

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 417.00: RATES FOR CERTAIN ELDER CARE SERVICES

Section

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417.01: General Provisions

- (1) Scope. 101 CMR 417.00 governs the payment rates for certain elder care services provided to clients of the Executive Office of Elder Affairs (EOEA) by Aging Services Access Points (ASAPs) and other designated providers.
- (2) Effective Date. Rates are effective for dates of service provided on or after January 1, 2017.
- (3) Disclaimer of Authorization of Services. 101 CMR 417.00 is neither authorization for, nor approval of, the services for which rates are determined pursuant to 101 CMR 417.00. Governmental units that purchase ASAP services are responsible for the definition, authorization, and approval of services extended to clients.
- (4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 417.00.

417.02: Definitions

As used in 101 CMR 417.00, unless the context requires otherwise, terms will have the meanings ascribed in 101 CMR 417.02.

Aging Services Access Points (ASAPs). One or more nonprofit agencies, one or more home care providers as defined in M.G.L. c. 19A, § 4, clause (c), a combination of said home care corporations acting jointly, or a state agency that is/are designated by and under contract with EOEA to provide services for Medicaid community-based long-term care pursuant to an interagency agreement between EOEA and the Office of Medicaid. ASAPs contract with EOEA to purchase community-based long-term-care services for certain clients, provide protective services (and in some cases provide nutrition services), provide information and referral services, provide case management services, coordinate and authorize the delivery of home care program services, and provide clinical screening for nursing facility and community-based long-term-care services. Each agency is organized to plan, develop, and implement the coordination and delivery of community-based long-term-care services.

ASAP Services. Those functions that are performed by the ASAP according to the terms of an ASAP contract. The functions include screenings, interdisciplinary case management, protective services, information and referral, and, in cases in which the ASAP elects to provide rather than subcontract the function, nutrition services.

Client. A person who receives community-based long-term-care services purchased by a governmental unit.

Congregate Housing Services Coordination. A program that combines privacy and companionship by offering support services in a multi-unit housing setting. Eligible seniors and adults with disabilities live in a private bedroom or apartment, and shared living space and activities. A congregate coordinator evaluates residents and arranges for support services that may include meals, transportation, housekeeping, building security, and social activities.

Cost Report. The document used to report costs and other financial and statistical data. The Uniform Financial Statements and Independent Auditor's Report (UFR) are used when required.

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Enhanced Community Options Program (ECOP) Direct Services. A program administered by ASAPs for frail elders who are clinically eligible for nursing facility services under MassHealth and who meet criteria set forth by EOEA. EOEA provides a broad range of community services for these elders to remain in the community that includes services available under the Home Care Program.

EOEA. The Executive Office of Elder Affairs, also known as the Department of Elder Affairs, established under M.G.L. c. 19A.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

Governmental Unit. The Commonwealth, any board, commission, department, division, or agency of the Commonwealth and any political subdivision of the Commonwealth.

Home Care Program Case Management Services. Services under the Basic Home Care Respite and ECOP programs to coordinate a variety of homemaker and assisted daily living services within the client's home and community. Services are provided by Basic Home Care Respite and ECOP caseworkers, based on the needs and acuity level of the client.

Home Care Program Direct Services. Home Care Program services include homemaker, personal care, laundry, home-delivered meals, chore, home health, transportation, social day care services, adult day health, dementia day care, adaptive housing, personal emergency response, grocery shopping/delivery, companion, emergency shelter, respite care, and other Home Care Program services as set forth in 651 CMR 3.01: *Purpose and Scope*. Service definitions and services standard are established by EOEA and in 651 CMR 3.00: *Home Care Program*.

Money Management Program. Services that assist low-income elders who have difficulty with money management or bill paying and, as a result, are vulnerable to financial exploitation, or are at serious risk due to an inability to meet critical needs. Services under this program include representative payee and bill payer services.

Protective Services (PS). A statewide system administered by EOEA to receive and investigate reports of elder abuse, including physical, emotional, and sexual abuse, neglect by a caregiver, self-neglect, and financial exploitation, and to provide protective services as necessary. Services are provided by designated (PS) agencies to respond to reports of elder abuse, to remedy or alleviate the abusive situation, and to prevent the recurrence of abuse.

Reporting Year. The provider's fiscal year for which costs incurred are reported to the Operational Services Division on the Uniform Financial Statements and Independent Auditor's Report (UFR).

Supportive Senior Housing. A program administered by EOEA and the Department of Housing and Community Development (DHCD) to develop supportive senior housing that creates an assisted living environment in state-funded public elderly/disabled housing with the goal of promoting independence and aging in place. Services are provided on an as-needed basis, 24 hours per day. Residents who do not qualify for state-funded home care services based on their frailty level and income may purchase the entire package of supportive services or some of the services based upon their need. Residents who are home-care-eligible receive all or some of the services at no additional cost. Supportive senior housing services include service coordination, case management, 24-hour personal care on-site or on call, homemaker services including laundry, medication reminders, social activities, and at least one meal per day.

417.03: Rate Provisions

(1) Services Included in the Rate. The approved rate includes payment for all care and services that are part of the program of services of an eligible provider, as explicitly set forth in the terms of the purchase agreement between the eligible provider and the purchasing governmental unit(s).

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(2) Reimbursement as Full Payment. Each eligible provider must, as a condition of acceptance of payment made by any purchasing governmental units for services rendered, accept the approved program rate as full payment and discharge of all obligations for the services rendered. Payment from any other source will be used to offset the amount of the purchasing governmental unit's obligation for services rendered to the publicly assisted client.

(3) Payment Limitations. No purchasing governmental unit may pay less than or more than the approved program rate.

(4) Approved Rates.

Service	Unit	Rate
Enhanced Community Options Program (ECOP) Direct Services	Per client per month	\$713.68
Home Care Program Services Direct Services	Per client per month	\$310.76
Congregate Housing Services Coordination	Per client per month	\$205.79
Basic Home Care Case Management	Per client per month	\$131.45
ECOP Case Management	Per client per month	\$233.37
Protective Services	Per client per month	\$379.13
Supportive Senior Housing	Per site per month	\$11,521
Money Management Services	Per client per month	\$61.96

417.04: Filing and Reporting Requirements

(1) General Provisions.

(a) Accurate Data. All reports, schedules, additional information, books, and records that are filed or made available to EOHHS will be certified under pains and penalties of perjury as true, correct, and accurate by the Executive Director or Chief Financial Officer of the provider.

(b) Examination of Records. Each provider must make available to EOHHS or the purchasing governmental unit upon request all records relating to its reported costs, including costs of any entity related by common ownership or control.

(2) Required Reports. Each provider must file

(a) an annual Uniform Financial Statement and Independent Auditor's report completed in accordance with the filing requirements of 808 CMR 1.00: *Compliance, Reporting and Auditing for Human and Social Services*;

(b) any Cost Report supplemental schedule as issued by EOHHS; and

(c) any additional information requested by EOHHS within 21 days of a written request.

(3) Penalty for Noncompliance. The purchasing governmental unit may reduce the payment rates by 15% for any provider that fails to submit required information to EOHHS. The purchasing governmental unit will notify the provider in advance of its intention to impose a rate reduction.

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417.05: Severability

The provisions of 101 CMR 417.00 are severable. If any provision of 101 CMR 417.00 or application of such provision to any eligible provider or fiscal intermediary is held invalid or unconstitutional, such determination will not affect the validity or constitutionality of any remaining provisions of 101 CMR 417.00 or application of such provisions to eligible providers or fiscal intermediaries in circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 417.00: M.G.L. c. 118E.