

**From:** [Margery Phillips](#)  
**To:** [1115 Waiver Comments \(EHS\)](#)  
**Subject:** 1115 Comments  
**Date:** Monday, October 30, 2023 4:11:47 PM

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To Whom It May Concern,

As someone who works with many low income families and individuals, including newly arrived immigrants from Haiti and Cuba and several other countries, with friends and family who struggle to find affordable housing for their families, I know first hand the importance of adjusting our systems, whatever they may be, to build or make otherwise available, safe and healthy housing opportunities for all people of limited and/or no incomes in our state of Massachusetts.

I have worked with pregnant citizens who have lived in tents in the middle of winter because they could not find housing they were able to afford. I have worked with families with small children, both citizens and immigrants, documented and not documented, who were crowded into apartments with families and friends because they could not find housing for their own immediate family, sometimes with numerous children, that they could afford. I have had friends stay with me and with other friends because *no* housing was available, affordable or not, in the area in which they worked or sent children to school.

There is a great need in this state, and most likely in all or many other states, for the right of housing to be respected by creating housing, or at least supplying better financial support to those who do not have adequate and safe housing. Shelter should not be a privilege, which it now seems to be; it is a human and civil right. We need to change our priorities to make this right a reality, and see to it that housing is available for all.

I do not understand how this country can afford to support other countries in their wars, but cannot seem to afford to care for its own citizens and residents by insuring they have the humblest of human needs. This is preposterous and needs to change.

Thank you.

Margie Phillips

Human Service Worker for 40+ years, working with many agencies, including an agency geared to homeless individuals needing and wanting to change their lives.

*Margie Phillips*

*Family Support Coordinator*

*Fr., Hamp., N. Quabbin WIC*

*3 Osgood Street*

*Greenfield, MA 01301*

*413-548-1263 (direct line; leave messages any time)*

*Internal extension 663*

Action for Boston Community Development (ABCD) strongly supports the proposed expansion to MassHealth's Demonstration Project.

Specifically, ABCD writes to underscore its support of the expanded coverage for Short-Term Post-Hospitalization Housing and short-term, temporary housing assistance for pregnant MassHealth members and families.

The coverage of Short-Term Post-Hospitalization Housing would be a significant benefit to those experiencing homelessness in Massachusetts. Research establishes that medical debt is one of the leading contributors to homelessness and, as noted in the proposal, those experiencing homelessness have an average hospital stay that is 4.6 times longer than individuals with stable housing. Alleviating the burden of finding immediate post-hospitalization housing would allow individuals an opportunity to stabilize their health and seek permanent housing, reducing the risk that they are faced with homelessness following their hospital stay. ABCD has seen the need for this expansion first-hand, as it serves clients who are in need of short-term housing. ABCD believes that providing safe and comfortable housing for this population is critical to improving health outcomes and establishing a pathway towards stability.

In addition, ABCD supports expanded MassHealth coverage for up to six months of Temporary Housing Assistance and related support for pregnant members and families. ABCD serves a large immigrant population, who are covered by MassHealth benefits, yet who still face significant challenges in terms of housing, especially while waiting on work authorizations and related documents. ABCD also partners with health centers and hospitals across Boston as part of its Family Planning Program. ABCD has seen that failure to provide critical support in the area of housing may result in severe long-term health effects for the mother and child. ABCD views this proposed expansion as paramount to helping pregnant mothers and their families obtain housing at a critical time in their lives.

Beyond the two areas outlined above, ABCD supports the proposed expansion to the Demonstration Project as a whole, as it takes measureable steps to protect the populations that MassHealth and Medicaid were designed to serve. We look forward to the approval of the proposed expansion to the Demonstration Project and to witnessing the life-altering affects that it will have for MassHealth members.



