

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 20-0033**

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  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

March 17, 2021

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

**RE: Massachusetts State Plan Amendment (SPA) Transmittal Number 20-0033**

Dear Secretary Sudders:

We have reviewed the proposed Massachusetts State Plan Amendment (SPA) to Attachment 4.19-B of your state plan, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2020. This plan amendment updated the methods and standards to revise the payments rates for personal care attendants.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

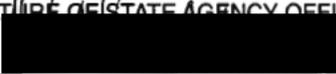
If you have any additional questions or need further assistance, please contact James Moreth at 206-615-2043 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>20-033</u>	2. STATE <u>MA</u>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 10/01/20	
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 Title 19 of the Social Security Act		7. FEDERAL BUDGET IMPACT a. FFY 21 \$ 60,000 b. FFY 22 \$ 55,000	
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 3.2-3.2a	
10. SUBJECT OF AMENDMENT  An amendment to rates for personal care attendants			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Not required under 42 CFR 430.12(b)(2)(i)	
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO  The Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, Room 1109 Boston, MA 02108	
13. TYPED NAME Marylou Sudders			
14. TITLE Secretary			
15. DATE SUBMITTED 12/31/20			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED December 31, 2020		18. DATE APPROVED March 17, 2021	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL 	
21. TYPED NAME Todd McMillion		22. TITLE Director, Division of Reimbursement Review	
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

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

Effective July 1, 2020, the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$4.45 per 15 minute unit or \$17.80 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 \$2.23 per 15 minute unit, or \$8.90 per hour, inclusive of employer required taxes and workers' compensation insurance.

Effective October 1, 2020, EOHHS will provide a 4 hour paid Orientation for newly hired PCAs. The fee schedule for the 4-hour Orientation is based on the hourly PCA rate in effect on the date the newly hired PCA receives orientation.

Effective January 1, 2016, through June 30, 2019, 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 July 1, 2019, PCAs are eligible to accrue earned paid time off from the first date of work. PCAs accrue earned paid time off at a rate of one hour per 30 hours worked, including overtime hours, up to 50 hours per benefit year, and may carry over up to 50 hours to a new benefit year. A benefit year runs from July 1 to June 30. Upon termination of PCA employment, a PCA's remaining accrued paid earned time will be paid to the PCA. The fee schedule is based on the hourly PCA rate in effect at the time the earned paid time off is used, or, for purposes of payout at termination of all PCA employment, on the hourly PCA rate in effect on the date of the PCA's termination of all PCA employment.

**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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Effective January 1, 2016, PCAs are eligible to receive overtime pay in accordance with the requirements of the Fair Labor Standards Act. Effective July 1, 2020, PCA overtime pay is equal to \$0.15 per 1 minute unit, or \$8.90 per hour, inclusive of employer required taxes and workers' compensation insurance. Effective July 1, 2020, PCA travel time pay is equal to \$0.30 per 1 minute unit, or \$17.80 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 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	\$207.53	July 1, 2016
Advocates, Inc., McLaughlin House	\$288.29	July 1, 2016
Advocates, Inc., Warren House	\$247.60	July 1, 2016
CCHIP House	\$206.73	July 1, 2016

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