

Table of Contents

State/Territory Name: Massachusetts

State Plan Amendment (SPA) #: 16-0003

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

November 3, 2016

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 16-003 submitted to CMS on March 31, 2016. This SPA was submitted to revise your approved Title XIX State plan to update the payment rates for personal care attendants, including provisions around overtime pay in accordance with the requirements of the Fair Labor Standards Act, and the accrual of earned sick time in accordance with Section 148C(d)(5) of M.G.L. Chapter 149. This SPA has been approved effective January 1, 2016.

Enclosed are copies of the following approved State plan pages.

- 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.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 16-003	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 January 1, 2016	
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. FFY16 \$21,979,640 \$19,600,000 b. FFY17 \$29,386,186 \$28,600,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3.2a 3.2 and 3.2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 3.2a 3.2 and 3.2a	

10. SUBJECT OF AMENDMENT:

Personal Care Attendant Overtime

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)(i)

12. SIGNATURE OF STATE AGENCY OFFICIAL:

/s/

13. TYPED NAME:
Marylou Sudders

14. TITLE:
Secretary

15. DATE SUBMITTED:
March 31, 2016

16. RETURN TO:

Daniel Cohen
 Interim State Plan Coordinator
 Executive Office of Health and Human Services
 Office of Medicaid
 One Ashburton Place, 11th Floor
 Boston, MA 02108

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/31/2016

18. DATE APPROVED: 11/03/2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/2016

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

OFFICIAL

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 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/docs/eohhs/eohhs-regs/101-cmr-309.pdf>. http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html#114_3_9

Effective January 1, 2016, the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$3.88 per 15 minute unit or \$15.52 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 emergency 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 \$1.94 per 15 minute unit, or \$7.76 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 the date the newly hired PCA receives orientation.

Effective January 1, 2016, PCAs are eligible to accrue earned sick time from the first date of work and can begin using earned sick time 90 days after the first date of work at a rate of one hour per 30 hours worked, including overtime hours, up to 40 hours per benefit year. PCAs may use up to 40 hours of earned sick time per 12-month period as designated by EOHHS. The fee schedule is based on the hourly PCA rate in effect at the time the earned sick time is used.

Effective January 1, 2016, PCAs are eligible to receive overtime pay in accordance with the requirements of the Fair Labor Standards Act. PCA overtime pay is equal to \$0.13 per 1 minute unit, or \$7.76 per hour, inclusive of employer required taxes and workers'

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

OFFICIAL

compensation insurance.

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 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
CCHIP 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.