

ACTIVITY CODE DEFINITIONS

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I. LIST OF ACTIVITY CODES

Residential Services Activity Codes: 3150, 3153, 3753

Day/Employment Services Activity Codes: 3163, 3165, 3168, 3180, 3181, 3285, 3664, 3681 3764

- **IMPORTANT**– Day/Employment programs cannot be reimbursed as “day” unit rates. All programs in these activity codes must have unit rate constructed as “hour”. Reimbursement through EIM will be on a **quarter hour** basis. Exception: Unblended transportation services will be contracted as an Accommodation Rate contract and reimbursed at a 1/12 rate per month.

Support Services Activity Codes: 3174, 3182, 3700, 3701, 3702, 3703, 3705, 3707, 3709, 3710, 3712, 3716, 3731, 3735, 3738, 3759, 3770, 3771, 3773, 3774, 3775, 3779, 3798

Clinical Services Activity Codes: 3170, 3202, 3208, 3240, 3243, 3245, 3283, 3777

Autism Services Activity Codes: 3772, 7100

Miscellaneous Services Activity Codes: 3226, 3228, 3274, 3279, 3760, 3776, 3780, 3781, 3799, 3191

Transportation Services Activity Codes: 3196 (HST), 3196 (Unblended), 3196 (to & from job)

ABI/MFP Services Activity Codes: 3713, 3751, 3752

Agency with Choice Services Activity Codes: 6700, 6701, 6703, 6704, 6707, 6709, 6716, 6753, 6780

II. REQUIRED UNIT RATE DEFINITIONS FOR FEDERALLY REIMBURSABLE SERVICES

In order to insure that all DDS services that are eligible for federal reimbursement under several federal waiver regulations it is important that services delivered under DDS activity codes covered by these regulations be delivered under programs with unit rates calculated with acceptable definitions of the unit rate, i.e. HOURS, DAYS, MONTH, TRIP, VISIT.

The following chart lists the activity codes and units of attendance for services that are eligible for federal reimbursement under the DDS Waivers:

NOTE: Activity codes that use “hours” as the unit of attendance will be reimbursed through EIM in 15 minute increments.

Placement Services	3150	DAYS
Adult Long Term Residential Supports	3153	DAYS
Community Based Day Supports	3163	HOURS
Individual Supported Employment	3168	HOURS
Competitive Integrated Employment Service	3180	HOURS
Group Supported Employment	3181	HOURS
Transportation Services	3196	TRIP
Day Habilitation Supplement	3285	HOURS
Acquired Brain Injury Residential Habilitation	3751	DAYS
Acquired Brain Injury Shared Living	3752	DAYS
<i><u>Activity Codes for former Family Support Services</u></i>		
<i>Emergency Stabilization Residential</i>	<i>3182</i>	<i>DAY/MONTH</i>
<i>Physical Therapy</i>	<i>3240</i>	<i>VISIT</i>
<i>Occupational Therapy</i>	<i>3243</i>	<i>VISIT</i>
<i>Speech & Hearing Therapy</i>	<i>3245</i>	<i>VISIT</i>

<i>Assistive Technology (Not a code for standard contracts. Contact the Central Office Contract Office for guidance if this code is to be used)</i>	3283	TBD
<i>Family Support Navigation</i>	3700	HOURS
<i>Family Support Navigation AWC</i>	6700	HOURS
<i>Respite in Recipient's Home</i>	3701	DAYS
<i>Respite in Recipient's Home AWC</i>	6701	DAYS
<i>Respite in Care Giver's Home</i>	3702	DAYS
<i>Individualized Home Supports</i>	3703	HOURS
<i>Individualized Home Supports AWC</i>	6703	HOURS
<i>Individualized Day Supports AWC</i>	6704	HOURS
<i>Adult Companion</i>	3707	HOURS
<i>Adult Companion AWC</i>	6707	HOURS
<i>Community Family Training/Residential Family Training</i>	3709	HOURS
<i>Community Family Training/Residential Family Training AWC</i>	6709	HOURS
<i>Behavioral Supports & Consultation</i>	3710	HOURS
<i>Community Peer Support/ Residential Peer Support</i>	3716	HOURS
<i>Community Peer Support/ Residential Peer Support AWC</i>	6716	HOURS
<i>Site Based Respite Facility (formerly Emergency Residence)</i>	3759	DAYS
<i>In Home Basic Living Supports</i>	3798	HOURS
<i>Planned Facility-Based Respite Program for Children</i>	3775	DAY or 30 MINUTES

III. RESIDENTIAL SERVICES

A. ACTIVITY CODE 3150 (PLACEMENT SERVICES)

Placement Services utilize residential support agencies to provide recruitment, placement, training and oversight of care givers and living situations for individuals who (1.) live in the home of a designated care provider who is a single person or member of a family unit or (2.) live in their own homes (owned or leased) with designated care providers. Designated care providers are not employees of the residential support agencies. Placement Services are for individuals who require designated care providers to be available on site 24 hours a day unless otherwise specified in the ISP. Designated care providers are responsible to provide supervision and ongoing support in areas of daily living, maintaining optimal health care, creating and enhancing relationships with chosen family members and friends and other areas of assistance specified in the ISP.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate - Chapter 257 Statement of Work (SOW)
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	1 unit/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

B. ACTIVITY CODE 3153 (ADULT LONG TERM RESIDENTIAL SERVICES)

Provider (POS) operated extensive on-going services and supports provided to individuals who need daily intervention with care, supervision, and skills training in activities of daily living, home management, and community integration. These individuals live in a certified or licensed home with 24 hour paid support. Types of residential supports are supervised living and supported living. Residential supports are not available to individuals who live with their immediate family (grandparent, parent, sibling, or spouse) unless the immediate family member lives in the licensed or certified home and is also eligible for DDS supports.

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes)
Rate Type	Class Rate – Chapter 257 Statement of Work (SOW)
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	1 unit/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

C. ACTIVITY CODE 3753 (OCCUPANCY FOR ADULT LONG TERM RESIDENTIAL SERVICES)

The provision of the physical site and associated costs of the building that houses the ALTR program which includes, lease or rental payments, depreciation, interest associated with long-term debt, durable equipment, insurance on buildings and equipment, real estate taxes, maintenance and/or condominium fees, electricity, heat, water, and meals. Lease payments to related parties must not exceed the cost of what the provider would pay if the provider directly owned the property.

