THE COLLABORATIVE:
Strengthening Human Services

Rate Hearings Advocacy

Overview and Best Practices for Human Services Providers

An Introduction to The Collaborative

- **The Collaborative**: established in early 2000s by ABH, ADDP and the Providers' Council. The Children's League joined in 2019.

- **Purpose**: to ensure human services organizations are paid fair and adequate rates by creating a formal rate-setting mechanism through legislation.

- **Today's Training**: to encourage and support members with advocacy.

What Is Advocacy

- Elevating the voice of an individual, group, or organization, with the intent of causing action.
- Drawing awareness to and educating others about a topic or issue, including policymakers or the public.
- YES, nonprofits CAN AND SHOULD advocate!
  - It is necessary for service providers to advocate at rate hearings so that policy makers understand your organization's unique challenges.



What are Rate Hearings

- Public sessions with the Massachusetts Executive Office of Health and Human Services (EOHHS)
  - Where the state **proposes, reviews, and accepts feedback** on payment and reimbursement rates for health care and social services.

- Proposed regulations and rates for essential programs for health and social services
  - E.g., Adult Long Term Residential Services, Adult Community Clinical Services, Family Stabilization Services, Transitional Support Services

What is the Purpose of Rate Hearings

- **Cost Adequacy:**
  - Ensures rates align with state and federal requirements
    - Conform with Ch. 257
    - Must be adequate to cover the operational costs of efficient providers
- **Access to Care:**
  - Evaluates how proposed rate shifts might impact access to critical community services
- **Policy-Driven Objectives:**
  - Integrates updates for policy-driven objectives, including payment models and program adjustments (such as addressing provider waitlists)

Note: Rates for services purchased by MassHealth for non-managed care members also have public hearings. The legal framework for that process is different although testimony approaches are similar.

Why Advocate at Rate Hearings

- YOU are the expert on these issues and have information about the impact on your organization beyond what the Trade Executives can share –
  - Personal stories plus data creates impact
  - Showing up and speaking up matters
  - Strength in numbers
  - Create lasting positive change

- EOHHS appreciates hearing your perspective and will not penalize you for speaking up.

What to Expect before Rate Hearings

- Rates for Chapter 257 human services are reviewed and have hearings every two years
- ~2/3 of rates have hearings in even years and 1/3 of rates in odd years – generally effective dates are July 1 or January 1
- Rate hearing landing page is here: Executive Office of Health and Human Services public hearings | Mass.gov
- When EOHHS announces a rate hearing, there are three critical documents to review:
    1. Notice of Public Hearing
        - Includes registration to testify remotely
        - Zoom link provided
        - It is advised to register in advance and ASAP but no later than one full business day before the hearing, then allow for testimony on a first-come basis as time permits
    2. Proposed Regulation/Amendments
    3. Proposed Rate Methodology
        - Note: the rate methodology is published several days after the notice of public hearing and is found on a different page: Proposed Regulations: Supporting Materials | Mass.gov

You can sign up for hearing notices here:
https://www.mass.gov/forms/eohhs-regulatory-email-notifications

What to Expect before Rate Hearings

Public hearing notice, proposed regulation, and other related information	Public hearing date and time	Deadline to submit written comments
	514.00.	
101 CMR 412.00: Rates for Family Transitional Support Services • Notice of public hearing PDF | Word • Proposed regulation PDF | Word	Friday, July 10, 2026, at 10:00 a.m. This hearing will be conducted remotely. To join the hearing online, go directly to EHS Public Hearings Meeting Room. Alternatively, go to the main Zoom meeting page and enter meeting ID 935 397 8200 and passcode 800606. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted. You can view an unofficial live written recording of the hearing in progress provided by the Communication Access Realtime Transcription (CART) service. Interested parties may submit written comments by email or regular mail, as instructed in the Notice of Public Hearing. In addition, EOHHS will publish the staff testimony on the regulation web page for 101 CMR 412.00.	by 5:00 p.m. on Friday, July 10, 2026

Register to testify at this hearing

Commonwealth of Massachusetts
Executive Office of Health and Human Services
NOTICE OF PUBLIC HEARING

Under the authority of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, the Executive Office of Health and Human Services (EOHHS) will hold a remote public hearing on Friday, July 10, 2026, at 10:00 a.m., relative to the adoption of amendments to the following regulation.

The proposed regulation contains rates effective for dates of service on or after July 1, 2026. There is no fiscal impact on cities and towns.

101 CMR 412.00: Rates for Family Transitional Support Services

101 CMR 412.00 governs the payment rates for family transitional support services provided to publicly aided individuals by governmental units. These services are purchased by the Department of Public Health.