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Michael Levine, Assistant  
Secretary for MassHealth  
Executive Office of Health and  
Human Services  
One Ashburton Place, 11th Floor  
Boston, MA 02108

Submitted by email to [1115WaiverComments@mass.gov](mailto:1115WaiverComments@mass.gov)

**Re: MassHealth Section 1115 Demonstration Waiver Amendment**

Dear Assistant Secretary Levine,

I am writing on behalf of Food For Free to extend our gratitude for the opportunity to comment on MassHealth's proposed Section 1115 demonstration waiver amendment.

Since our inception in 1981, our organization has remained steadfast in our commitment to providing fresh, healthy, and nutritious food to individuals facing food insecurity in the Greater Boston area. We serve low-income residents in this region and extend our support to over 150 partner nonprofit organizations, including homeless shelters, family shelters, domestic violence shelters, feeding programs, and more, all of which cater to an incredibly vulnerable client population.

Our work has revealed that food insecurity is a consequence of poverty, not its root cause. Many of our clients are forced to confront agonizing decisions daily, torn between meeting their basic nutritional needs, paying rent, or addressing their health requirements. It's a precarious balance that can lead to perilous choices and disparate outcomes.

Understanding the interconnection between food insecurity, healthcare, and housing, we firmly advocate for the amendments outlined in the proposed 1115 demonstration waiver. These changes are pivotal in serving our most vulnerable residents. Specifically, we stand in full support of:

- Raising the income limit for Health Connector subsidies and the Medicare Savings Program to encompass a larger number of residents, ensuring wider access to these crucial programs.
- Eliminating the waiver of three months retroactive eligibility to include all members, ensuring no one is left behind.
- Securing pre-release access to critical healthcare needs for returning residents.



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Furthermore, we are submitting our unequivocal support for ***providing 12 months continuous eligibility, and six months temporary housing assistance and related support for our most at risk populations including migrant pregnant persons and families*** who enroll in the MassHealth program. Access to shelter, healthcare, and other vital services is critical to this population. Without state support, the burden will continue to fall heavily on nonprofits like ours, which face a looming financial cliff as ARPA funds end in 2024 despite a persistent need for our services.

We strongly urge the committee to consider and incorporate these critical amendments into the final waiver. It is our collective responsibility to ensure that the most vulnerable among us receive the care, support, and opportunities they deserve.

Thank you for considering our input and for your dedication to improve the lives of Massachusetts residents, including those who have newly arrived. If you have any questions regarding our comments, please feel free to contact me.

Sincerely,

Jessica Cantin  
Chief Executive Officer  
[jcantin@foodforfree.org](mailto:jcantin@foodforfree.org)



## **1115 Amendment Comments: Temporary Housing Assistance and Supportive Services**

Submitted by Joyce Tavon, Chief Executive Officer  
Massachusetts Housing & Shelter Alliance (MHSA)

November 29, 2023

On behalf of the Massachusetts Housing & Shelter Alliance (MHSA), thank you for the opportunity to submit comments on MassHealth's proposed Amendment to the Section 1115 Demonstration, specifically the request for federal authority to provide, as a Health-Related Social Needs service, temporary housing assistance and supportive services for families and pregnant individuals, including newly arrived immigrants, who are enrolled as MassHealth members and who are eligible for Massachusetts' Emergency Assistance family shelter program.

MHSA supports MassHealth's recognition that homelessness has a significant impact on health, and we respectfully ask that the request to provide temporary housing and supportive services be extended to *all* vulnerable populations experiencing homelessness, including unaccompanied adults. In addition to the current crisis facing the family shelter system, the individual shelter system is stretched beyond its capacity as we approach the winter months. Individual shelters statewide report being full or over capacity already, and there are growing encampments in communities across Massachusetts. The proposed Amendment cites research on the connection between homelessness and health needs for families experiencing homelessness, but research has also shown the significant costs of health care utilization for individuals experiencing chronic or long-term homelessness and the positive impact of housing and supportive services for that population. For example, a [2020 study from the Blue Cross Blue Shield of Massachusetts Foundation](#) found decreases in emergency and acute health service utilization and decreased Medicaid costs after individuals had been placed into supportive housing in Massachusetts.

