

## Attachment 5 – Tribal Consultation

- 2/19/21 follow up email to 2/12/21 Quarterly Tribal Consultation call
- 5/19/21 follow up email to 5/13/21 Quarterly Tribal Consultation call
- 8/18/21 email notification to Tribal Representatives with Public Notice

**From:** State Plan Amendments (EHS)

**Sent:** Friday, February 19, 2021 11:26 AM

**To:** richard@wampanoagtribe.net; stephanie@wampanoagtribe.net; cos@wampanoagtribe.net; Malonson, Ryan (IHS/NAS/WTG) <rmalonson@wampanoagtribe.net>; dsa@wampanoagtribe.net; Pocowatchit, Janelle (IHS/NAS/LLB) <Janelle@nativelifelines.org>; warreng@nativelifelines.org; Gonsalves, Rita (IHS/NAS/MSH) <Rita.Gonsalves@ihs.gov>; Avant, Edward (IHS/NAS/MSH) <Edward.Avant@ihs.gov>; Claymore, Vickie PhD (IHS/NAS/AO) <Vickie.Claymore@ihs.gov>; elizabeth@neptuneadvantage.com; rhalsey <rhalsey@naicob.org>; kfrye@mwtribe.com; ifrye@mwtribe.com; chairwoman@wampanoagtribe.net; Lorraine.Reels@ihs.gov  
**Cc:** Kirchgasser, Alison (EHS) <alison.kirchgasser@mass.gov>; Konefal, Kaela (EHS) <kaela.konefal@mass.gov>; Cohen Machera, Mindy (EHS) <mindy.cohen@mass.gov>; Conte, Niki (CCA) <niki.conte@mass.gov>; Chiev, Sokmeakara (EHS) <Sokmeakara.Chiev1@mass.gov>  
**Subject:** Follow up from Q1 Tribal Consultation Call on February 12

Good morning,

This is a follow up to the quarterly Tribal Consultation call on February 12, 2021. Due to limited attendance we are providing updates by email this quarter. As always, please let me know if you have any advice, feedback, questions or concerns about any of these items.

### **MassHealth Update**

#### **MassHealth Form 1099-HC and Form 1095-B update:**

- MassHealth mailed to certain members in MassHealth Standard, CarePlus, CommonHealth and Family Assistance (Direct Coverage) their Form 1099-HC.
- Members will not be mailed the Form 1095-B, they can now use the **new online portal** to access their information. MassHealth members can go to [masshealthtaxform.com](https://masshealthtaxform.com) to view and print their Form 1095-B. To request a hard copy, members can call MassHealth Customer Service at 1-866-682-6745; TTY: (800) 497-4648.
- Members with questions about why they received the Form MA 1099-HC, how to get their Form 1095-B from MassHealth, or if they need a duplicate copy, should contact MassHealth at (866) 682-6745, TTY: (800) 497-4648 for people who are deaf, hard of hearing, or speech disabled.

#### **MassHealth Customer Service Options Menu Update:**

- The menu option to the MassHealth main customer service line (1-800-841-2900) is changing. This change is to create a more member-focused menu and improved customer service experience.
- Callers will be asked to enter their MassHealth ID or last 4 digits of their SSN and Date of Birth (DOB).
- The customized and streamlined menu option will be offered based on caller verification. It expands the self-service options, such as requests for MassHealth card replacements, address and phone number verification.
- The change will provide voice recognition technology – that allows for a more member-friendly interaction.
- **The expected Member Customer Service Menu will go-live March 2021**

- Once the new member call menus are implemented, it will be important to listen closely to the new menu options. Keep in mind that calls will now be sent to the appropriate call menus that will service their current Category of Assistance (COA).
- There will be a default menu for new MassHealth applicants and callers who cannot be verified by entering their MassHealth ID or last 4 digits of their SSN and DOB.