Contract Type	Unit Rate
Rate Type	Accommodation Rate – Chapter 257 (SOW)/Occupancy Worksheet
Attendance Unit Type (Used on ID#)	N/A
Reimbursement Unit of Service	MONTH
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

IV. DAY AND EMPLOYMENT SERVICES

The hours of Day and Employments supports that an individual can receive from the following services/activities in a given month is 184. Activity codes include: 3163 (Community Based Day Supports), 3168 (Individual Supported Employment), 3180 (Competitive Integrated Employment Services), 3181 (Group Supported Employment) and 3285 (Day Habilitation Supplemental Services).

A. ACTIVITY CODE 3163 (COMMUNITY BASED DAY SUPPORTS)

This program of supports is designed to enable an individual to enrich his or her life and enjoy a full range of community activities by providing opportunities for developing, enhancing, and maintaining competency in personal, social and community activities. Services include, but are not limited to, the following service options: career exploration, including assessing interests through volunteer experiences or situational assessments; community integration experiences to support fuller participation in community life; skill development and training; development of activities of daily living and independent living skills; socialization experiences and support to enhance interpersonal skills; and pursuit of personal interests and hobbies.

This service is intended for individuals of working-age who may be on a “pathway” to employment; as a supplemental service for individuals who are employed part-time and need a structured and supervised program of services during the day when they are not working, which may include opportunities for socialization and peer support; and individuals who are of retirement-age and who need and want to participate in a structured and supervised program of services in a group setting.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes)
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/Service Limit	6 hours per day. Prior approval required for additional hours.
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

B. ACTIVITY CODE 3165 (ADULT DAY HEALTH SERVICES)

Adult Day Health Services are all services provided by a MassHealth agency-approved ADH provider that meets the conditions of 130 CMR 404.000. The general goal of these services is to provide an organized program of nursing services and supervision, maintenance-therapy services, and socialization. This code is available to individuals who are receiving adult day health services, temporarily lose their MassHealth and continue to need the services available through this service type, as well as to individuals for whom alternative Masshealth services are being provided and DDS, as a result, is providing Adult Day Health program resources.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate - Mass Health
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	Refer to Mass Health regulations
Waiver Eligible?	No
Meditech Enrollment?	Yes

C. ACTIVITY CODE 3168 (INDIVIDUAL SUPPORTED EMPLOYMENT)

In Individual Supported Employment programs, individuals receive assistance from a provider to obtain a job based on identified needs and interests. Individuals may receive supports at a job in the community or in a self-employed business. Regular or periodic assistance, training and support are provided for the purpose of developing, maintaining and/or improving job skills, and fostering career advancement opportunities. Natural supports are developed by the provider to help increase inclusion and independence of the individual within the community setting. Employees should have regular contact with co-workers, customers, supervisors and individuals without disabilities and have the same opportunities as their non-disabled co-workers. Individuals are generally paid by the employer, but in some circumstances may be paid by the provider agency.

- Service Delivery Reporting Hourly: Services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes)
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/Service Limit	6 hours per day. Prior approval required for additional hours.
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

D. ACTIVITY CODE 3180 (COMPREHENSIVE INTEGRATED EMPLOYMENT SERVICES)

Competitive Integrated Employment Services (CIES) is a Secretariat-wide service which involves the participation of the following departments for the purpose of purchasing an integrated, flexible array of services designed to support consumers in obtaining Competitive Employment. Participating departments include: Department of Developmental Services (DDS); Department of Transitional Assistance (DTA); Massachusetts Commission for the Blind (MCB); and Massachusetts Rehabilitation Commission (MRC).

Competitive employment is defined as a job in an integrated, community-based work setting where the recipient of employment services receives wages and benefits paid by an employer in the community. The service is defined by five components and associated outcomes against which programmatic success will be determined.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	6 hours per day. Prior approval required for additional hours.
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

E. ACTIVITY CODE 3181 (GROUP SUPPORTED EMPLOYMENT)

A small group of individuals, (typically 2 to 8), working in the community under the supervision of a provider agency. Emphasis is on work in an integrated environment, with the opportunity for individuals to have contact with co-workers, customers, supervisors, and others without disabilities. Group Supported Employment may include small groups in industry (enclave); provider businesses/small business model; mobile work crews which allow for integration, and temporary services which may assist in securing an individual position within a business. Most often, the individuals are considered employees of the provider agency and are paid and receive benefits from that agency

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes)
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/Service Limit	6 hours per day. Prior approval required for additional hours.
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

F. ACTIVITY CODE 3285 (DAY HABILITATION SUPPLEMENT)

Supplemental services not otherwise available under the Medicaid state plan, which the Department of Developmental Services has determined are necessary to enable the individual to participate in the day habilitation program. The supplemental services consist of staff assistance in addition to that available under the state plan services.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes)
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	6 hours per day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

G. ACTIVITY CODE 3664 (DAY HABILITATION SERVICES

(Not to be confused with activity code 3285 Day Habilitation Supplement or activity code 3764 Facility Day Habilitation))

Day Habilitation Services is a program of services for individuals with intellectual disabilities (ID) or another developmental disability (DD) that is based on a day habilitation service plan which sets forth measurable goals and objectives and prescribes an integrated program of activities and therapies necessary to reach the stated goals and objectives. This code is available to individuals receiving day habilitation services who temporarily lose their MassHealth and continue to need the services available through this service type, as well as to individuals for whom alternative MassHealth services are being provided and DDS, as a result, is providing Day Habilitation program resources.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate - Mass Health
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	6 hours per day
Waiver Eligible?	No
Meditech Enrollment?	Yes

H. ACTIVITY CODE 3681 (DDS/GROUP SUPPORTED EMPLOYMENT PARTNERSHIP)

Group Supported Employment Services is a Public and Private partnership with both Agency and Provider staff for DDS individuals who reside in the Community. These employment services are to groups of DDS Clients working in a competitive environment in the community under the supervision of state staff and a provider agency. Emphasis is on work in integrated environment, with the opportunity for individuals to have contact with co-workers, customers, supervisors, and others without disabilities. DDS/Group Support Employment

Partnerships may include small groups in industry (enclave); provider businesses/small business model; mobile work crews which allow for integration, and temporary services which may assist in securing an individual position within a business.