Facing the current crisis of homelessness in Massachusetts requires focusing on all vulnerable populations, and MassHealth has an opportunity with this proposed Amendment to provide the temporary housing and supportive services needed to impact health care utilization across populations. We ask MassHealth to extend its request to ensure that unaccompanied adults experiencing homelessness are also eligible.

Thank you for your time and consideration. Please do not hesitate to reach out to me with any questions at [jtavon@mhsa.net](mailto:jtavon@mhsa.net) or 617-367-6447 x27, or to Caitlin Golden, MHSA Director of Public Policy, at [cgolden@mhsa.net](mailto:cgolden@mhsa.net) or 617-367-6447 x28.

November 29, 2023

Michael Levine, Assistant Secretary for MassHealth  
Executive Office of Health and Human Services  
One Ashburton Place, 11th Floor  
Boston, MA 02108

[Submitted via email to [1115WaiverComments@mass.gov](mailto:1115WaiverComments@mass.gov)]

Re: MassHealth Section 1115 Demonstration Waiver Amendment

Dear Assistant Secretary Levine,

On behalf of the Massachusetts League of Community Health Centers (the League), we are pleased to offer these comments regarding the October 16, 2023, MassHealth 1115 Waiver Amendment Request.

The League is Massachusetts' Primary Care Association, representing and serving the state's 52 health center organizations. Annually, our health center members provide high-quality health care to more than one million state residents of all ages, representing a wide range of racial and ethnic backgrounds, and serving 96% of the Commonwealth's zip codes.

Since their inception in Massachusetts in 1965, health centers have approached the notion of health care for all from a holistic perspective. We believe that a strong, integrated approach to primary care that addresses the whole person and, in many cases the whole family, is critical to improving health and reducing costs. Over the last decade, including through MassHealth's 1115 Waivers, we have worked to further advance that integrated model which includes medical, behavioral health, dental, vision, pharmacy and substance use disorder (SUD) care; as well as enabling (non-clinical) and other support services, which often focus on social drivers of health. Multiple studies over decades have demonstrated the quality outcomes and cost savings that this model produces, including a multi-state study of Federally-Qualified Health Center (FQHC) Medicaid patients that demonstrated a 24% reduction in total cost of care<sup>1</sup>.

Health centers serve as the largest safety net provider network for primary care in the Commonwealth, caring for 1 in 7 Massachusetts residents, with virtually all health centers also providing significant co-located and/or integrated behavioral health services. Because by mission (and law, in the case of FQHCs), health centers serve all who walk through their doors, the patient population at health centers looks very different than that of other providers. We are 15% uninsured, 49% Medicaid, and 10% Medicare, while overall in the Commonwealth only 2% of residents are uninsured and approximately 20% are covered by Medicaid. Given 50% of the average Massachusetts health center's revenue comes from MassHealth, everything related to this vital program is significant to Massachusetts health centers, including the current 1115 Waiver.

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<sup>1</sup> Richard, Ku, Dor, et al. *Cost Savings Associated With the Use of Community Health Cen...* : The Journal of Ambulatory Care Management, [January/March 2012 - Volume 35 - Issue 1 - p 50-59](#)

**We strongly support MassHealth's request to provide six months of temporary housing assistance and related support for families and pregnant individuals, including newly arrived immigrants, who are enrolled as MassHealth members.**

As Massachusetts has been facing an unprecedented and complex housing crisis, we appreciate MassHealth's initiative to pursue solutions to help families access safe housing options. We know that housing and health are inextricably linked, and housing is often an important first step in stabilizing health conditions, securing employment, and participating in school. We are very supportive of MassHealth proposal to also include access to supportive services, including outreach, case management, and referrals to medical, social, and educational services. Health centers are experienced in providing many of these comprehensive, wrap-around services, and know they are especially beneficial for families experiencing homelessness and newly arrived migrant families.

