

## **Table of Contents**

**State Territory Name: MASSACHUSETTS**

**State Plan Amendment (SPA) #: 24-0028**

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  
230 South Dearborn Street  
Chicago, Illinois 60604



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**Financial Management Group**

October 16, 2024

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

RE: TN 24-0028

Dear Assistant Secretary Levine:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Massachusetts state plan amendment (SPA) to Attachment 4.19-B 24-0028, which was submitted to CMS on September 30, 2024. This plan amendment updates rates for Personal Care Assistants (PCAs).

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of July 1, 2024. 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 Debi Benson at 312-886-0360 or via email at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

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

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>24-0028</u>	2. STATE <u>MA</u>
3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE  <u>07/01/2024</u>
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5. FEDERAL STATUTE/REGULATION CITATION  <u>42 CFR Part 440</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> <u>\$ 14,549,000</u> b. FFY <u>25</u> <u>\$ 57,723,000</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <u>Attachment 4.19-B pages 3.2-3.2b</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  <u>Attachment 4.19-B pages 3.2-3.2b</u>
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9. SUBJECT OF AMENDMENT  
  
An amendment to update payment methodologies for personal care attendants

10. GOVERNOR'S REVIEW (Check One)

<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	<u>Not required under 42 CFR 430.12(b)(2)(i)</u>
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO  Commonwealth of Massachusetts Executive Office of Health and Human Services Office of Medicaid One Ashburton Place Boston, MA 02108
12. TYPED NAME <u>Mike Levine</u>	
13. TITLE <u>Assistant Secretary for MassHealth</u>	
14. DATE SUBMITTED <u>09/30/2024</u>	

FOR CMS USE ONLY	
16. DATE RECEIVED <u>September 30, 2024</u>	17. DATE APPROVED <u>October 16, 2024</u>

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2024</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

22. 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 <https://www.mass.gov/doc/rates-for-certain-social-rehabilitation-and-health-care-services-effective-january-1-1999/download>, <https://www.mass.gov/doc/rates-for-certain-services-for-the-personal-care-attendant-program-effective-july-1-2023-0/download>, and <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html>.

Effective July 1, 2024, the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$5.39 per 15 minute unit, 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 six holidays (New Year's Day, Martin Luther King Jr. Day, Juneteenth, July 4, Thanksgiving Day or Christmas) receive premium pay in addition to regular pay, equal to \$2.70 per 15 minute unit, 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.

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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, 2024, PCA overtime pay is equal to \$0.18 per 1 minute unit, inclusive of employer required taxes and workers' compensation insurance and PCA travel time pay is equal to \$0.36 per 1 minute unit, inclusive of employer required taxes and workers' compensation insurance.

Effective September 20, 2023, a One-Time Collective Bargaining Agreement Signing Incentive equaling an aggregate \$11.8 million will be paid to qualified PCAs as described below. The incentive will be apportioned across PCAs to correlate to the frequency with which each PCA worker provided services to MassHealth members. It will use the following method to calculate each PCA's incentive payment: total number of hours the PCA worked between 12:00 a.m. July 1, 2023, and 11:59 p.m. August 31, 2023, x \$1. Example: A PCA worked 160 hours between 12:00 a.m. July 1, 2023, and 11:59 p.m. August 31, 2023; the PCA's incentive payment is \$160 (160 x \$1). For the purposes of this one-time signing incentive, a qualified PCA is a PCA who provided MassHealth-covered personal care attendant services during the first two months of state fiscal year 2024.

**Night Visit Minimum Payment:** PCAs who provide PCA services during shifts that begin and end between 12:00 a.m. and 5:59 a.m. will be paid for a minimum of 2 hours (eight 15-minute units) for their visit to the member's home to deliver PCA services at night in accordance with the fee schedule described on page 3.2. PCAs who provide PCA services during shifts that begin and end between 12:00 a.m. and 5:59 a.m., and that equal a total amount equivalent to two or more hours, will be paid in accordance with the PCA payment methodology described on page 3.2. Example 1: A PCA who works from 12:30 a.m. through 1:00 a.m. (half an hour) will be paid for the equivalent of two hours for their night visit. Example 2: A PCA who works from 12:30 a.m. through 3:00 a.m. (two and a half hours) will be paid for the equivalent of two and a half hours.

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 <https://www.mass.gov/doc/rates-for-certain-social-rehabilitation-and-health-care-services-effective-january-1-1999/download>.

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	\$228.62	December 1, 2022
Advocates, Inc., McLaughlin House	\$317.58	December 1, 2022
Advocates, Inc., Warren House	\$272.76	December 1, 2022

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CCHIP House	\$227.73	December 1, 2022
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Except as otherwise noted in the plan, state developed fee schedules are the same for both governmental and private providers.