	11.45	\$174.54
L09A	12.45	\$164.87
L10A	13.45	\$159.81
L11A	14.45	\$155.33

L12A	15.45	\$135.07
L13A	16.45	\$157.27

2. Basic.

Program Model	Direct Care Staff Intensity Level	<i>Per Diem Rate</i>
B01A	3.15	\$502.09
B02A	4.15	\$382.05
B02B	5.15	\$391.46

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
B02C	6.15	\$432.21
B03A	7.15	\$265.10
B03B	8.15	\$292.27
B03C	9.15	\$316.33
B03D	10.15	\$337.23
B03E	11.15	\$364.17
B03F	12.15	\$378.21
B03G	13.15	\$405.05
B04A	14.15	\$254.50
B04B	15.15	\$274.09
B04C	16.15	\$286.19
B04D	17.15	\$314.12
B04E	18.15	\$325.27
B04F	19.15	\$348.80
B05A	20.15	\$235.55
B05B	21.15	\$255.91
B05C	22.15	\$277.23
B05D	23.15	\$289.77
B06A	24.15	\$228.90
B07A	25.15	\$219.85
B08A	26.15	\$210.36
B09A	27.15	\$194.23
B10A	28.15	\$188.72
B11A	29.15	\$184.11
B12A	30.15	\$181.04

3. Intermediate.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01A	3.15	\$512.43
I01B	3.45	\$561.60
I01C	3.95	\$628.68
I01D	4.55	\$700.26
I01E	5.08	\$780.30
I01F	5.35	\$815.84
I01G	6.28	\$942.23
I01H	7.22	\$1,030.61
I02A	3.7	\$363.76
I02B	4.35	\$409.06
I02C	4.9	\$455.58
I02D	5.25	\$479.05
I02E	5.5	\$513.27
I02F	5.85	\$536.75
I02G	6.13	\$555.53
I02H	6.5	\$580.35

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I02I	7.25	\$622.85
I02J	7.75	\$660.18
I02K	8.4	\$674.28
I02L	8.9	\$720.14
I02M	9.4	\$754.36
I03A	4.35	\$283.18
I03B	4.9	\$314.19
I03C	5.5	\$366.41
I03D	6.9	\$396.60
I03E	7.25	\$433.12
I03F	7.5	\$440.33

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I03G	7.93	\$460.92
I03H	8.43	\$483.27
I03I	8.93	\$505.64
I03J	9.6	\$528.89
I03K	10.4	\$564.66
I03L	10.8	\$582.56
I04A	6.13	\$291.60
I04B	6.9	\$317.43
I04C	7.25	\$329.16
I04D	7.93	\$355.05
I04E	8.33	\$377.19
I04F	8.95	\$406.55
I04G	9.7	\$432.34
I04H	10.1	\$444.25
I04I	10.85	\$447.37
I04J	11.2	\$457.56
I04K	11.68	\$474.05
I04L	12.2	\$491.95
I04M	12.7	\$520.35
I05A	6.9	\$263.50
I05B	7.4	\$276.91
I05C	7.9	\$290.32
I05D	8.3	\$304.19
I05E	8.58	\$307.76
I05F	8.95	\$324.81
I05G	9.7	\$332.91
I05H	10.2	\$346.33
I05I	10.7	\$359.74
I05J	11.2	\$382.49
I05K	11.68	\$394.02
I05L	12.2	\$407.96
I05M	12.7	\$422.01
I06A	8.95	\$277.07
I07A	10.6	\$260.23
I08A	11.58	\$255.88
I09A	12.56	\$241.35
I10A	13.54	\$232.53
I11A	14.52	\$228.09
I12A	15.5	\$223.11

4. Medical/Clinical.

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01A - 1M	3.15	\$607.87
I01A - 2M	3.15	\$664.49

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I01A - 3M	3.15	\$725.11
I01A - 4M	3.15	\$831.58
I01B - 1M	3.45	\$664.42
I01B - 2M	3.45	\$726.43
I01B - 3M	3.45	\$792.83
I01B - 4M	3.45	\$909.44
I01C - 1M	3.95	\$744.14
I01C - 2M	3.95	\$815.14
I01C - 3M	3.95	\$891.15
I01C - 4M	3.95	\$1,024.66
I01D - 1M	4.55	\$831.07