The Mass League and our health center members are supportive of this additional request and look forward to our continued, collective partnership to best serve MassHealth members.

Respectfully,

**Kaitlin M. McColgan**

Senior Vice President, Government Affairs and Public Policy  
Massachusetts League of Community Health Centers  
40 Court Street, 10<sup>th</sup> Floor, Boston, MA 02108

November 21, 2023

1115 Amendment Comments  
EOHHS Office of Medicaid  
One Ashburton Place, 3rd Floor  
Boston, MA 02108

**Sent by Email:** [1115WaiverComments@mass.gov](mailto:1115WaiverComments@mass.gov)

To Whom It May Concern:

[MLPB](#) is pleased to submit these comments to CMS on Massachusetts' proposed MassHealth Section 1115 Demonstration Amendment proposal.

MLPB is a pathbreaking organization and is credited as the first medical-legal partnership nation-wide. Originally embedded within the Pediatrics Department at Boston Medical Center in 1993, MLPB spun off from BMC in 2012 and is now independently serving health and human service partners throughout Massachusetts and Rhode Island. MLPB currently operates under the fiscal sponsorship of [TSNE](#).

MLPB equips medical and social service communities of care with legal education and problem-solving insights that foster prevention, health equity, and human-centered system change. Through training, consultation, and technical assistance – our team-facing legal partnering framework – MLPB helps health care workforce members and organizations better connect patients and populations to the legal resources and protections they seek. MLPB empowers care team members to become strengths-based, role-aligned partners in legal problem solving. MLPB consults on more than 1,000 questions from care teams about health-related social needs of their patients and delivers more than 70 trainings each year.

At a household level, our capacity-building expertise focuses on addressing immediate health related social needs for patients. MLPB seeks to disrupt the trajectory where social, economic or environmental factors transform into a legal and health crisis. At a population level, our work encourages communities of care to engage in systemic and policy change work.

MLPB signed onto the comments submitted by Health Care for All (September 2023 and November 2023) and separately those written jointly by the Massachusetts Law Reform Institute and Greater Boston Legal Services (November 2023). Independently, we submitted comments to Mass Health in September 2023. We now submit these additional comments to support MassHealth's request #6 *Include Short-term Post Hospitalization Housing and Temporary Housing Assistance for Pregnant Members and Families as allowable Health-related Social Needs*. In particular, we support MA's request for federal authority to provide as a HRSN service, temporary housing assistance and supportive services for families and pregnant



individuals, including newly arrived immigrants, who are enrolled as MassHealth members and who are eligible for MA's Emergency Assistance (EA) family shelter program.

We come to this conclusion based on our work with Massachusetts-based partners, which include three Accountable Care Organizations, a statewide family visiting program, federal qualified health centers, hospitals, and community partners and service organizations. Despite the vast resource differences that each of these health and social service partners possess, they all have one thing in common: the persistent challenge in securing shelter that is immediate, safe and sanitary for pregnant people and families with minor children who are at risk for or are experiencing homelessness. Massachusetts EA has been a critical resource in ensuring that our most vulnerable people, pregnant people<sup>1</sup> and children<sup>2</sup>, do not suffer the deleterious health impacts of homelessness.

Massachusetts' thirty-year investment<sup>3</sup> in family shelter is unique in the nation, being the only state to have guaranteed the right to housing for qualified pregnant people or families with children.<sup>4</sup> EA shelter is currently a charged topic in Massachusetts, given the recent shelter caps that some claim are due to rising costs related to the influx of immigrants to the Bay State. To be clear, the need for EA in Massachusetts has been driven by factors that predate current immigration policies and that are true across the nation. These factors include rising rental costs,<sup>5</sup> slow affordable housing development,<sup>6</sup> eviction rate disparities for women and people of color,<sup>7</sup> and racist historical lending and homeownership policies (like redlining) and their disparate impact on Black and Brown homeowners.<sup>8</sup> Further, the COVID-19 pandemic created additional stressors as housing markets stretched to respond to remote work demands, causing rental vacancy rates in Massachusetts and elsewhere to plunge.<sup>9</sup>

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<sup>1</sup> Clark R E, Weinreb L, Flahive, JL, Seifert RW. (January 2019) "Homeless Contributions to Pregnancy Complications," *Health Affairs*: Vol. 38: Iss. 1. Available at: <https://doi.org/10.1377/hlthaff.2018.05156>.