Contract Type (Cost Reimbursement Option?)	Cost Reimbursement
Rate Type	Cost Reimbursement
Attendance Unit Type (Used on ID#)	Cost Reimbursement
Reimbursement Unit of Service	Cost Reimbursement
Cost/ Service Limit	NA
Waiver Eligible?	NO
Meditech Enrollment?	Yes
Object Code	M04

I. ACTIVITY CODE 3764 (FACILITY DAY HABILITATION)

Facility Day Habilitation is a program for individuals who reside at DDS facilities that cannot benefit from a DDS Community Based Day program due to functional and medical limitations.

Day Habilitation is a program that provides the individuals with opportunity to develop their skills in the areas of sensory-motor, affective, behavioral, independent living, and social development.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate – Mass Health
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	6 hours per day
Waiver Eligible?	No
Meditech Enrollment?	Yes

V. SUPPORT SERVICES

A. ACTIVITY CODE 3174 (SUPPORT SERVICES LIMITED UNIT SERVICE AGREEMENT –LUSA)

This service provides intermittent, as-needed, limited time general support services in non-residential, non-day, and non-work categories of service, including, but not limited to, clinical team evaluations, specialized services, e.g. occupational therapy, speech therapy, physical therapy, assistance to people who are blind or hearing impaired, one-to-one special care, etc.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Unit Rate - Rate Agreement
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	Varies
Cost/ Service Limit	N/A

Waiver Eligible?	No
Meditech Enrollment?	Yes
Object Code	M04

B. ACTIVITY CODE 3182 (EMERGENCY STABILIZATION RESIDENTIAL)

This service is designed to provide stabilization and support for waiver participants who due to either behavioral or environmental circumstances cannot remain in their current residence. The service is provided in a licensed respite facility to participants who are unable to care for themselves. Based on the participant’s assessed needs for stabilization and support and the need to develop a new individualized plan of care which will meet the participant’s needs, there is no time limit imposed on this service. This service includes overnight supervision and support.

Occupancy costs will be paid through a separate contract that will be coded under the 3753 ALTR occupancy activity code.

Contract Type (Cost Reimbursement Option?)	Accommodation Rate
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	Day/Month
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

C. ACTIVITY CODE 3700 (FAMILY SUPPORT NAVIGATION)

Family support navigation consists of the provision of unbiased expert information and referral supports that are designed to assist families to identify needs and to facilitate and gain access to local generic supports through coordination between family and other service providers. The Family Navigator acts as a guide and resource development expert to insure that families have knowledge and access to a broad array of generic community resources, provides assistance in navigating the system, and recognizes and promotes the value of natural supports. Family Navigators respond to the specific ethnic and linguistic needs of families in the geographic area where they reside and offer timely and relevant information to families regarding available resources in the community. They assist families to identify their strengths and develop individualized family emergency contingency plans. The Family Navigator provides opportunities for families to develop collaborative networks with other families and acts as a resource developer for the family. The Family Navigator manages the access to and use of state funds for respite.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

D. ACTIVITY CODE 3701 (RESPITE IN RECIPIENT’S HOME - DAY)

Services provided in either a) licensed respite facility, b) or in the home of the participant, c) or in the family home, d) or in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term overnight basis because of either the absence or need for relief of those persons who normally provide care for the participant or due to the needs of the participant.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate; Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	30 Days/Year
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

E. ACTIVITY CODE 3702 (RESPITE IN CARE GIVER’S HOME)

Supervision and care provided in the caregiver’s home on a short-term basis, including on a short-term overnight basis, where there is an absence or need for relief of those persons who normally provide care for the participant. Since this service is provided in the caregiver’s home, applicable license or certification is necessary.

Homes in which respite supports or other residential supports are provided by a person who is recruited, trained, supervised and paid by a provider for the purpose of providing such supports in his or her own home may serve no more than three people (including individuals served by the Department), regardless of funding source, except that up to four people may be served upon a finding by the area director that no individual will be adversely affected. [115 CMR 7.05(2)]

Adult respite in the home of a care provider can only serve adults. Agencies will be required to use a safety review process developed by the Department to ensure that the home of the care provider meets basic safety standards outlined above prior to the placing individuals in the home of the care provider.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	30 Days/Year
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

F. ACTIVITY CODE 3703 (INDIVIDUALIZED HOME SUPPORTS)

Individualized Home Supports consists of limited services and supports in a variety of activities that may be provided regularly and are determined necessary to prevent institutionalization. These services may include teaching and fostering the acquisition, retention or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community as specified in the POC. This service provides the support necessary for the participant to establish,

live in and maintain on an on-going basis a household of their choosing, in a personal home or family home to meet their habilitative needs. It may also include training and education in self determination/ self-advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive to become more independent, integrated and productive in their communities.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate; Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	23 hours/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

G. ACTIVITY CODE 3705 (CHILDREN’S RESPITE IN CARE GIVER’S HOME - DAY)

Supervision and care provided in the caregiver’s home on a short-term basis, including on a short-term overnight basis, where there is an absence or need for relief of those persons who normally provide care for the participant. Since this service is provided in the caregiver’s home, applicable license or certification is necessary. Standards are consistent with those outlined in 115 CMR 7.00 for placement services and home providers. Services are provided on a daily basis.

The arrangement of respite in the home of a caregiver by an agency requires licensure by the Department of Early Education and Care. Additionally, DDS standards which are consistent for placement services and home providers should be observed. However, licensure as a DDS placement service will not suffice for licensure by DEEC.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

H. ACTIVITY CODE 3707 (ADULT COMPANION)

Non-medical care, supervision and socialization provided to an adult. Services may include assistance with meals and basic activities of daily living incidental to the support and supervision of the individual. The service is provided to carry out personal outcomes identified in the individual plan that support the individual to successfully reside in his/her home or in the family home. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate; Chapter 257 and Mass Health
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins

Cost/ Service Limit	23 hours/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

I. ACTIVITY CODE 3709 (COMMUNITY FAMILY TRAINING/RESIDENTIAL FAMILY TRAINING)

The service is designed to provide training and instruction about the treatment regimes, behavior plans, and the use of specialized equipment that supports the individual waiver participant in the community. Family training may also include training in family leadership, support of self-advocacy and independence for their family member. The service enhances the skills of the family to assist the waiver participant to function in the community and at home. The service may be provided in small group format or the Family Trainer may provide individual instruction to a specific family based on the need of the family to understand the specialized needs of their family member. The one to one family training is instructional, not counseling. Community Family Training is available to individuals who receive less than 24 hours of support per day. Residential Family Support is not available in state operated or provider operated residential sites unless the waiver participant regularly visits the family home. May be provider managed or self-directed.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate; Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