**Sample Menu**

<p><b><u>Option 1</u></b> Self-service to confirm MassHealth status/health plan, phone #, address</p>	<p><b><u>Option 2</u></b> Renew/update MassHealth and for self-service MassHealth card replacements</p>	<p><b><u>Option 3</u></b> Report changes to case (income, family size, assets, or employment change)</p>	<p><b><u>Option 4</u></b> Nursing Homes and Long-Term Care</p>	<p><b><u>Option 5</u></b> Self-service for changing health plan/PCP and for covered services</p>	<p><b><u>Option 6</u></b> Premium Billing, Transportation self-service, and Dental</p>
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**MassHealth 1115 Demonstration Update:**

Our 1115 Demonstration waiver is currently approved for the period 7/1/17 to 6/30/22. We are preparing a request to amend to the 1115 Demonstration this spring and will notify you when we post the amendment for public comments which will likely be in March. In addition to the amendment, we are preparing the much larger request to extend the 1115 Demonstration for another five years (effective 7/1/22 – 6/30/27). We anticipate submitting this request to CMS this summer and we will notify you when we post the extension request for public comments, likely in the spring or early summer.

**Health Connector Update**

MassHealth and the Health Connector count the Federal Pandemic Unemployment Compensation \$300 unemployment “bump” differently in order to make a program determination. The attached slides (“Income Information \_021121”) from MassHealth and the Health Connector include guidance on helping someone enter Current and Yearly income as part of their (under 65 application) for health insurance coverage.

**Home and Community Based Services Waivers (HCBS) Waivers Update**

We submitted a second update to Massachusetts' 1915(c) Appendix K Emergency Preparedness Response and COVID-19 Addendum, to request an extension of the previously approved end date from February 28, 2021 to six months after the expiration of the COVID-19 public health emergency.

We are still tentatively planning to submit by March 30, 2021, amendments to the Intensive Supports Waiver, the Community Living Waiver, the Adult Supports Waiver, and the Frail Elder Waiver. The concurrent 30-day public notice and comment period for these amendments is January 14 – February 12, 2021. Tribal contacts were included on e-mail blasts to alert stakeholders to the start of the public comment period. Amendments to the Traumatic Brain Injury Waiver remain under development.

We submitted the Children’s Autism Waiver Amendment application to CMS in December and are awaiting approval; the requested effective date is March 1, 2021.

**State Plan Amendments (SPAs) we plan to submit by March 31, 2021:**

*Conforming amendments to the Alternative Benefit Plans (Standard and CarePlus) related to amendments to the Medicaid State Plan, as appropriate;*

- a. An amendment to the Medicaid State Plan to add the new Medication Assisted Treatment (MAT) benefit and payment methodologies under *the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act* (SUPPORT Act);
- b. An amendment to the Medicaid State Plan to update the dental benefit to include crowns and endodontics for adults;
- c. Amendments to the Medicaid State Plan to update the payment methodology for the following provider types and services:
  - Acute Inpatient and Outpatient Hospitals,
  - Chronic Disease and Rehabilitation Inpatient Hospitals,
  - Privately Owned Psychiatric Inpatient Hospitals,
  - Nursing Facilities,
  - Home Health and Private Duty Nursing Services,
  - Substance Use Disorder Services,
  - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services,
  - Clinical Laboratory Services.

Please let me know if you have any advice, feedback, questions or concerns about any of these State Plan Amendments by March 5, 2021.