<sup>2</sup> Strashun S, D'Sa S, Foley D, Hannon J, Murphy AM, O'Gorman CS. Physical illnesses associated with childhood homelessness: a literature review. *Ir J Med Sci*. 2020 Nov;189(4):1331-1336.

<sup>3</sup> Kaufman, Nancy K. (1992) "State Government's Response to Homelessness: The Massachusetts Experience, 1983-1990," *New England Journal of Public Policy*: Vol. 8: Iss. 1, Article 41. Available at: <https://scholarworks.umb.edu/nejpp/vol8/iss1/41>.

<sup>4</sup> Gross S, Damiano M (August 23, 2023) "'Right-to-Shelter' law is unique to Massachusetts. It has a long history." *Boston Globe*. Available at: <https://www.bostonglobe.com/2023/08/08/metro/shelter-law-1983-massachusetts-homeless-dukakis-healey/>.

<sup>5</sup> National Low Income Housing Coalition. "No State Has an Adequate Supply of Affordable Rental Housing for the Lowest Income Renters." Available at: [nlihc.org/gap](https://nlihc.org/gap).

<sup>6</sup> National Low Income Housing Coalition. "Gap: A Shortage of Affordable Homes," March 2023. Available at <https://www.nytimes.com/2022/07/11/business/economy/rent-inflation-interest-rates.html>.

<sup>7</sup> National Partnership for Women and Families. "Black Women, the Wage Gap, and Evictions: An Urgent Call for Equitable Housing Solutions." 2021 Factsheet. Available at: <https://nationalpartnership.org/wp-content/uploads/2023/02/state-paid-family-leave-laws.pdf>.

<sup>8</sup> Lynch EE, Malcoe LH, Laurent SE, Richardson J, Mitchell BC, Meier HCS. "The legacy of structural racism: Associations between historic redlining, current mortgage lending, and health." *SSM Popul Health*. 2021 Apr 20;14:100793. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8099638/>.

<sup>9</sup> Federal Reserve Bank of St. Louis. Economic Research. Rental Vacancy Rate in the United States. Available at: <https://fred.stlouisfed.org/series/RRVRUSQ156N>.

At MLPB we see the housing instability play out every day through the consult questions we receive from care teams. Over the last two years, MLPB fielded over 700 consults from MA partners on questions related to housing. Nearly a third were specifically about shelter and housing access. Our partners ask general questions about EA eligibility, how to help people meet the bureaucratic requirements of the application process, and how to respond to shelter staffing concerns or poor shelter conditions.

Given all of these economic and political pressures, Massachusetts EA is at a crossroads. MassHealth's 1115 waiver request would serve to demonstrate for the whole nation how shelter and housing services backed by health dollars can improve the health of housing insecure families. MassHealth's waiver request would:

- Ensure continued access to emergency shelter for eligible MassHealth members who are pregnant or have minor children;
- Prevent health harms commonly associated with homelessness;
- Create certainty and predictability about EA shelter availability;
- Ensure that shelter staffing and shelter maintenance requirements are met; and
- Narrow the gap between screening of health-related social needs and health outcomes.

For all of these reasons, MLPB is writing in strong support of Massachusetts' request to CMS. Thank you for the opportunity to submit comments to the proposed amendments to the MassHealth Section 1115 Waiver Demonstration.

Sincerely,



Jeannine Casselman, Esq.  
Law and Policy Director



Amy Copperman, Esq.  
Executive Director