J. ACTIVITY CODE 3710 (BEHAVIORAL SUPPORTS AND CONSULTATION)

Behavioral Supports and Consultative services are necessary to improve the individual's independence and integration in their community. This service is available to waiver participants, to unpaid caregivers, and or paid staff in carrying out individual support plans which are designed to remediate identified challenging behaviors or to acquire socially appropriate behaviors. Behavioral supports and consultation are provided by professionals in the fields of psychology, mental health, or special education. The service may include a functional assessment, the development of a home-based behavioral support plan, training and technical assistance to paid and unpaid caregivers, monitoring of the effectiveness of the plan, and the implementation of the plan. The professional(s) will make recommendations to the Support Team. This service is available in the individual's home or in the community.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	NA
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

K. ACTIVITY CODE 3712 (EMERGENCY STABILIZATION IN CAREGIVER'S HOME)

This service is designed to provide stabilization and support for waiver participants who due to either behavioral or environmental circumstances cannot remain in their current residence. The service is provided in the home of an individual family provider to waiver participants who are unable to care for themselves. Based on the waiver participant's assessed needs for stabilization and support and the need to develop a new individualized plan of care which will meet the participant's needs, there is no time limit imposed on this service. This service includes overnight supervision and support.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

L. ACTIVITY CODE 3716 (COMMUNITY PEER SUPPORT/RESIDENTIAL PEER SUPPORT)

Peer Support is designed to provide training, instruction and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. The service is also designed to promote understanding in families and other service providers about the role of self-advocacy in community life

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate; Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

M. ACTIVITY CODE 3731 (RESPITE IN RECIPIENT'S HOME - HOUR)

Services provided in either a) the home of the participant, b) or in the family home, c) or in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on an hourly basis because of either the absence or need for relief of those persons who normally provide care for the participant or due to the needs of the waiver participant.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	30 days/year
Waiver Eligible?	No
Meditech Enrollment?	Yes

N. ACTIVITY CODE 3735 (CHILDREN’S RESPITE IN CARE GIVER’S HOME -HOUR)

Supervision and care provided in the caregiver’s home on a short-term basis, including on a short-term overnight basis, where there is an absence or need for relief of those persons who normally provide care for the participant. Since this service is provided in the caregiver’s home, applicable license or certification is necessary.

Site requirements for provision of children’s respite in the home of a care-provider: If the agency is providing activities where licensure or certification is necessary, the applicant will have the necessary licensure/certification. Services will be delivered on an hourly basis.

The arrangement of respite in the home of a caregiver by an agency requires licensure by the Department of Early Education and Care. Additionally, DDS standards which are consistent for placement services and home providers should be observed. However, licensure as a DDS placement service will not suffice for licensure by DEEC.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

O. ACTIVITY CODE 3738 (DDS/DESE DIRECT SUPPORT SERVICES)

Reimbursements to providers for costs related to services and/or goods arranged for families receiving alllocations under theDDS/DESE program. Expenses are subject to approval of a service plan.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

P. ACTIVITY CODE 3759 (SITE BASED RESPITE FACILITY)

Temporary placement of an individual outside his/her home (either own home, family home, DDS or other residential setting) on a short-term basis to relieve a crisis, and restore or maintain the well-being of the individual and/or family. Supports include short term placement away from home, 24-hour supervision, continuation and maintenance of other supports delivered to an individual according to his/her service plan. Professional consultation is available to care providers.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 237
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS

Cost/ Service Limit	30 days/year
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

Q. ACTIVITY CODE 3770 (FAMILY SUPPORT CENTERS)

Family Support Centers will establish a local presence and act as a hub for offering a wide range of general family support services and activities to families of children and adults who are eligible for DDS services. There will be at least one Family Support Center that will provide services to families in each DDS Area across the state. This will insure that families have equal access to family support center activities and services. It is expected that Family Support Centers will conduct broad outreach and provide services to families from diverse cultural, ethnic and linguistic communities in the geographic area they are serving. This may involve creating partnerships with community organizations and other resources in order to provide culturally responsive services.

Contract Type (Cost Reimbursement Option?)	Accommodation Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	MONTHS
Reimbursement Unit of Service	MONTHS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

R. ACTIVITY CODE 3771 (CULTURALLY LINGUISTIC FAMILY SUPPORT CENTERS)

Cultural/Linguistic-Specific Family Support Centers have been created to respond to the unique needs of specific cultural and linguistic family groups in specified areas or regions of the state. Families to receive services are typically designated groups of families for whom English is not their primary language, and as a result face linguistic barriers in accessing services and require more individualized and specialized assistance to learn about and access the service system. Many of these families face extraordinary challenges accessing services due to language barriers and in other priority areas like housing, employment, finances, health care, and education, and require skilled staff with strong experience and expertise in accessing entitlements and other generic resources. These Centers will be expected to deliver culturally competent supports to assist families in navigating the service system. Staff need to be bi-lingual in the primary languages spoken by the families and have a good understanding of the cultural values, beliefs and traditions of the families being served.

Contract Type (Cost Reimbursement Option?)	Accommodation Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	MONTHS
Reimbursement Unit of Service	MONTHS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

S. ACTIVITY CODE 3773 (INTENSIVE FLEXIBLE FAMILY SUPPORT SERVICES)

The primary goal of Intensive Flexible Family Support programs is to help support families with one or more members with a disability who are experiencing significant challenges, which are causing the child/individual to be at risk of out-of-home placement. This is a time-limited (6 to 12 months) and goal-oriented service providing more focused and intensive supports in response to identified areas of need and difficulty, and to build family capacity to support their child at home. IFFS is purchased as a discrete program service at both the regional and area office level. It is a closed referral program through the local DDS Area Offices.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

T. ACTIVITY CODE 3774 (MEDICALLY COMPLEX PROGRAMS)

Medically Complex Programs provide a family-driven model of care which supports families with children and young adults having significant cognitive, physical, and complex health care needs who are living at home. The goal is to provide comprehensive wrap-around supports, which consist of a specialized case management activities that help families integrate the variety of resources and supports they are receiving in order to care for their family member at home.

This Program complements and is supplemental to other MassHealth, state plan and third party insurers, and provides vital assistance to families who need help in coordinating all of the in-home care they receive. This program offers an array of support options to families (parents and siblings) to keep their family member at home and allow for a meaningful quality of life for all, and helps to prevent out-of-home placements in a pediatric nursing home or residential school.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	MONTHS
Reimbursement Unit of Service	MONTHS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

U. ACTIVITY CODE 3775 (PLANNED FACILITY-BASED RESPITE PROGRAMS FOR CHILDREN)

Planned facility-based respite programs for children are designed to provide out-of-home supervision and care in a licensed respite home to provide relief for the parents/primary caregivers. This is a planned service intended to respond to the specific needs of families who have been prioritized to receive this out-of-home respite service.

Planned facility-based respite programs for children are available in two of the DDS regions in the state, including the Central/West and Metro regions. Referrals for the services are initiated at the individuals' respective Area Offices. The opportunity to participate in the facility-based respite program is dependent on availability and resources.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	DAYS or 30 minute
Reimbursement Unit of Service	DAYS or 30 minute
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

V. ACTIVITY CODE 3779 (FAMILY SUPPORT CENTER FLEXIBLE STIPENDS)

Family Support Center Stipends are used to give individuals/families direct cash stipend payments, and/or to provide reimbursements and payments, as outlined below:

- cash stipends in which funding is given directly to the family for the purchase of allowable services or goods;
- reimbursement from the provider to the family for the purchase of allowable services or goods;
- direct payment by the provider for specific allowable services or goods requested by the family;

Stipend payments are limited to a maximum of \$3,000.00 annually. Subject to Regional Director approval, in certain extenuating situations, the stipend funding level for a specific individual/family may exceed the \$3,000.00 limit.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	TBD
Object Code	M04

W. ACTIVITY CODE 3798 (IN HOME BASIC LIVING) (formerly INDIVIDUAL/COMMUNITY SUPPORTS)

On-going services and supports by paid staff designed to assist individuals to acquire, maintain or improve the skills necessary to live in a non-institutional setting. Individual/Community Supports are provided to individuals who require 23 hours or less per day of assistance by paid staff. This service provides supports necessary for individuals to develop the skills that enable them to become more independent, integrated, and productive in their communities. The service enables adults to retain or improve skills related to personal finance, health, shopping, use of community resources, community safety, and other adaptive skills needed to live in the community.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate - Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	23 Hrs/Day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

VI. CLINICAL SERVICES

A. ACTIVITY CODE 3170 (CLINICAL TEAM)

DDS funded service that provides a resource team with expertise in behavior management, counseling, physical, recreational, occupational therapies, and other clinical interventions available through referral from area or regional offices for consultation and/or direct service to individuals with mental retardation, families, and community agencies. The clinical team is often used in an emergency situation to help stabilize an individual.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

B. ACTIVITY CODE 3202 (MEDICAL SERVICES)

Provide high quality 24 hours-a-day primary preventive medical care through a combination of on-site, on-call and consultative services (in conjunction with 24-hour facility nursing and generic services) to the consumers living at the facility. This includes, but is not limited to, providing prompt detection and referral of health problems through adequate medical surveillance, periodic evaluations, and regular medical examinations. The purpose of the program is to evaluate, diagnose and treat acute and chronic medical conditions, as well as implement long-term treatment plans.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

C. ACTIVITY CODE 3208 (PSYCHIATRIC SERVICES)

Provide high quality psychiatric care through a combination of on-site, on-call and consultative services to the consumers living in the community or at a facility. This includes, but is not limited to, providing prompt detection and referral of psychiatric problems through adequate medical surveillance, periodic evaluations, and regular psychiatric examinations. The purposed of the program is to evaluate, diagnose and treat acute and chronic psychiatric conditions, as well as implement long-term treatment plans.

Contract Type (Cost Reimbursement Option?)	Unit Rate
Rate Type	Rate Agreement
Attendance Unit Type (Used on ID#)	NA
Reimbursement Unit of Service	Varies
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	MM1 or M2M

D. ACTIVITY CODE 3240 (PHYSICAL THERAPY)

PT services, including the performance of a maintenance program, provided by a licensed PT. Services must be considered necessary by DDS for the participant to maintain or prevent the worsening of functioning. Services are directed toward the management of movement dysfunction and/or the enhancement of physical and functional abilities. PT services promote/maintain gross/fine motor skills and facilitate independent functioning. Services may include the training and oversight necessary for the participant, family member or other person to carry out the maintenance program.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Mass Health
Attendance Unit Type (Used on ID#)	VISIT
Reimbursement Unit of Service	VISIT
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

E. ACTIVITY CODE 3243 (OCCUPATIONAL THERAPY)

OT services, including the performance of a maintenance program provided by a licensed OT. OT programs are designed to improve the quality of life by recovering competence, preventing further disability or injury and/or to improve the individual's ability to perform tasks of daily living required for independent functioning. OT services promote/maintain fine motor skills and coordination. Services must be considered necessary by DDS for the participant to maintain or prevent the worsening of functioning. OT services include but are not limited to specifically designed activities and exercises to teach daily living skills and to develop independent skills. Services may also include the training and oversight necessary for the participant, family member or another person to carry out the maintenance program. Services are delivered in both offices and in the natural environments of the participant. The service may be provided individually or in small groups.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Mass Health
Attendance Unit Type (Used on ID#)	VISIT
Reimbursement Unit of Service	VISIT
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

F. ACTIVITY CODE 3245 (SPEECH & HEARING THERAPY)

ST services, including the performance of a maintenance program provided by a licensed ST. Services must be considered necessary by DDS for the participant to maintain or prevent the worsening of functioning in the areas of communication and ability to eat, drink, swallow and manage aspiration risks. Speech-language pathology refers to the applications of principles, methods and procedures related to the development of disorders that impede oral, pharyngeal or laryngeal competencies and the normal process of human communication including but not limited to disorders of speech, articulation, fluency, voice, and the application of augmentative communication treatments. Services may also address swallowing dysfunction. Services may include training and oversight necessary for the participant, family member or other person to carry out the maintenance program. Service may be delivered in both offices and in the natural environments of the participant. The service may be provided individually or in small groups.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Mass Health
Attendance Unit Type (Used on ID#)	VISIT
Reimbursement Unit of Service	VISIT
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