Kaela Konefal

State Plan Coordinator

Federal Authority Policy Manager

Massachusetts Office of Medicaid

Executive Office of Health and Human Services

Pronouns: she, her, hers

**From:** Kirchgasser, Alison (EHS)

**Sent:** Wednesday, May 19, 2021 9:39 AM

**To:** State Plan Amendments (EHS) <StatePlanAmendments@MassMail.State.MA.US>; richard@wampanoagtribe.net; stephanie@wampanoagtribe.net; cos@wampanoagtribe.net; Malonson, Ryan (IHS/NAS/WTG) <rmalonson@wampanoagtribe.net>; dsa@wampanoagtribe.net; Pocowatchit, Janelle (IHS/NAS/LLB) <Janelle@nativelifelines.org>; warreng@nativelifelines.org; Gonsalves, Rita (IHS/NAS/MSH) <Rita.Gonsalves@ihs.gov>; Avant, Edward (IHS/NAS/MSH) <Edward.Avant@ihs.gov>; Claymore, Vickie PhD (IHS/NAS/AO) <Vickie.Claymore@ihs.gov>; elizabeth@neptuneadvantage.com; rhalsey <rhalsey@naicob.org>; kfrye@mwtribe.com; ifrye@mwtribe.com; chairwoman@wampanoagtribe.net; Lorraine.Reels@ihs.gov

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**Subject:** Follow up from Q2 Tribal Consultation Call on May 13

Good morning,

This is a follow up to the quarterly Tribal Consultation call on May 13, 2021. As always, please let me know if you have any advice, feedback, questions or concerns about any of these items.

#### **MassHealth Update**

Please see this [link](#) to the MH updates for the information shared during the call (that was also provided at the Massachusetts Health Care Training forum (MTF) this quarter), including information about MassHealth Health Plan and MassHealth Customer Service Updates. Please also see the attached renewal and RFI information.

#### **Health Connector Update**

Please see this [link](#) to the Spring MTF presentation which provides an overview of the American Rescue Plan and its impact on current and potential Health Connector members. The slides include information on:

- The expansion of APTCs
- Health Connector Implementation
- Member Communications Timeline

#### **MassHealth Initiatives**

##### **1115 Update**

- We are finalizing the 1115 Demonstration Amendment request (which was posted for public comment on March 23) and plan to submit it to CMS in the next few weeks.

- The current 1115 Demonstration period expires 7/1/22 and we are in the process of drafting a request to extend the Demonstration another five years. The draft request will be posted for public comment this summer and we will notify you when it is posted.

### **Home and Community Based Services Waivers (HCBS) Waivers Update**

On March 10, 2021, the CMS approved Massachusetts' request for extension of its 1915(c) Appendix K Emergency Preparedness Response and COVID-19 Addendum, under which the state is granted flexibilities for the operation of Home and Community Based Services (HCBS) waivers, until six months after the end of the federal public health emergency (PHE) for COVID-19.

On March 25, 2021, the CMS approved Massachusetts' fourth 1915(c) Appendix K Emergency Preparedness Response and COVID-19 Addendum, granting the Commonwealth additional flexibilities for the operation of Home and Community Based Services (HCBS) waivers. The additional flexibilities in the fourth Appendix K include: temporary modification of targeting criteria in MFP-CL (Money Follows the Person-Community Living) and ABI-N (Acquired Brain Injury Non-Residential Habilitation) waivers, temporary increase in payment rates for the Day Habilitation Supplement service, Day Services, Community-Based Day Supports, Prevocational Services, and Supported Employment, and expansion of the existing Transitional Assistance/Transitional Assistance Services/Transitional Assistance-RH (Residential Habilitation) services to cover assistive technology devices that enable the individual to participate in planning their transition remotely/via telehealth if necessary.

We submitted the Children's Autism Waiver Amendment application to CMS in December and are still awaiting approval. The Intensive Supports Waiver Amendment, the Community Living Waiver Amendment, and the Adult Supports Waiver Amendment were submitted to CMS in March with a requested effective date of 7/1/2021. The Traumatic Brain Injury Waiver Amendment was submitted to CMS at the end of April with a requested effective date of 08/01/2021. We anticipate submitting the Frail Elder Waiver Amendment to CMS in mid-May with a requested effective date of 09/01/2021.

