



Massachusetts Administrators for Special Education

Hospital Cost to Charge Ratio for Team Evaluation Services

(from the MA Center for Health Information & Analysis ... Outpatient Cost-to-Charge Ratios)

Rates provided as of July 2018

FACILITY	PERCENTAGE OF CHARGE
Baystate Medical Center	39.04%
Berkshire Medical Center	38.82%
Boston Children's Hospital	51.57%
Boston Medical Center	54.54%
Cambridge Health Alliance	55.89%
Cape Cod Hospital	31.17%
Hallmark Health	33.19%
HealthAlliance Hospital	25/70%
Mass General Hospital	27.12%
Metro West Medical Center	29.97%
Morton Hospital	46.66%
Nashoba Valley Medical Center	30.45%
North Shore Medical Center	24.65%
South Shore Hospital	42.77%
Southcoast Hospitals Group.....	30.66%
Steward St. Anne's	33.61%
Tufts Medical Center	36.37%
UMass Medical Center	27.01%

NOTE: *This is a partial listing ... for the complete listing, contact Don Durivan at the Massachusetts Center for Health Information & Analysis at 617-701-8186*

603 CMR 28.04 (5)(c) ... The district shall consider family size and family income information in relation to Federal Poverty Guidelines and shall contribute public funds to the costs of the independent education evaluation according to the following standards:

- a. If the family income is equal to or less than 400% of the federal poverty guidelines, the district shall pay 100% of the costs of an independent education evaluation.
- b. If the family income is between 400% and 500% of the federal poverty guidelines, the district shall pay 75% of the costs of an independent education evaluation.
- c. If the family income is between 500% and 600% of the federal poverty guidelines, the district shall pay 50% of the costs of an independent education evaluation
- d. If the family income is over 600% of the federal poverty guidelines, the district shall have no obligation to cost-share with the parent.

... 2018 Federal Poverty Guidelines on next page ...



2018 Federal Poverty Guidelines

FAMILY SIZE	100%	400%	600%
2	\$16,460	\$65,840	\$98,760
3	\$20,780	\$83,120	\$124,680
4	\$25,100	\$100,400	\$150,600
5	\$29,420	\$117,680	\$176,520
6	\$33,740	\$134,960	\$202,440
7	\$38,060	\$152,240	\$228,360
8	\$42,380	\$169,520	\$254,280

On May 4, 2018, the Massachusetts Executive Office of Health and Human Services released the “Final Adoption” of *Team Evaluation Services and Allowable Fees*. The MA Administrators for Special Education has provided this notification on the following pages.



101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
101 CMR 330.00: TEAM EVALUATION SERVICES

Section

- 330.01: General Provisions
- 330.02: Definitions
- 330.03: General Rate Provisions
- 330.04: Allowable Fees
- 330.05: Severability

330.01: General Provisions

- (1) Scope. 101 CMR 330.00 governs the rates of payment by governmental units for team evaluation services purchased by a governmental unit.
- (2) Effective Date. Rates contained in 101 CMR 330.00 are effective April 1, 2018.
- (3) Disclaimer of Authorization of Services. 101 CMR 330.00 is neither authorization for nor approval of the services for which rates are determined pursuant to 101 CMR 330.00. Governmental units that purchase the services described in 101 CMR 330.00 are responsible for the definition, authorization, and approval of services provided to clients.
- (4) Exclusion. 101 CMR 330.00 does not govern rates of payment to hospitals, community health centers and mental health centers for team evaluation services. Community health center rates are governed by 101 CMR 304.00: *Rates for Community Health Centers*. Mental health center rates are governed by 101 CMR 306.00: *Rates of Payment for Mental Health Services Provided in Community Health Centers and Mental Health Centers*. Pursuant to M.G.L. c. 118E § 13F, no acute hospital may charge governmental units at a rate higher than the rate payable by the MassHealth agency for these services.
- (5) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on substantive provisions of 101 CMR 330.00

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(6) Services and Rates Covered by Other Regulations. Rates of payment for the following services are not included within the scope of 101 CMR 330.00 and instead are governed by other regulations promulgated by EOHHS as follows:

