

# Charges for Residential Services and Supports



# DMH Regulation for Charges for Residential Services and Supports

- 104.CMR.30 Fiscal Administration
  - DMH amended its regulations governing Charges for Residential Services and Supports, commonly referred to as the Client Contribution toward expenses for residing in a Supervised Group Living Environment. **See 104.CMR.30.06**
  - These regulations were previously approved after public hearing and comment, due to the extended period of time that has elapsed, we are required to re-issue them for another period of public comment. The public comment period ends on January 18, 2019.
  - The regulations will be finalized as soon after that date as possible. Since we do not anticipate any significant post-comment changes, we have agreed to implement the new regulations as a pilot beginning with the 30 day Notice issuance in January 2019 which would trigger first month collection of the Charge in February 2019.

## Highlights from 104.CMR.30.06

- Charges for Residential Services and Supports is different from the previous framework of 'Room and Board'.
  - The fee for what is commonly referred to as 'Client Contribution' is now based on a state-wide average of costs not attributable to costs that are otherwise claimable through Medicaid for Rehab Option.
  - The state-wide average is approved by the Office of Medicaid (**see memo**).
  - For a Client receiving recurrent payments, the monthly residential services and supports charge shall be an amount equal to 75% of the Client's recurrent payment (**see 104.CMR.30.06(5)**)
  - Earned income, if any, is charged at 50%
  - DMH also created a standard to ensure that any Client residing in an environment subject to these regulations should always have a minimum of \$200 of his/her monthly recurrent payments.

# Highlights from 104.CMR.30.06

- The charge is subject to allowable adjustments (**see 104.CMR.30.06(6)**)
- DMH worked with providers and ABH to create a set of standard documents that meet the requirements set forth in 104.CMR.30.06
- Standard tools include:
  - Instructions for a calculation worksheet;
  - A standard calculation worksheet that has formulas built in to support accurate determination of the charge for Clients;
  - Charges Agreement;
  - A letter explaining the Charges for Service and Supports to Clients that is on DMH Letterhead and can be customized to include the specific ACCS provider agency name;
  - Fee Payer Notice;
  - The memo approving the state-wide average that will serve as the maximum charge (Please note, the memo references an earlier framework of room and board in error. The state-wide average has been calculated in accordance with the requirements of Charges for Residential Services and Supports).

# Transition to the Calculation Worksheet

- Next in this training we will provide examples of the standard calculation worksheet including entering a value for income (recurrent and/or earned) and adjustments.

# Questions

Contact Brooke Doyle, M.Ed., LMHC,  
Department of Mental Health, Deputy  
Commissioner for Mental Health Services

[brooke.doyle@state.ma.us](mailto:brooke.doyle@state.ma.us)