### **State Plan Amendments (SPAs) we plan to submit by June 30, 2021:**

*Conforming amendments to the Alternative Benefit Plans (Standard and CarePlus) related to amendments to the Medicaid State Plan, as appropriate;*

1. Amendments to the Medicaid State Plan to update the estate recovery hardship policies;
2. Amendments to the Medicaid State Plan to update the payment methodology for dental services;
3. Amendments to the Medicaid State Plan to update the payment methodology for hearing services;
4. Amendments to the Medicaid State Plan to update the payment methodology for chronic maintenance dialysis treatments and home dialysis supplies; and
5. Amendments to the CHIP State Plan to conform to the updated State Plan template and to make a number of clarifying updates.

## Questions and Answers

A participant asked about the Estate Recovery exemptions for Tribal members. Below is the language from the MassHealth regulations about these exemptions, with new changes that became effective 5/14/21.

### 130 CMR: 501.013

(G) Exemption of Certain Assets from Estate Recovery for American Indians and Alaska Natives.

(1) For notice of claims presented on or after July 1, 2009, and upon application for exemption of certain assets from estate recovery by the personal representative or public administrator of the member's estate, recovery from the following American Indian and Alaska Natives income, resources, and property will be waived:

(a) certain income and resources (such as interests in and income derived from tribal land and other resources currently held in trust status and judgment funds from the Indian Claims Commission and the U.S. Claims Court) that are exempt from Medicaid estate recovery by other laws and regulations;

(b) ownership interest in trust and non-trust property, including real property and improvements:

1. located on a reservation (any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments) or near a reservation as designated and approved by the Bureau of Indian Affairs of the U.S. Department of the Interior; or
2. for any federally recognized tribe not described in 130 CMR 501.013(G)(1)(b)1., located within the most recent boundaries of a prior federal reservation;

(c) income left as a remainder in an estate derived from property protected in 130 CMR 501.013(G)(1)(b), that was either collected by an Indian or by a tribe or tribal organization and distributed to Indians, as long as the individual can clearly trace it as coming from protected property;

(d) ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights related to natural resources, including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, or fish products, resulting from the exercise of federally protected rights and income either collected by an Indian or by a tribe or tribal organization and distributed to Indians derived from these sources as long as the individual can clearly trace it as coming from protected sources; or (e) ownership interests in or usage rights to items not covered by 130 CMR 501.013(G)(1)(a) through (d) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional life style according to applicable tribal law or custom.

(2) Protection of non-trust property described in 130 CMR 501.013(G)(1) is limited to circumstances when it passes from an Indian, as defined in § 4 of the Indian Health Care Improvement Act, to one or more relatives (by blood, adoption, or marriage), including Indians not enrolled as members of a tribe and non-Indians, such as spouses or step-children, that their

culture would nevertheless protect as family members, to a tribe or tribal organization, or to one or more Indians.

#### 130 CMR 515.011

(G) Exemption of Certain Assets from Estate Recovery for American Indians and Alaska Natives.

(1) For notice of claims presented on or after July 1, 2009, and upon application for exemption of certain assets from estate recovery by the personal representative or public administrator of the member's estate, recovery from the following American Indian and Alaska Natives income, resources, and property will be waived:

(a) certain income and resources (such as interests in and income derived from tribal land and other resources currently held in trust status and judgment funds from the Indian Claims Commission and the U.S. Claims Court) that are exempt from Medicaid estate recovery by other laws and regulations;

(b) ownership interest in trust and non-trust property, including real property and improvements

1. located on a reservation (any federally recognized Indian tribe's reservation, pueblo, or colony, including former reservations in Oklahoma, Alaska Native regions established by the Alaska Native Claims Settlement Act, and Indian allotments) or near a reservation as designated and approved by the Bureau of Indian Affairs of the U.S. Department of the Interior; or  
2. for any federally recognized tribe not described in 130 CMR 515.011(G)(1)(b)1., located within the most recent boundaries of a prior federal reservation;

(c) income left as a remainder in an estate derived from property protected in 130 CMR 515.011(G)(1)(b), that was either collected by an Indian or by a tribe or tribal organization and distributed to Indians, as long as the individual can clearly trace it as coming from protected property;