Service(s)	Regulation
Medical evaluations	101 CMR 317.00: <i>Medicine</i>
Physical therapy evaluations, and those for occupational therapy, speech pathology, and audiology	101 CMR 339.00: <i>Restorative Services</i>
Psychological evaluations. An exception holds for comprehensive neuropsychological assessments. For this service see 101 CMR 330.04(1).	114.3 CMR 29.00: <i>Psychological Services</i>
Radiological evaluations	101 CMR 318.00: <i>Radiology</i>
Visual evaluations	101 CMR 315.00: <i>Vision Care Services and Ophthalmic Materials</i>
Clinical laboratory testing	101 CMR 320.00: <i>Clinical Laboratory Services</i>

330.02: Definitions

Assessment. A professionally sound, complete, and suitably individualized examination and assessment of a child's need for special education and treatment services described in 603 CMR 28.00: *Special Education*, in the context of the child's physical, developmental, social, and educational history and current circumstances. Such an assessment is rendered by an authorized professional as defined herein and trained in the area of suspected need and generally includes a written assessment report as defined herein. Types of assessments may include but are not limited to:

(a) Medical Assessment. A comprehensive health assessment by an authorized physician that identifies medical problems that may affect the child's education, such as physical constraints, chronic illness, neurological and sensory deficits, and developmental dysfunction. The medical assessment generally includes at least the following:

1. Medical history to include health of family, prenatal and birth history, developmental history, and history of significant medical conditions including hospitalization, injuries, and accidents.

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2. Complete physical examination to include blood pressure and nutritional assessment.
 3. Neurological and developmental assessments to include gross motor functioning, fine motor functioning, language, visual and auditory functioning.
 4. Test for visual acuity and hearing by audiometry.
 5. Ordering and interpretation of diagnostic tests to include, if indicated, hematocrit or hemoglobin, sickle cell test (if appropriate), blood lead test, urinalysis (with culture for females), tuberculosis skin test, and other tests as indicated.
 6. Dental assessment and referral for a complete dental examination if one has not been done within six months.
 7. Written Assessment Report.
- b) Psychological Assessment. An assessment by an authorized psychologist or school psychologist including an individual psychological examination and culminating in specific recommendations. Sensory, motor, language, perceptual, attentional, cognitive, affective, attitudinal, self-image, interpersonal, behavioral, interest, and vocational factors are evaluated in regard to the child's maturity, integrity, and dynamic interaction within the educational context. The assessment is based on the child's developmental and social history, diagnostic observation of the child in familiar surroundings (such as a classroom), and psychological testing as indicated. Psychological testing may include, but is not limited to, a vocational interest evaluation, educational achievement testing, intelligence testing, personality evaluation, and neuropsychological examination.
- (c) Home Assessment. An assessment by an authorized social worker, nurse, or counselor of pertinent family history and home situation factors including, with prior written parental consent, a home visit. This assessment includes a description of pertinent family history and individual developmental history and estimates of adaptive behavior at home, in the neighborhood, and in local peer groups. Estimates of adaptive behavior are based to the greatest possible degree on information obtained by direct observation of the child or direct interview of the child in the neighborhood setting.
- (d) Educational Assessment. An assessment of the student's educational progress and status in relation to the general education curriculum consistent with 603 CMR 28.04(2): *Initial Evaluation* and conducted by a certified educator(s).
- (e) Other Assessment. An assessment, other than a medical, psychological, or home assessment, by an authorized professional in a medically-related area that is related to a child's suspected need for special education and services described in 603 CMR 28.00: *Special Education*. Such assessments, when necessary, may include but are not limited to assessments by a medical specialist (for example, a neurologist, a psychiatrist, or an ophthalmologist), a physical therapist, an occupational therapist, a speech pathologist, or an audiologist.

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Authorized Professional. An individual who, at a minimum, meets the qualifications for the particular assessment services to be performed as specified in 101 CMR 330.02: Authorized Professional(a) through (i), as well as such requirements as have been or may be adopted from time to time by a governmental unit purchasing assessments from eligible providers.

- (a) Medical Assessment Services. A pediatrician or other physician, other than an intern, resident, fellow, or house officer, who is licensed to practice by the Massachusetts Board of Registration in Medicine.
- (b) Radiology Services. A licensed physician or licensed osteopath other than an intern, resident, fellow, or house officer.
- (c) Psychological Assessment Services.
 - 1. A psychologist who is licensed to practice by the Massachusetts Board of Registration of Psychologists, or
 - 2. A school psychologist who is certified by the Massachusetts Department of Elementary and Secondary Education.
- (d) Home Assessment Services.
 - 1. A social worker who has a master's degree in social work and who is licensed by the Massachusetts Board of Registration of Social Workers as:
 - a. a certified social worker, or
 - b. an independent clinical social worker; or
 - 2. A nurse who is registered by the Massachusetts Board of Registration in Nursing.
 - 3. A counselor who has a master's degree in counseling education, counseling psychology, or rehabilitation counseling.
- (e) Medical Specialist Services. A physician, other than an intern, resident, fellow, or house officer, who is licensed to practice by the Massachusetts Board of Registration in Medicine.
- (f) Restorative Services.
 - 1. A physical therapist who is currently licensed by the Board of Registration in Allied Health Professions; or
 - 2. An occupational therapist who is currently licensed by the Board of Registration in Allied Health Professions; or
 - 3. A speech pathologist who is currently licensed by the Board of Registration for Speech-Language Pathology and Audiology.
- (g) Rehabilitation Clinic Services.
 - 1. A physical therapist who is currently licensed by the Board of Registration in Allied Health Professions; or
 - 2. An occupational therapist who is licensed by the Board of Registration in Allied Health Professions; or
 - 3. A speech pathologist who is currently licensed by the Board of Registration for Speech-Language Pathology and Audiology; or
 - 4. A physician who is licensed to practice by the Massachusetts Board of Registration in Medicine.

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- (h) Audiological Services. An audiologist who is currently licensed by the Board of Registration for Speech-Language Pathology and Audiology.
- (i) Educational Assessment Services. A teacher holding certification by the Massachusetts Department of Elementary and Secondary Education.

Comprehensive Neuropsychological Assessment. Generally includes but is not limited to:

- (a) record review;
- (b) patient interview: presenting problems and history (medical, psychological, educational, vocational);
- (c) collateral interview (s) *e.g.*, parent of child, adult child of senior as indicated;
- (d) testing of neuropsychological functions (attention, executive and other frontally-based, language, visuo-perceptual and visuo-constructional, memory, sensual, motor, some emotional and personality, and other functions as indicated); scoring, analysis, and interpretation of data;
- (e) integration of test results with information from interview (s) and records;
- (f) formulations of conclusions, diagnosis(es), and recommendations;
- (g) report preparation; and
- (h) follow up meeting to review findings.

If a provider performs a comprehensive neuropsychological assessment, then the provider may not also bill for a neurobehavioral interview or a partial neuropsychological assessment. The allowed range of hours for this assessment is nine through 20 hours.

Comprehensive Pediatric (age 21 and under) Restorative Evaluation. An all-inclusive, in-depth assessment of a child's medical condition and level of functioning and limitations by a physical, occupational, or speech pathologist, to determine the need for treatment and, if necessary, to develop plan of treatment. This evaluation includes a written report.

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

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

Governmental Unit includes public school departments.

Individual Consideration (I.C.). Those rates for authorized services that are determined by a governmental unit based upon the nature, extent, and need for such service and the degree of skill and time required for its provision. Providers must maintain adequate records to determine the appropriateness of their I.C. claims and must provide these documents to the purchasing agency upon demand.

Physician's Comprehensive Rehabilitation Evaluation. A cardiopulmonary, neuromuscular, orthopedic, functional assessment performed at a rehabilitation clinic by a physician.

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Psychological Testing. The use of standardized test instruments and procedures by an eligible provider in order to evaluate aspects of an individual's functioning, including but not limited to aptitudes, educational achievements, cognitive processes, emotional conflicts, and type and degree of psychopathology. These tests must be published, valid, and in general use as defined by listing in the *Mental Measurement Yearbook* or by conforming to the Standards for Educational and Psychological Tests of the American Psychological Association.

Publicly Aided Individual. A person for whose mental and physical health evaluation, as defined by 603 CMR 28.00: *Special Education*, governmental units of the Commonwealth are in whole or in part liable under a statutory public program.

