

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 14-0016**

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 15, 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. 14-0016 submitted to CMS on 09/18/2014. This SPA was submitted to revise your approved Title XIX State plan to update the personal care attendant wage and employer expense components of the rates. This SPA has been approved effective 07/01/2014.

Enclosed are copies of the following State plan pages to be incorporated within your approved State plan.

- Attachment 4.19-B, pages 3.2 and 3.2a.

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](mailto: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



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER:  014-016	2. STATE  MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  07/01/14	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION:  42.CFR 440.167	7. FEDERAL BUDGET IMPACT:  a. FFY 2014 \$ 445,500 b. FFY 2015 \$ 1,356,500	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Page 3.2, 3.2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B, Page 3.2	

10. SUBJECT OF AMENDMENT:

Personal Care Attendant Services Rates

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
 Not required under  
 42 CFR 430.12(b)(2)(ii)

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
/s/

13. TYPED NAME:

John Polanowicz

14. TITLE:

Secretary

15. DATE SUBMITTED:

09/18/14

16. RETURN TO:

Michael P. Coleman  
 State Plan Coordinator  
 Office of Medicaid  
 Executive Office of Health and Human Services  
 One Ashburton Place, 11<sup>th</sup> Floor  
 Boston, MA 02108

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 09/18/2014

18. DATE APPROVED: 04/15/2015

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 07/01/2014

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME: Richard R. McGreal

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 Executive Office of Health and Human Services. The fees published are effective as of July 1, 2014. The regulation, administrative bulletins, and fee schedules are published at <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-5-4.pdf> and [http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114\\_3\\_9](http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_9)

Effective July 1, 2014 the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$3.79 per 15 minute unit, or \$15.16 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) receive premium pay in addition to regular pay, equal to \$1.89 per 15 minute unit, or \$7.58 per hour, inclusive of employer required taxes and workers' compensation insurance.

Effective July 1, 2014, EOHHS will provide a 3 hour paid Orientation for newly hired PCAs. The fee schedule for the 3 hour Orientation is based on the hourly PCA rate in effect on July 1, 2014.

Effective July 1, 2014 and annually thereafter, PCAs who worked at least 100 paid hours per month in the three months that immediately precede July shall be credited with five hours of paid time off (PTO). On February 1<sup>st</sup> of each year, PCAs who worked at least 100 paid hours per month in the three months that immediately precede February shall be credited with five hours of PTO. The fee schedule is based on the hourly PCA rate in effect on July 1, 2014.

The fee used for Transitional Living providers of personal care services is a provider specific rate established by the Executive Office of Health and Human Services. 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

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Attachment 4.19-B

Page 3.2a

State Plan under Title XIX of the Social Security Act

State: Massachusetts

## Methods and Standards for Establishing Payment Rates – Other Types of Care

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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.