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State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 13-014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



Division of Medicaid and Children's Health Operations / Boston Regional Office

April 8, 2015

Marylou Sudders, Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Ms. Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 13-014 submitted to CMS on 09/27/2013. This SPA was submitted to revise your approved Title XIX State plan to update the payment methodology for and add a provider of transitional living services. This SPA has been approved effective 07/01/2013.

Enclosed is a copy of the following State plan page to be incorporated within your approved State plan.

- Attachment 4.19-B, page 3.2.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at Julie.McCarthy@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary and Director of MassHealth
Michael Coleman, State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">013-014</div>	2. STATE <div style="text-align: center;">MA</div>
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">07/01/13</div>	
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center;">42.CFR 440.167</div>		7. FEDERAL BUDGET IMPACT: <div style="text-align: right;"> a. FFY 2013 \$ 68,300.00 b. FFY 2014 \$ 311,250.00 </div>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <div style="text-align: center;">Attachment 4.19-B, Page 3.2</div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): <div style="text-align: center;">Same</div>	
10. SUBJECT OF AMENDMENT: <div style="text-align: center;">Transitional Living Providers of Personal Care Services</div>			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CMR 430.12(b)(2)(ii)			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="text-align: center;">/s/</div>		16. RETURN TO: Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11 th Floor Boston, MA 02108	
13. TYPED NAME: <div style="text-align: center;">John Polanowicz</div>		14. TITLE: <div style="text-align: center;">Secretary</div>	
15. DATE SUBMITTED: <div style="text-align: center;">09/30/13</div>		17. DATE RECEIVED: 09/27/2013	
FOR REGIONAL OFFICE USE ONLY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2013		18. DATE APPROVED: 04/08/2015	
PLAN APPROVED - ONE COPY ATTACHED			
21. TYPED NAME: Richard R. McGreal		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="text-align: center;">/s/</div>	
22. TITLE: Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA		23. REMARKS:	

State Plan under Title XIX of the Social Security Act
State: Massachusetts
Methods and Standards for Establishing Payment Rates – Other Types of Care

u. **Personal Care Services:**

I. General Description of Payment Methodology

The following section describes the methods and standards utilized by the Executive Office of Health and Human Services (EOHHS) to establish rates of payment for personal care attendant (PCA) services. These services are described under Supplements to Attachments 3.1-A and 3.1-B. Fee schedules are established as follows:

II. Fee Schedules

The fee schedules for Personal Care Attendant Services are established by the Division of Health Care Finance and Policy (DHC FP) or successor agency. The fees published are effective as of October 1, 2012. The regulation, administrative bulletins, and fee schedules are published at http://www.mass.gov/eohhs/gov/laws-regs/hhs/regs.html#114_3_9.

Effective October 1, 2012 the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$3.59 per 15 minute unit, or \$14.36 per hour, inclusive of the PCA wage, employer required taxes, and workers' compensation insurance for PCA services provided during the day or night. Personal care attendants who are authorized by MassHealth to work overtime or work on one of four holidays (New Year's Day, July 4, Thanksgiving Day or Christmas Day) receive premium pay in addition to regular pay, equal to \$1.79 per 15 minute unit, or \$7.16 per hour, inclusive of employer required taxes and workers' compensation insurance.

The fee used for Transitional Living providers of personal care services is a provider specific rate established by the Division of Health Care Finance and Policy or successor agency. Such regulations are entitled: Rates for Certain Social, Rehabilitation and Other Health Care Services. The regulation is published at <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-5-4.pdf>.

Each Transitional Living provider's rate is an all-inclusive per diem rate for the provision of personal care services and is based on an annual program budget, and delineates costs for direct care services and necessary administrative activities. Rate development for transitional living services includes the collection and review of service data maintained by the transitional living provider. Costs for room and board and other unallowable costs are excluded from the rate.

The table below contains the rates used for Transitional Living providers and the effective dates of the rates.

Provider	Per diem rate	Effective date
Advocates, Inc., Douglas House	\$233.52	October 12, 2008
Advocates, Inc., McLaughlin House	\$277.41	August 1, 2013
	\$280.87	July 1, 2014
Advocates, Inc., Warren House	\$223.45	August 1, 2007
CHIPs House	\$190.32	July 1, 2013

Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers.