

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203



CENTERS for MEDICARE & MEDICAID SERVICES

Division of Medicaid and Children's Health Operations / Boston Regional Office

July 29, 2011

JudyAnn Bigby, M.D., Secretary
Executive Office of Health and Human Services
One Ashburton Place, Room 1109
Boston, Massachusetts 02108

Dear Dr. Bigby:

We have reviewed Massachusetts' State plan amendment (SPA) No. 10-007, received in the Boston Regional Office on November 18, 2010. This amendment adds a reimbursement methodology for personal care services to the State plan.

Based on the information provided, we are pleased to inform you that Massachusetts SPA No. 10-007 is approved, effective October 1, 2010. Enclosed is a copy of the CMS-179 form, as well as the approved page for incorporation in the Massachusetts Medicaid State Plan. Please note that during the review of this SPA, issues related to the coverage aspects of personal care services were identified that are addressed in the enclosed companion letter.

If you have any questions, please contact Aaron Wesolowski of my staff. Aaron Wesolowski can be reached at (617) 565-1325 or by email at aaron.wesolowski@cms.hhs.gov.

Sincerely,

/s/

Richard R. McGreal
Associate Regional Administrator

cc: Julian Harris, M.D., Medicaid Director
Michael Coleman, State Plan Coordinator

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER: 010-007	2. STATE MA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 10/01/10	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: 42.CFR 440.167	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ 00.00 b. FFY 2012 \$ 00.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 3.2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A	
10. SUBJECT OF AMENDMENT: Personal Care Attendant Services		
11. 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 Not required under <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL 42 CMR 430.12(b)(2)(ii)		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Judy Ann Bigby, M.D.	Michael P. Coleman State Plan Coordinator Office of Medicaid Executive Office of Health and Human Services One Ashburton Place, 11th Floor Boston, MA 02108	
14. TITLE: Secretary		
15. DATE SUBMITTED: 11/18/10		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: November 18, 2010	18. DATE APPROVED: 7/29/11	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2010	20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Richard R. McGreal	22. TITLE: Associate Regional Administrator, Boston Division of Medicaid & Children's Health Operations	
23. REMARKS: The following changes to the CMS-179 were mutually agreed to by EOHHS and CMS: - Box 8 revised to state: "Attachment 4.19-B, page 3.2" - Box 11 revised to cite: "42 CFR 430.12(b)(2)(ii)"		

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

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 Attachments 3.1-A and 3.1-B of the State Plan. Fee schedules are established as follows:

II. Fee Schedules

The fee schedules for Personal Care Attendant Services are governed by the Division of Health Care Finance and Policy (“DHC FP”) regulation: Independent Living Services for the Personal Care Attendant Program, effective July 1, 2010. The regulation and fee schedules are published at http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_3_9.pdf.

Effective July 1, 2010, the fee schedule used for Personal Care Attendant providers of personal care services is \$3.54 per 15 minute unit, or \$14.16 per hour.

The fee used for Transitional Living providers of personal care services is a provider specific rate established in accordance with the Division of Health Care Finance and Policy regulations : Rates for Certain Social, Rehabilitation and other Health Care Services. The regulation and fee schedules are published at http://www.mass.gov/Eeohhs2/docs/dhcfp/g/regs/114_3_9.pdf. Each Transitional Living provider’s rate is an all-inclusive per diem rate for the provision of personal care services and is based on an annual program budget, and delineates costs for direct care services and necessary administrative activities. The Division of Health Care Finance and Policy ensures that 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	Rate (per diem)	Effective date
Advocates, Inc., Douglas House	\$233.52	October 12, 2008
Advocates, Inc., McLaughlin House	\$207.14	August 1, 2007
Advocates, Inc., Warren House	\$223.45	August 1, 2007

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