Team Evaluation. An evaluation by a multidisciplinary team that consists of assessments in all areas related to the child's suspected need for special education and services described in 603 CMR 28.00: *Special Education*. Such assessments may include but are not limited to a medical assessment and associated diagnostic medical laboratory and radiological testing, a psychological assessment, a home assessment, and such other assessments as may be required in a child's diagnosis. (For the purposes of 101 CMR 330.00, Team Evaluation excludes the educational assessment by the school department and the classroom assessment by a teacher defined in 603 CMR 28.00; rates of payment for these assessments are not the subject of 101 CMR 330.00.) Independent evaluation services are included under authority of 101 CMR 330.00.

Team Evaluation Services. The individual services comprising team evaluation assessments. This includes services performed in independent team evaluation assessments.

Therapist Evaluation. Evaluation performed by a physical therapist, an occupational therapist, or a speech pathologist at a rehabilitation clinic.

Written Assessment Report. A report summarizing in writing the procedures employed in an assessment, the results, and the diagnostic impression; defining in detail and in educationally relevant and common terms, the child's needs; and offering explicit means of meeting those needs.

603 CMR 28.00 *Special Education*. Regulations for the implementation of M.G.L. c.71B.

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330.03: General Rate Provisions

- (1) General Rate Provisions. The rates of payment for team evaluation services to which 101 CMR 330.00 applies are the lower of:
 - (a) The eligible provider's usual charge to the general public for the same or similar services; or
 - (b) The schedule of allowable fees listed in 101 CMR 330.04(1).
- (2) Effect of 101 CMR 330.00. The rates of payment contained in 101 CMR 330.00 constitute full compensation for services rendered to publicly-aided individuals as well as for administrative or supervisory duties associated with those services. Any third party payments or sliding fees received on behalf of a publicly assisted client reduces, by that amount, the amount of the purchasing unit's obligation for services rendered.
- (3) Written Assessment Report. The provision of a written report in connection with a team evaluation assessment is considered an administrative duty associated with patient services for which, in accordance with 101 CMR 330.03(2), no additional payment will be received.

330.04: Allowable Fees

- (1) Fee-for-service Reimbursement. Specific services performed as part of a team evaluation are reimbursed on a fee-for-service basis. The allowable fees for the services performed are those set forth in regulations at 101 CMR 330.01(6) pertaining to such services. A listing of a number of other regulations that may apply to team evaluation services is presented in 101 CMR 330.01 (6). Allowable fees from 101 CMR 330.01(6) apply to all providers eligible under 101 CMR 330.00, except in cases where such providers and services are governed by other EOHHS regulations (such as community health centers and mental health centers).

For certain team evaluation services, no other EOHHS regulation contains an allowable fee for that service. This includes home assessment services, participation in team meetings, educational assessments conducted by certified educational personnel, and diagnostic observation by psychologists. Allowable fees for these services are as follows:

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Allowable Fee	Service/Description
\$101.92	Home Assessment, including written assessment, not to exceed 2.5 hours
The fee shall be that contained in 114.3 CMR 29.00: <i>Psychological Services</i> per hour of consultation services	Participating in team meeting by psychologist (if requested by Administrator of Special Education)
\$40.77/hour	Participation in team meeting by authorized social worker, nurse, or counselor
\$82.72/hour	Educational assessment by certified educational personnel, including written assessment report, not to exceed 7.5 hours
The fee shall be that contained in 114.3 CMR 29.00: <i>Psychological Services</i> , per hour of the diagnostic service	Diagnostic observation: Observation by an authorized psychologist or school psychologist of a child in a familiar setting such as the classroom to examine and determine the child's physical, psychological, social, economic, educational, and vocational assets and disabilities for purposes of developing a diagnostic formulation and designing a treatment plan.
The fee shall be an additional 18% above the standard hourly fee established in 114.3 CMR 29.00: <i>Psychological Services</i> for CPT Code 96118, Neuropsychological testing	Comprehensive neuropsychological assessment. The allowed range of hours is nine through 20 hours.

330.05: Severability

The provisions of 101 CMR 330.00 are hereby declared to be severable, and if any such provisions or the application of such provisions to any person or circumstances shall be held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions to eligible providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 330.00: M.G.L. c. 118E.