G. ACTIVITY CODE 3283 (ASSISTIVE TECHNOLOGY)

(Not a code for standard contracts. Contact the Central Office Contract Office for guidance if this code is to be used)

Assistive Technology is defined as an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, including the design and fabrication that is used to develop, increase, maintain, or improve functional capabilities of participants. Assistive Technology service means a service that directly assists a participant in the selection, acquisition, rental, or customization of an AT device. This service also covers maintenance, repairs of devices and rental of assistive technology during periods of repair. AT includes - the evaluation of AT needs of the participant, including functional evaluation of the impact of the provision of appropriate AT and appropriate services to the participant in the customary environment of the participant; services consisting of purchasing, leasing or otherwise providing for the acquisition of AT devices for participants; services consisting of selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing AT devices; coordination and use of necessary therapies, interventions, or services with Waiver funding shall only be used for AT that is specifically related to the functional limitation(s) caused by the individual's disability.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	No

H. ACTIVITY CODE 3777 (NURSING FACILITY ACTIVE TREATMENT)

Former Name: ACTIVE TREATMENT

Active Treatment (AT) can be summarized as thorough and consistent coordination and implementation of care and services to improve and/or maintain the client’s quality of life in a long-term care facility. This is achieved by promoting the optimal level of functioning that allows the client to have as much self-determination as possible and strives to prevent a regression of current optimal status. Active Treatment involves a collaborative team process that represents intensified service provision and the regular review of the client’s care and services quarterly, at minimum, via the Rolland Integrated Service Plan (RISP) process. The intensified service provision involves coordinating and implementing additional specialized services in accordance with the client’s assessed needs. The DDS service coordinator will utilize the RISP to summarize the cohesive team’s overall service delivery with relevant attachments as applicable for each AT client. Active Treatment services are available to individuals approved for specialized services through PASRR or individuals who have reached their 22nd birthday and reside in Pediatric nursing facilities.

- Hourly services are billed through the EIM system. Service units will be reported in quarter hour increments. One hour will equal four units.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate - Chapter 257
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	15 mins
Cost/ Service Limit	8 Hrs/Day
Waiver Eligible?	No
Meditech Enrollment?	Yes

VII. AUTISM SERVICES

A. ACTIVITY CODE 3772 (AUTISM SUPPORT CENTERS)

The goal of the Autism Support Centers is to provide an array of information and referral services, resources and supports to children and young adults with autism spectrum disorders. The array of services and supports to families includes information and referral, family clinics, support groups, access to the latest information on autism, family trainings, parent networking and mentoring, and social/recreational events, among other activities. The Autism Support Center needs to establish a local presence and demonstrate an expertise in autism spectrum disorders, including Asperger’s. There will be multiple Autism Support Centers across the state to insure that families have equal access to center activities and services. It is expected that Autism Support Centers will conduct broad outreach and provide services to families from diverse cultural, ethnic and linguistic communities in the geographic area they are serving. This may involve creating partnerships with

community organizations and other resources in order to provide culturally responsive services. The Autism Support Centers are expected to work collaboratively with the DDS Area Offices.

Contract Type (Cost Reimbursement Option?)	Accommodation Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	MONTHS
Reimbursement Unit of Service	MONTHS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

B. ACTIVITY CODE 7100 (AUTISM COACHING)

Coaching is an individualized one on one service between a DDS eligible adult on the autism spectrum and a qualified profession coach who works for a providers and has both extensive knowledge about individuals with autism spectrum disorders and significant expertise in mental health issues. Coaching is a form of support which is therapeutic in nature based on the strength of the relationship but is not therapy.

Contract Type (Cost Reimbursement Option?)	Unit Rate
Rate Type	Class Rate: See Family Stabilization regulation
Attendance Unit Type (Used on ID#)	Hour
Reimbursement Unit of Service	Hour
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

VIII. MISCELLANEOUS SERVICES

A. ACTIVITY CODE 3226 (TRAINING AND STAFF DEVELOPMENT)

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	M04

B. ACTIVITY CODE 3228 (RECRUITMENT SERVICES)

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	M04

C. ACTIVITY CODE 3274 (CORPORATE REPRESENTATIVE PAYEE SERVICES)

This contracted service will provide individualized financial supports and advocacy for DDS individuals who experience difficulty in managing their own funds. This assistance will support each individual in his/her personal movement toward integration into the larger community by offering the individual and his/her family peace-of-mind regarding his/her money and fiscal accountability. Under this code providers will serve as a corporate representative payee to members of the community who are referred by the DDS and cannot otherwise manage their finances. They will handle all aspects of the individual's bank accounts, bill payments, personal expenditures, deposits into savings accounts and burial funds if needed.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No

D. ACTIVITY CODE 3279 (GUARDIANSHIP SERVICES)

Guardians serve as representatives or conservators for individuals with mental retardation whose lack of capacity to make informed decisions with respect to the conduct of personal and financial affairs creates an unreasonable risk to the individual's health or welfare. Individuals and non-profit corporations are eligible to serve as guardians.

Contract Type (Cost Reimbursement Option?)	Unit Rate
Rate Type	Rate Agreement
Attendance Unit Type (Used on ID#)	Hour
Reimbursement Unit of Service	Hour
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	MM1 or M2M

F. ACTIVITY CODE 3760 (NON WAIVER SERVICES)

Services that are provided to participants that cannot be billed through the federal waiver program. These include: recreational or diversional services that don't have a therapeutic goal; Representative Payee services; Guardianship services; services available through the Medicaid State Plan at the allowable level; home or vehicle repairs; services available through the Vocational Rehabilitation Act or Chapter 766; translation or interpreter services; PCA surrogacy; and housing searches.

Contract Type (Cost Reimbursement Option?)	Cost Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	M04

G. ACTIVITY CODE 3776 (FAMILY LEADERSHIP PROGRAM)

The Family Leadership Program is designed to provide education, leadership training and mentoring for families with children and adults with disabilities living in the community. One goal of these activities is to provide information on best practices and opportunities to support individuals and families to fully participate in all aspects of community life. A key feature of this program is that all the family leadership training and mentoring is developed and provided by family members who have a child or adult family member with a disability. One vehicle for family leadership development is the sponsorship of a Family Leadership Series, but other ideas and activities are encouraged in response to local needs.