Pursuant to M.G.L. Chapter 118E, Section 13D (f/k/a Chapter 257 of the Acts of 2008), EOHHS is required to establish by regulation and biennially review rates to be paid by governmental units to providers of social service programs. In accordance with this requirement, the rates for family transitional support services are being updated to include an increase by a cost adjustment factor (CAF) of 3.00%. The CAF was determined by using the Massachusetts Economic Indicator data from IHS Economics – Fall 2025 Forecast, baseline scenario data. The CAF reflects the period between the rates' base period (calendar year 2026 Q2) and the prospective period of fiscal years 2027 and 2028. The staff salaries have been benchmarked to the Massachusetts Bureau of Labor Statistics (BLS) median wages as dated May 2024 at the 53rd percentile. The tax and fringe rate has been benchmarked to 24.97%, and the administrative allocation has been benchmarked to 12%.

The total annualized cost to state government from the proposed amendments to this regulation is approximately $2.2 million, which represents an increase of 10.01% over FY25 spending of approximately $22 million on these services. The increase in spending in FY27 will be covered through the Chapter 257 Reserve Account.

To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/info-details/executive-office-of-health-and-human-services-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

What to Expect before Rate Hearings

Proposed Regulation
Date Filed: June 18, 2026

101 CMR: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

101 CMR 412.00: RATES FOR FAMILY TRANSITIONAL SUPPORT SERVICES

Program/Service Type	Rate	Unit
Emergency Shelter: Lower facility cost program	$264.17 ~~$240.11~~	Per room per day
Residential Housing Stabilization: Full program rate	$136.15 ~~$131.15~~	Per room per day
Residential Housing Stabilization: Lower facility cost program	$114.92 ~~$109.93~~	Per room per day
Housing Stabilization Advocacy and Supportive Services	$76.97 ~~$73.00~~	Per room per day
Domestic Violence, Substance Misuse, and Trauma: Full program rate	$319.84 ~~$295.25~~	Per room per day
Client Financial Assistance/Flex Funding	IC	N/A

Add-on Staff		
Title	Unit of Service	.25 FTE
Direct Care Staff	Monthly	$ $1,402.45~~1,264.87~~

er Lookup Data		
024 53rd Percentile		$66,537
024 53rd Percentile		$56,389
024 53rd Percentile		$46,842
024 53rd Percentile		$46,842
C.257 Benchmark		24.97%
R Data		$25.35
R Data (30% of Full)		$7.60
R Data		$0.50
R Data		$24.32
Admin. Alloc.	EOHHS C.257 Benchmark	12.00%
Utilization		98%
CAF		3.00%
old CAF: 2.31%		2.31%
Relief Assumptions:	**Days**	**Hours**
vacation	15	120
sick/ personal	8	64
holidays	12	96
training	4.4	35.2
	Total Hours per FTE:	315.2
	% of FTE	15.2%

Emergency Shelter - Full Program - 4624				
Rooms:	**4-14**	**Days:**	**365**	**2,920**
	8			
		Sal	**FTE**	**Exp**
Specialty Site Supervisor		$66,537	1.00	$66,537
Direct Care III		$56,389	0.30	$16,917
Direct Care		$46,842	6.03	$282,596
Total Dir Care Staff			7.33	**$366,049**
Taxes & Fringe		24.97%		$91,403
Total Compensation				**$457,452**
Expenses			**Unit Cost**	
Relief / Consult / Temp				$44,954
Occupancy (per unit)			$25.35	$74,015
All other expenses			$24.32	$71,014
Staff Training (per unit)			$0.50	$1,447
Additional Program Expenses (per unit)			$22.92	$66,919
				$258,349
Total reimb excl M&G				**$715,801**
Admin. Alloc.		12.00%		$85,896
TOTAL				$801,697
CAF		3.00%		$21,445
				$823,142
				$281.90
Utilization Rate		98.0%		**$287.67**
			old rate	$257.67
			% of change	11.64%

What to Expect at Rate Hearings

- EOHHS staff open the hearing and read remarks for the public record.
- Typically, an agency attorney, agency subject matter expert, and rate analyst attend.
- After reading into the record, EOHHS staff then call for testimony in this order:
  - Elected officials and agency heads; pre-registrants; then members of the public.
- When testifying on Zoom, it is best to read from your screen – not paper. Rustling pages and a lowered head make you harder to hear.
- EOHHS staff do not ask speakers any questions about their testimony.
- EOHHS staff will not answer any substantive questions.
- You may attend a rate hearing to observe without testifying. You will not be called on if you did not register to testify.

Effective Advocacy + Best Practices

- Testimony that is:
  - Reflective of your organization's position and personal story
  - Unique to your organization and not an issue the Trade Executives would cover
  - Fact-based
  - Succinct to stay within the 3 minute time limit
- Include:
  - An opening with your name, organization, and summary of main point
  - Explanation of your position with "boots on the ground" evidence
  - Recommendation(s) to EOHHS that communicate the impact of the proposed regulation



Rate Hearing Example

- CareWest is an organization that operates a residential service under contract to an EOHHS department.
- CareWest signs up for hearing notices and learns the service has a rate hearing in 3 weeks.
- CareWest Team reviews the hearing notice, proposed rate, and rate model, and assesses impact on their own services
- CareWest identifies the following issues:
  - The rate model assumes 100% of beds are filled 100% of the time. CareWest's program data show that it operates at about 97% capacity over the last 12 months.
  - The rate model does not include a 1.0 FTE RN that is required by regulation. CareWest's program includes a 1.0 RN and CareWest has a wage scale for the RN for reference.
  - The tax and fringe percentage is below CareWest needs to pay for employee health benefits. CareWest can report its tax and fringe rate.

