

## **Table of Contents**

**State/Territory Name: Massachusetts**

**State Plan Amendment (SPA) #: 18-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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



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

October 18, 2018

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

Dear Secretary Sudders:

We are pleased to enclose a copy of approved Massachusetts State Plan Amendment (SPA) No. 18-014 submitted to CMS on September 28, 2018. This SPA was submitted to revise your approved Title XIX State plan to update the payment rates for personal care attendant services. This SPA has been approved effective September 12, 2018.

Enclosed are copies of the following approved State plan pages.

- Attachment 4.19-B, pages 3.2 and 3.2a.

If you have any questions regarding this matter you may contact Julie McCarthy at (617) 565-1244 or by e-mail at [Julie.McCarthy@cms.hhs.gov](mailto:Julie.McCarthy@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure/s

cc: Daniel Tsai, Assistant Secretary for MassHealth, Medicaid Director  
Kaela Konefal, Federal Authority Policy Analyst/State Plan Coordinator

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 8 — 0 1 4</u>	2. STATE <b>MA</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <del>07/01/18</del> 09/12/18
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5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR Part 447</b>	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ <del>2,777,000</del> 906,000 b. FFY 2019 \$ 11,019,000
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B page 3.2-3.2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 4.19-B page 3.2-3.2a
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10. SUBJECT OF AMENDMENT  
  
Personal Care Attendant (PCA) Rates

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      *Not required under 42 CFR 430.12(b)(2)(i)*  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL  /s/	16. RETURN TO Kaela Konefal State Plan Coordinator Executive Office of Health and Human Services Office of Medicaid One Ashburton Place, 11th Floor Boston, MA 02108
13. TYPED NAME Marylou Sudders	
14. TITLE Secretary	
15. DATE SUBMITTED 09/28/2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 09/28/2018	18. DATE APPROVED 10/18/2018
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 09/12/2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Richard R. McGreal	22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations, Boston, MA

23. REMARKS  
  
SPA MA 18-014

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

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u. **Personal Care Services:**

**I. General Description of Payment Methodology**

The following section describes the methods and standards utilized by the Executive Office of Health and Human Services (EOHHS) to establish rates of payment for personal care attendant (PCA) services. These services are described under Supplements to Attachments 3.1-A and 3.1-B. Fee schedules are established as follows:

**II. Fee Schedules**

The fee schedules for Personal Care Attendant Services are established by the Executive Office of Health and Human Services. The regulation, administrative bulletins, and fee schedules are published at <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-5-4.pdf> and <http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-309.pdf>. <http://www.mass.gov/eohhs/gov/laws-regs/hhs/community-health-care-providers-ambulatory-care.html>.

Effective September 12, 2018, the fee schedule used to pay for personal care services provided by Personal Care Attendant providers is \$4.25 per 15 minute unit or \$17.00 per hour, inclusive of the PCA wage, employer required taxes, and workers' compensation insurance for PCA services provided during the day or night. Personal care attendants who are authorized by MassHealth to work emergency overtime or work on one of four holidays (New Year's Day, July 4, Thanksgiving Day or Christmas) receive premium pay in addition to regular pay, equal to \$2.13 per 15 minute unit, or \$8.50 per hour, inclusive of employer required taxes and workers' compensation insurance.

Effective July 1, 2014, EOHHS will provide a 3 hour paid Orientation for newly hired PCAs. The fee schedule for the 3 hour Orientation is based on the hourly PCA rate in effect on the date the newly hired PCA receives orientation.

Effective January 1, 2016, PCAs are eligible to accrue earned sick time from the first date of work and can begin using earned sick time 90 days after the first date of work at a rate of one hour per 30 hours worked, including overtime hours, up to 40 hours per benefit year. PCAs may use up to 40 hours of earned sick time per 12-month period as designated by EOHHS. The fee schedule is based on the hourly PCA rate in effect at the time the earned sick time is used.

Effective January 1, 2016, PCAs are eligible to receive overtime pay in accordance with the requirements of the Fair Labor Standards Act. Effective September 12, 2018, PCA overtime pay is equal to \$0.15 per 1 minute unit, or \$8.50 per hour, inclusive of employer required taxes and workers' compensation insurance. Effective September 12, 2018, PCA travel time pay is equal to \$0.28 per 1 minute unit, or \$17.00 per hour, inclusive of employer required taxes and workers' compensation insurance.

The fee used for Transitional Living providers of personal care services is a provider specific rate established by the Executive Office of Health and Human Services. Such regulations are entitled: Rates for Certain Social, Rehabilitation and other Health Care Services. The regulation is

State Plan under Title XIX of the Social Security Act  
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published at  
<http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/114-5-4.pdf>.

Each Transitional Living provider’s rate is an all-inclusive per diem rate for the provision of personal care services and is based on an annual program budget, and delineates costs for direct care services and necessary administrative activities. Rate development for transitional living services includes the collection and review of service data maintained by the transitional living provider. Costs for room and board and other unallowable costs are excluded from the rate.

The table below contains the rates used for Transitional Living providers and the effective dates of the rates.

Provider	Per diem rate	Effective date
Advocates, Inc., Douglas House	\$207.53	July 1, 2016
Advocates, Inc., McLaughlin House	\$288.29	July 1, 2016
Advocates, Inc., Warren House	\$247.60	July 1, 2016
CCHIP House	\$206.73	July 1, 2016

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