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I01D - 2M	4.55	\$912.85
I01D - 3M	4.55	\$1,000.42
I01D - 4M	4.55	\$1,154.21
I02A - 1M	3.7	\$418.31
I02A - 2M	3.7	\$451.55
I02A - 3M	3.7	\$487.15
I02A - 4M	3.7	\$549.68
I02B - 1M	4.35	\$471.84
I02B - 2M	4.35	\$510.94
I02B - 3M	4.35	\$552.79
I02B - 4M	4.35	\$626.31
I02C - 1M	4.9	\$525.30
I02C - 2M	4.9	\$569.35
I02C - 3M	4.9	\$616.49
I02C - 4M	4.9	\$699.30
I02D - 1M	5.25	\$553.20
I02D - 2M	5.25	\$600.38
I02D - 3M	5.25	\$650.90
I02D - 4M	5.25	\$739.63
I02E - 1M	5.5	\$590.58
I02E - 2M	5.5	\$640.01
I02E - 3M	5.5	\$692.93
I02E - 4M	5.5	\$785.88
I02F - 1M	5.85	\$618.48
I02F - 2M	5.85	\$671.06
I02F - 3M	5.85	\$727.35
I02F - 4M	5.85	\$826.21
I02G - 1M	6.13	\$640.80
I02G - 2M	6.13	\$695.89
I02G - 3M	6.13	\$754.88
I02G - 4M	6.13	\$858.48
I02H - 1M	6.5	\$670.29
I02H - 2M	6.5	\$728.72
I02H - 3M	6.5	\$791.26
I02H - 4M	6.5	\$901.11
I02I - 1M	7.25	\$730.08
I02I - 2M	7.25	\$795.24
I02I - 3M	7.25	\$865.00
I02I - 4M	7.25	\$987.52
I02J - 1M	7.75	\$769.94
I02J - 2M	7.75	\$839.59
I02J - 3M	7.75	\$914.16
I02J - 4M	7.75	\$1,045.14
I02K - 1M	8.4	\$796.05
I02K - 2M	8.4	\$871.55
I02K - 3M	8.4	\$952.37
I02K - 4M	8.4	\$1,094.33

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I02L - 1M	8.9	\$835.91
I02L - 2M	8.9	\$911.06
I02L - 3M	8.9	\$996.70
I02L - 4M	8.9	\$1,147.11
I02M - 1M	9.4	\$875.77
I02M - 2M	9.4	\$960.25
I02M - 3M	9.4	\$1,050.70
I02M - 4M	9.4	\$1,209.56
I03A - 1M	4.35	\$325.04
I03A - 2M	4.35	\$351.10
I03A - 3M	4.35	\$379.00

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I03A - 4M	4.35	\$428.02
I03B - 1M	4.9	\$360.67
I03B - 2M	4.9	\$390.03
I03B - 3M	4.9	\$421.47
I03B - 4M	4.9	\$476.67
I03C - 1M	5.5	\$417.95
I03C - 2M	5.5	\$450.90
I03C - 3M	5.5	\$486.18
I03C - 4M	5.5	\$548.16
I03D - 1M	6.9	\$480.72
I03D - 2M	6.9	\$522.06
I03D - 3M	6.9	\$566.32
I03D - 4M	6.9	\$644.06
I03E - 1M	7.25	\$499.31
I03E - 2M	7.25	\$542.75
I03E - 3M	7.25	\$589.26
I03E - 4M	7.25	\$670.95
I03F - 1M	7.5	\$508.72
I03F - 2M	7.5	\$553.65
I03F - 3M	7.5	\$601.76
I03F - 4M	7.5	\$686.26
I03G - 1M	7.93	\$538.10
I03G - 2M	7.93	\$585.58
I03G - 3M	7.93	\$636.42
I03G - 4M	7.93	\$725.71
I03H - 1M	8.43	\$564.66
I03H - 2M	8.43	\$615.15
I03H - 3M	8.43	\$669.20
I03H - 4M	8.43	\$764.12
I03I - 1M	8.93	\$591.24
I03I - 2M	8.93	\$644.71
I03I - 3M	8.93	\$701.96
I03I - 4M	8.93	\$802.53
I03J - 1M	9.6	\$620.32
I03J - 2M	9.6	\$677.84
I03J - 3M	9.6	\$739.42
I03J - 4M	9.6	\$847.57
I03K - 1M	10.4	\$662.83
I03K - 2M	10.4	\$725.14
I03K - 3M	10.4	\$791.86
I03K - 4M	10.4	\$909.03
I03L - 1M	10.8	\$684.09
I03L - 2M	10.8	\$748.80
I03L - 3M	10.8	\$818.07
I03L - 4M	10.8	\$939.75
I04A - 1M	6.13	\$334.20
I04A - 2M	6.13	\$361.73

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I04A - 3M	6.13	\$391.20
I04A - 4M	6.13	\$442.95
I04B - 1M	6.9	\$364.89
I04B - 2M	6.9	\$395.88
I04B - 3M	6.9	\$429.05
I04B - 4M	6.9	\$487.31
I04C - 1M	7.25	\$378.84
I04C - 2M	7.25	\$411.40
I04C - 3M	7.25	\$446.26
I04C - 4M	7.25	\$507.48
I04D - 1M	7.93	\$412.94

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I04D - 2M	7.93	\$448.55
I04D - 3M	7.93	\$486.68
I04D - 4M	7.93	\$553.65
I04E - 1M	8.33	\$437.60
I04E - 2M	8.33	\$475.01
I04E - 3M	8.33	\$515.07
I04E - 4M	8.33	\$585.41
I04F - 1M	8.95	\$462.52
I04F - 2M	8.95	\$502.74
I04F - 3M	8.95	\$545.80
I04F - 4M	8.95	\$621.42
I04G - 1M	9.7	\$492.41
I04G - 2M	9.7	\$536.00
I04G - 3M	9.7	\$582.66
I04G - 4M	9.7	\$664.63
I04H - 1M	10.1	\$506.84
I04H - 2M	10.1	\$552.22
I04H - 3M	10.1	\$600.82
I04H - 4M	10.1	\$686.17
I04I - 1M	10.85	\$528.78
I04I - 2M	10.85	\$577.54
I04I - 3M	10.85	\$629.74
I04I - 4M	10.85	\$721.42
I04J - 1M	11.2	\$541.22
I04J - 2M	11.2	\$591.55
I04J - 3M	11.2	\$645.44
I04J - 4M	11.2	\$740.08
I04K - 1M	11.68	\$560.35
I04K - 2M	11.68	\$612.84
I04K - 3M	11.68	\$669.04
I04K - 4M	11.68	\$767.73
I04L - 1M	12.2	\$581.08
I04L - 2M	12.2	\$635.90
I04L - 3M	12.2	\$694.60
I04L - 4M	12.2	\$797.69
I04M - 1M	12.7	\$601.01
I04M - 2M	12.7	\$658.08
I04M - 3M	12.7	\$719.18
I04M - 4M	12.7	\$826.49
I05A - 1M	6.9	\$301.49
I05A - 2M	6.9	\$326.30
I05A - 3M	6.9	\$352.85
I05A - 4M	6.9	\$399.50
I05B - 1M	7.4	\$317.43
I05B - 2M	7.4	\$344.04
I05B - 3M	7.4	\$372.52
I05B - 4M	7.4	\$422.55

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I05C - 1M	7.9	\$333.37
I05C - 2M	7.9	\$361.78
I05C - 3M	7.9	\$392.18
I05C - 4M	7.9	\$445.59
I05D - 1M	8.3	\$349.27
I05D - 2M	8.3	\$379.11
I05D - 3M	8.3	\$411.05
I05D - 4M	8.3	\$467.15
I05E - 1M	8.58	\$357.36
I05E- 2M	8.58	\$388.18
I05E - 3M	8.58	\$421.19

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I05E- 4M	8.58	\$479.15
I05F - 1M	8.95	\$376.29
I05F - 2M	8.95	\$408.47
I05F - 3M	8.95	\$442.92
I05F - 4M	8.95	\$503.42
I05G - 1M	9.7	\$388.18
I05G - 2M	9.7	\$423.06
I05G - 3M	9.7	\$460.39
I05G - 4M	9.7	\$525.96
I05H- 1M	10.2	\$404.13
I05H - 2M	10.2	\$440.80
I05H - 3M	10.2	\$480.06
I05H - 4M	10.2	\$549.01
I05I - 1M	10.7	\$420.07
I05I - 2M	10.7	\$458.54
I05I - 3M	10.7	\$499.72
I05I - 4M	10.7	\$572.05
I05J - 1M	11.2	\$445.35
I05J - 2M	11.2	\$485.61
I05J - 3M	11.2	\$528.72
I05J - 4M	11.2	\$604.43
I05K - 1M	11.68	\$459.29
I05K - 2M	11.68	\$501.26
I05K - 3M	11.68	\$546.19
I05K - 4M	11.68	\$625.12
I05L- 1M	12.2	\$475.86
I05L - 2M	12.2	\$519.70
I05L - 3M	12.2	\$566.64
I05L - 4M	12.2	\$649.09
I05M- 1M	12.7	\$489.67
I05M - 2M	12.7	\$535.31
I05M - 3M	12.7	\$584.17
I05M - 4M	12.7	\$669.99
I06A - 1M	8.95	\$319.97
I06A - 2M	8.95	\$346.78
I06A - 3M	8.95	\$375.49
I06A - 4M	8.95	\$425.91
I07A - 1M	10.6	\$308.76
I07A - 2M	10.6	\$335.96
I07A - 3M	10.6	\$365.10
I07A - 4M	10.6	\$416.25
I08A - 1M	11.58	\$300.83
I08A - 2M	11.58	\$326.84
I08A - 3M	11.58	\$354.68
I08A - 4M	11.58	\$403.58
I09A - 1M	12.56	\$284.61
I09A - 2M	12.56	\$309.68