This is a family support service provided in all of the DDS regions across the state. Families with children or adult family members of any age who are DDS eligible are able to access any of the training, educational and mentoring opportunities offered. It is intended that there will be coordination and collaboration across all of the regional programs funded.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

H. ACTIVITY CODE 3780 (FINANCIAL ASSISTANCE)

Financial Assistance Services: It is the responsibility of the provider to administer payments for expenses on behalf of individuals, as needed, which include costs associated with room and board, including rental supplements, payment for utilities and supplemental food costs.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes
Object Code	M04

I. ACTIVITY CODE 3781 (FINANCIAL ASSISTANCE ADMINISTRATION)

Fees paid to a provider to address administrative and/or operational costs relating to processing payments for necessary expenses to support individuals and families in their efforts to live independently.

Contract Type (Cost Reimbursement Option?)	Unit Rate OR Accommodation Rate (No)
Rate Type	Unit Rate – Chapter 257
Attendance Unit Type (Used on ID#)	Transaction fee
Reimbursement Unit of Service	Transaction fee

Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

J. ACTIVITY CODE 3799 (FISCAL INTERMEDIARY SERVICE - PDP)

Expenses processed by a fiscal intermediary for services and/or goods directed by individuals who have chosen to self direct their services.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	M04

K. ACTIVITY CODE 3191 (FURNISHINGS AND EQUIPMENT)

This activity code is used in conjunction with an Attachment 6 Capital Budget form for the purpose of purchasing furnishings and/or equipment consistent with the provisions of the Purchase of Service (POS) Capital Items Procurement Policy effective: September 1, 1998 issued by the Operational Services Division (OSD).

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	No
Object Code	M04

IX. TRANSPORTATION SERVICES

A. ACTIVITY CODE 3196 (TRANSPORTATION)

Transportation services have been broken out into two sub categories. Transportation services that include DDS transportation between an individual's home and a day/work location on a daily or routine basis will continue to be delivered through contracts with the HST as indicated below.

Transportation (HST)

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	TRIP

Attendance Unit Type (Used on ID#)	TRIP
Reimbursement Unit of Service	TRIP
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes
Object Code	M04

However, transportation services for transporting individuals between home and the program that have been embedded as components within a total program budget have been broken out those contracts (“unblended”) and written as a separate 3196 contract as indicated below.

Transportation (Unblended)

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Accommodation Rate - Rate Agreement
Attendance Unit Type (Used on ID#)	TRIP
Reimbursement Unit of Service	MONTH
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes
Object Code	M04

B. ACTIVITY CODE 3196 TRANSPORTATION SERVICES)

Transportation services that transport individuals to and from work imbedded as components within a total program budget will now be broken out from those contracts (“unblended”) and written as a separate 3196 contract as indicated below. “Unblending” transportation applies to CBDS programs (activity code 3163), Individual Supported Employment and Group Supported Employment programs (activity codes 3168, 3181). Provider/ Area agree on the amount of transportation to and from work for each contract (Note: If more than one contract has to and from program transportation removed the total from all these contracts may be included in one Accommodation Rate contract.) Total funding divided by 12 calculates monthly rate (Accommodation Rate contract). Attendance data are collected for federal waiver claiming purposes.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate – Chapter 257
Attendance Unit Type (Used on ID#)	TRIP
Reimbursement Unit of Service	MONTH
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes
Object Code	M04

X. ABI/MFP SERVICES

A. ACTIVITY CODE 3713 (OCCUPANCY FOR ACQUIRED BRAIN INJURY RESIDENTIAL SERVICES)

The provision of the physical site and associated costs of the building that houses the ABI Residential program which includes, lease or rental payments, depreciation, interest associated with long-term debt, durable equipment, insurance on buildings and equipment, real estate taxes, maintenance and/or condominium fees, electricity, heat, water, and meals. Lease payments to related parties must not exceed the cost of what the provider would pay if the provider directly owned the property.

Contract Type	Unit Rate
Rate Type	Class Rate: Mass Health/ Statement of Work
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	No
Waiver Eligible?	No
Meditech Enrollment?	Yes

B. ACTIVITY CODE 3751 (ACQUIRED BRAIN INJURY RESIDENTIAL HABILITATION)

Residential Habilitation consists of ongoing services and supports by paid staff in a provider-operated residential setting that are designed to assist individuals to acquire, maintain or improve the skills necessary to live in a non-institutional setting. Residential habilitation provides individuals with daily staff intervention with care, supervision and skills training in activities of daily living, home management and community integration in a qualified provider-operated residence with 24 hour staffing. Residential Habilitation means individually tailored supports that assist with the acquisition, retention, or improvement in skills related to living in the community. These supports include adaptive skill development, assistance with activities of daily living, community inclusion, non-medical transportation, adult educational supports (such as safety sign recognition and money management), social and leisure skill development, that assist the participant to reside in the most integrated setting appropriate to his/her needs. Residential habilitation also includes personal care and protective oversight and supervision. This service may include the provision of medical and health care services that are integral to meeting the daily needs of participants. Provider owned or leased facilities where residential habilitation services are furnished must be compliant with the Americans with Disabilities Act

Contract Type (Cost Reimbursement Option?)	Unit Rate (Yes – Start up only)
Rate Type	Class Rate – Mass Health/ Statement of Work
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	1 unit/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

C. ACTIVITY CODE 3752 (ACQUIRED BRAIN INJURY SHARED LIVING)

Shared Living–24 Hour Supports is a residential option that matches a participant with a Shared Living caregiver. This arrangement is overseen by a Residential Support Agency. The match between participant and caregiver is the keystone to the success of this model. Shared Living is an individually tailored 24 hour/7 day per week, supportive service. Shared Living is available to participants who need daily structure and supervision. Shared Living includes supportive services that assist with the acquisition, retention, or improvement of skills related to living in the community. This includes such supports as: adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), adult educational supports, social and leisure skill development, protective oversight and supervision. Shared Living integrates the participant into the usual activities of the caregiver’s family life. In addition, there will be opportunities for learning, developing and maintaining skills including in such areas as ADL’s, IADL’s, social and recreational activities, and personal enrichment. The Residential Support Agency provides regular and ongoing oversight and supervision of the caregiver. The caregiver lives with the participant at the residence of the caregiver or the participant. Residential Support agencies recruit caregivers, assess their abilities, coordinate placement of participant or caregiver, train and provide guidance, supervision and oversight for caregivers and provide oversight of participants’ living situations. The caregiver may not be a legally responsible family member.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate – Reference Chapter 257 rates/Statement of Work
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	DAYS
Cost/ Service Limit	1 unit/day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