Rate Hearing Example, Continued

- CareWest Leadership:
  - Designates program expert Marcus Maguire to write and deliver testimony.
  - After introducing himself, his title and his organization, Marcus:
    - Explains that 100% of beds cannot be filled 100% of the time because of Department referral procedures.
      - Marcus provides the typical length of time from referral to placement and CareWest's actual bed utilization data and recommends that the utilization rate be no greater than 97%.
    - Notes that the rate model lacks a mandatory RN position.
    - Notes that health insurance is very important to be able to offer to dedicated employees and that the rate in the model is below what CareWest pays. This puts CareWest at risk of reducing health coverage or changing benefit structure.
    - Explains how these three comments relate to safe, quality services.

Rate Hearing Example, Continued

- SupportEast is a provider organization that also delivers this service and has many of the same points to raise.

- After hearing Marcus, SupportEast decides to speak about under-funded costs in the rate for participant transportation, citing their own program costs and impact on program participants.

- SupportEast and CareWest include all of their requests in written testimony that each organization submits directly to EOHHS after the hearing.

Rate Hearing Impacts

Clubhouse Rates – 101 CMR 416.00:

- Provider survey results/testimony demonstrated overwhelming majority of staff met criteria for Direct III positions resulted in all positions changed Direct Care blend to all Direct Care III

Clubhouse Services Rates	Unit	Pre Hearing Rate	Proposed Rate	Final Rate after Public Hearing	Increase
Average Daily Attendance of 29 and under	Per Service Day	$61.66	$63.65	$66.57	7.96%
Average Daily Attendance of 30 through 70	Per Service Day	$55.25	$57.89	$63.66	15.22%
Average Daily Attendance of 71 and above	Per Service Day	$42.71	$44.55	$47.73	11.75%
Program located in Nantucket or Dukes County	Per Service Day	$77.94	$80.71	$83.19	6.74%

Rate Hearing Impacts, Continued

Payments for Youth Intermediate-term Services (YITS) – 101 CMR 413.00

- DMH-contracted providers' testimony highlighted the rate discrepancies in similar services between DMH and DCF resulting in upward alignment

DMH Intensive Community Services	Rate	Proposed Rate	Final Rate after Public Hearing	Overall% change
Intensive Home-Based Therapeutic Care	$148.40	$175.61	$189.18	27%
Therapeutic Group Care - 6 beds	$73,241	$85,868	$99,178	35.4%
Therapeutic Group Care - 9 beds	$101,165	$118,116	$135,891	34.3%
Therapeutic Group Care - 12 beds	$125,901	$148,029	$170,267	35%

Rate Hearing Impacts, Continued 2

Rates for certain Substance-Related and Addictive Disorders Programs – 101 CMR 346

- Acute Treatment Services (ASAM 3.7) and Clinical Stabilization Services (ASAM 3.5) SUD treatment providers demonstrated significant bed capacity loss which resulted in increases to base rate plus an additional increase for providers that serve high percentage of public clients

Program	Pre Hearing Rate	Proposed Rate	Final Rate after Public Hearing	Increase Over Proposed	Total Increase
ATS FY23	$462.85	$467.63	$568.09	21%	40%
CSS FY23	$386.02	$400.76	$438.61	9%	30%

Remember

- Be confident!
  - You are the expert about your line of work
- Be clear!
  - Speak slowly and clearly for the stenographer
- Follow up!
  - Submit your testimony in writing by the posted deadline, even if you spoke at the hearing.
    - Email to **ehs-regulations@mass.gov**
      - Attach Word document **or** text within the body of the email
      - Type the name of the regulation in the subject line
      - Submissions must include the sender's full name and address

Resources + Links

- EOHHS Public Hearing Information
- EOHHS Regulatory Email Notifications Sign Up
- National Council of Nonprofits: *Why Should your Nonprofit Advocate?*
- Email to send written testimony: **ehs-regulations@mass.gov**
- **Ch. 257 Informational Webinar and Slides**

Contact Information for The Collaborative

- **Lydia Conley**, President/CEO, Association for Behavioral Healthcare
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- **Stephanie Costa**, President/CEO, Association for Developmental Disabilities Providers
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- **Rachel Gwaltney**, Executive Director, Children's League of Massachusetts
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- **Bill Yelenak**, President/CEO, Providers' Council
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Q & A