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I09A - 3M	12.56	\$336.52
I09A - 4M	12.56	\$383.68
I10A - 1M	13.54	\$273.61
I10A - 2M	13.54	\$297.74
I10A - 3M	13.54	\$323.56
I10A - 4M	13.54	\$368.93
I11A - 1M	14.52	\$267.83
I11A - 2M	14.52	\$291.68
I11A - 3M	14.52	\$317.07
I11A - 4M	14.52	\$361.68
I12A - 1M	15.5	\$261.73

420.03: continued

Program Model	Direct Care Staff Intensity Level	Per Diem Rate
I12A - 2M	15.5	\$284.93
I12A - 3M	15.5	\$309.78
I12A - 4M	15.5	\$353.43

5. Add-on Rates.

Category	Unit	Rate
DC Worker Level I	Hour	\$16.04
DC Worker Level I	Day	\$127.84
DC Worker Level II	Hour	\$17.12
DC Worker Level II	Day	\$136.76
Relief Level I	Hour	\$13.96
Relief Level II	Hour	\$14.96
Certified Nurse Assistant (CNA)	Hour	\$18.04
Vehicle Add-on	Day	Month
Sedan	\$21.94	\$667.22
Minivan	\$27.13	\$825.10
Van	\$32.22	\$979.90
Wheelchair Van	\$44.01	\$1,338.62
Vehicle Upgrade	Day	Month
Sedan to Minivan	\$5.19	\$157.88
Sedan to Van	\$10.28	\$312.68
Sedan to Wheelchair Van	\$22.07	\$671.40
Minivan to Van	\$5.09	\$154.80
Minivan to Wheelchair Van	\$16.88	\$513.52
Van to Wheelchair Van	\$11.79	\$358.73

- (f) Site Rates Effective July 1, 2017.
1. Site Rates for Programs Operating in That Location for Longer Than Two Years. The table in 101 CMR 420.03(7)(f) lists *per diem* benchmark cost ranges and the corresponding *per diem* rate. The rate is determined by selecting the range within which the site unit cost falls.
2. New Program Site or Current Site Replacement Rate. A monthly accommodation rate for a new or replacement residence based on the particular needs of the individuals proposed for placement at the site should be developed using the Application for New Site Occupancy issued by EOHHS. The application must include the provider's best estimates of site-specific costs and must be supported by available documentation and a statement noting the specific exceptional characteristics that pertain to the proposed site. A food allowance of \$8.16 per resident per day should be included as an occupancy expense for each new or replacement residence. The application will be subject to EOHHS audit and verification of actual costs to ensure they are not excessive. The purchasing governmental unit may require the provider to return any excess funding

received through this provision.

Range	<i>Per Diem Rate</i>
\$0.01 - \$12.76	\$11.63
\$12.77 - \$17.22	\$16.13
\$17.23 - \$21.68	\$20.24
\$21.69 - \$26.15	\$24.80
\$26.16 - \$30.60	\$29.19
\$30.61 - \$35.07	\$33.41
\$35.08 - \$39.52	\$37.74

420.03: continued

Range	Per Diem Rate
\$39.53 - \$43.98	\$42.05
\$43.99 - \$48.44	\$46.70
\$48.45 - \$52.90	\$51.39
\$52.91 - \$57.36	\$55.61
\$57.37 - \$61.82	\$60.07
\$61.83 - \$66.28	\$63.13
\$66.29 - \$70.74	\$68.60
\$70.75 - \$75.20	\$73.39
\$75.21 - \$79.66	\$77.72
\$79.67 - \$84.12	\$82.64
\$84.13 - \$88.58	\$87.43
\$88.59 - \$94.15	\$92.26
\$94.16 - \$99.73	\$97.02
\$99.74 - \$103.07	\$100.35
\$103.08 - \$107.53	\$104.87
\$107.54 - \$111.99	\$109.39
\$112.00 - \$116.45	\$113.91
\$116.46 - \$120.91	\$118.43
\$120.92 - \$125.37	\$122.96
\$125.38 - \$129.83	\$127.48
\$129.84 - \$134.29	\$132.00
\$134.30 - \$138.75	\$136.52
\$138.76 - \$143.21	\$141.04
\$143.22 +	\$146.21

420.04: 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 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 UFR completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Preparing 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) Penalties. The purchasing governmental unit may reduce the payment rates by 15% for any provider that fails to submit required information to EOHHS. The purchasing governmental unit will notify the provider in advance of its intention to impose a rate reduction.

420.05: Severability

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

The provisions of 101 CMR 420.00 are severable. If any provision of 101 CMR 420.00 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 420.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 420.00: M.G.L. c. 118E.