XI. AGENCY WITH CHOICE SERVICES

A. ACTIVITY CODE 6700 (FAMILY SUPPORT NAVIGATION FOR AGENCY WITH CHOICE)

Family support navigation consists of the provision of unbiased expert information and referral supports that are designed to assist families to identify needs and to facilitate and gain access to local generic supports through coordination between family and other service providers. The Family Navigator acts as a guide and resource development expert to insure that families have knowledge and access to a broad array of generic community resources, provides assistance in navigating the system, and recognizes and promotes the value of natural supports. Family Navigators respond to the specific ethnic and linguistic needs of families in the geographic area where they reside and offer timely and relevant information to families regarding available resources in the community. They assist families to identify their strengths and develop individualized family emergency contingency plans. The Family Navigator provides opportunities for families to develop collaborative networks with other families and acts as a resource developer for the family. The Family Navigator manages the access to and use of state funds for respite.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement

Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

B. ACTIVITY CODE 6701 (RESPITE IN RECIPIENT’S HOME – DAY FOR AGENCY WITH CHOICE)

Services provided in either a) licensed respite facility, b) or in the home of the participant, c) or in the family home, d) or in the home of an individual family provider to waiver participants who are unable to care for themselves. Services are provided on a short-term overnight basis because of either the absence or need for relief of those persons who normally provide care for the participant or due to the needs of the waiver participant.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	DAYS
Reimbursement Unit of Service	COST
Cost/ Service Limit	30 Days/Year
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

C. ACTIVITY CODE 6703 (INDIVIDUALIZED HOME SUPPORTS FOR AGENCY WITH CHOICE)

Individualized Home Supports consists of limited services and supports in a variety of activities that may be provided regularly and are determined necessary to prevent institutionalization. These services may include teaching and fostering the acquisition, retention or improvement of skills related to personal finance, health, shopping, use of community resources, community safety, and other social and adaptive skills to live in the community as specified in the POC. This service provides the support necessary for the participant to establish, live in and maintain on an on-going basis a household of their choosing, in a personal home or family home to meet their habilitative needs. It may also include training and education in self determination/ self-advocacy to enable the participant to acquire skills to exercise control and responsibility over the services and supports they receive to become more independent, integrated and productive in their communities.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	23 Hrs/Day
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

D. ACTIVITY CODE 6704 INDIVIDUALIZED DAY SUPPORTS FOR AGENCY WITH CHOICE

Services and supports provided to individuals by Agency With Choice providers tailored to individuals' specific personal goals and outcomes related to the acquisition, improvement, and/or retention of skills and abilities to prepare and support an individual for work and/or community participation and/or meaningful retirement activities, and could not do so without this direct support. This service can only be participant-directed. A qualified family member or relative, independent contractor or service agency may provide services. This service originates from the home of the individual and is generally delivered in the community.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	184 hours/month (aggregate number of day and employment supports)
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

E. ACTIVITY CODE 6707 (ADULT COMPANION FOR AGENCY WITH CHOICE)

Non-medical care, supervision and socialization provided to an adult. Services may include assistance with meals and basic activities of daily living incidental to the support and supervision of the individual. The service is provided to carry out personal outcomes identified in the individual plan that support the individual to successfully reside in his/her home or in the family home. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the participant.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

F. ACTIVITY CODE 6709 (COMMUNITY FAMILY TRAINING/RESIDENTIAL FAMILY TRAINING FOR AGENCY WITH CHOICE)

The service is designed to provide training and instruction about the treatment regimes, behavior plans, and the use of specialized equipment that supports the individual waiver participant in the community. Family training may also include training in family leadership, support of self-advocacy and independence for their family member. The service enhances the skills of the family to assist the waiver participant to function in the community and at home. The service may be provided in small group format or the Family Trainer may provide individual instruction to a specific family based on the need of the family to understand the specialized needs of their family member. The one to one family training is instructional, not counseling. Community Family Training is available to individuals who receive less than 24 hours of support per day. Residential Family Support is not available in state operated or provider operated residential sites unless the waiver participant regularly visits the family home. May be provider managed or self-directed.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement

Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	NA
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

G. ACTIVITY CODE 6716 (COMMUNITY PEER SUPPORT/RESIDENTIAL PEER SUPPORT FOR AGENCY WITH CHOICE)

Peer Support is designed to provide training, instruction and mentoring to individuals about self-advocacy, participant direction, civic participation, leadership, benefits, and participation in the community. The service is also designed to promote understanding in families and other service providers about the role of self-advocacy in community life. Family training is designed to provide training and instruction about the treatment regimes, behavior plans, the use of specialized equipment that supports the individual waiver participant to remain in the family home and participate in the community. Family training may also include training in family leadership, support of self-advocacy and independence for their family member. The service enhances the skills of both individuals and the family to assist the waiver participant to function in the community and/or family home. Documentation in the individual's record demonstrates the benefit to the individual. The service may be provided in small groups or as a one-to-one support for the individual and/or the family.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	HOURS
Reimbursement Unit of Service	COST
Cost/ Service Limit	NA
Waiver Eligible?	Yes
Meditech Enrollment?	Yes

H. ACTIVITY CODE 6753 (AGENCY WITH CHOICE ADMIN. FEE)

Agency With Choice Administrative Fee: Agencies With Choice will be paid on a unit rate for management of the Agency With Choice Program for individuals directing their own services. In this manner, providers will be paid for the administrative time required to manage the service.

Contract Type (Cost Reimbursement Option?)	Unit Rate (No)
Rate Type	Class Rate: Chapter 257
Attendance Unit Type (Used on ID#)	MONTHS
Reimbursement Unit of Service	MONTHS
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes

I. ACTIVITY CODE 6780 (FINANCIAL ASSISTANCE FOR AGENCY WITH CHOICE)

Financial Assistance Services: It is the responsibility of the provider to administer payments for expenses on behalf of individuals, as needed, which include costs associated with room and board, including rental supplements, payment for utilities and supplemental food costs.

Contract Type (Cost Reimbursement Option?)	Cost-Reimbursement
Rate Type	Cost-Reimbursement
Attendance Unit Type (Used on ID#)	COST
Reimbursement Unit of Service	COST
Cost/ Service Limit	N/A
Waiver Eligible?	No
Meditech Enrollment?	Yes
Object Code	M04