(d) ownership interests left as a remainder in an estate in rents, leases, royalties, or usage rights related to natural resources, including extraction of natural resources or harvesting of timber, other plants and plant products, animals, fish, or fish products, resulting from the exercise of federally protected rights and income either collected by an Indian or by a tribe or tribal organization and distributed to Indians derived from these sources as long as the individual can clearly trace it as coming from protected sources; or

(e) ownership interests in or usage rights to items not covered by 130 CMR 515.011(G)(1)(a) through (d) that have unique religious, spiritual, traditional, or cultural significance or rights that support subsistence or a traditional lifestyle according to applicable tribal law or custom.

(2) Protection of non-trust property described in 130 CMR 515.011(G)(1) is limited to circumstances when it passes from an Indian, as defined in section 4 of the Indian Health Care Improvement Act, to one or more relatives (by blood, adoption, or marriage), including Indians not enrolled as members of a tribe and non-Indians, such as spouses or stepchildren, that their culture would nevertheless protect as family members, to a tribe or tribal organization, or to one or more Indians.

An application for exemption of certain assets for AI/AN can be [downloaded here \(mass.gov\)](#)



Please let me know if you have any advice, feedback, questions or concerns about any of these State Plan Amendments by June 2, 2021.

Thank you,  
Alison Kirchgasser  
Deputy Policy Director for Federal Policy & CHIP Director  
Massachusetts Office of Medicaid  
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**From:** Kirchgasser, Alison (EHS)  
**Sent:** Wednesday, August 18, 2021 4:17 PM  
**To:** richard@wampanoagtribe.net; stephanie@wampanoagtribe.net; cos@wampanoagtribe.net; Malonson, Ryan (IHS/NAS/WTG) <rmalonson@wampanoagtribe.net>; dsa@wampanoagtribe.net; Pocowatchit, Janelle (IHS/NAS/LLB) <Janelle@nativelifelines.org>; warreng@nativelifelines.org; Gonsalves, Rita (IHS/NAS/MSH) <Rita.Gonsalves@ihs.gov>; Avant, Edward (IHS/NAS/MSH) <Edward.Avant@ihs.gov>; Claymore, Vickie PhD (IHS/NAS/AO) <Vickie.Claymore@ihs.gov>; elizabeth@neptuneadvantage.com; rhalsey <rhalsey@naicob.org>; ifrye@mwtribe.com; chairwoman@wampanoagtribe.net; Lorraine.Reels@ihs.gov  
**Cc:** Farlow, Martha (EHS) <Martha.Farlow@mass.gov>  
**Subject:** Announcement: MassHealth 1115 Waiver Extension Proposal posted for public comment

Dear Tribal representatives:

On Wednesday, August 18, 2021, the Massachusetts Executive Office of Health and Human Services (EOHHS) announces its intent to submit a Request to Extend the MassHealth Section 1115 Demonstration to the Centers for Medicare and Medicaid Services (CMS). The Demonstration Extension Request outlines the specific authorities being requested from CMS to achieve progress towards the following goals:

1. Continue the path of restructuring and re-affirm accountable, value-based care – increasing expectations for how ACOs improve care and trend management, and refining the model.
2. Reform and invest in primary care, behavioral health and pediatric care that expands access and moves the delivery system away from siloed, fee-for-service health care.
3. Advance health equity, with a focus on initiatives addressing health-related social needs and specific disparities, including maternal health and health care for justice-involved individuals.
4. Sustainably support the Commonwealth's safety net, including level, predictable funding for safety net providers, with a continued linkage to accountable care.

5. Maintain near-universal coverage including updates to eligibility policies to support coverage and equity.

EOHHS will accept comments on the proposed 1115 Demonstration Extension through 5pm on September 20, 2021.

The proposed Extension; information on public listening sessions on September 9 and September 15; details on where to submit comments; and additional relevant information are available at: <https://www.mass.gov/info-details/1115-masshealth-demonstration-waiver-extension-request>

Best,

Alison

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