

Attachment F

Section 1115 SMI/SED Demonstration Implementation Plan

Overview: The implementation plan documents the state’s approach to implementing SMI/SED demonstrations. It also helps establish what information the state will report in its quarterly and annual monitoring reports. The implementation plan does not usurp or replace standard CMS approval processes, such as advance planning documents, verification plans, or state plan amendments.

This template only covers SMI/SED demonstrations. The template has three sections. Section 1 is the uniform title page. Section 2 contains implementation questions that states should answer. The questions are organized around six SMI/SED reporting topics:

1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings
2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care
3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services
4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration
5. Financing Plan
6. Health IT Plan

State may submit additional supporting documents in Section 3.

Implementation Plan Instructions: This implementation plan should contain information detailing state strategies for meeting the specific expectations for each of the milestones included in the State Medicaid Director Letter (SMDL) on “Opportunities to Design Innovative Service Delivery Systems for Adults with [SMI] or Children with [SED]” over the course of the demonstration. Specifically, this implementation plan should:

1. Include summaries of how the state already meets any expectation/specific activities related to each milestone and any actions needed to be completed by the state to meet all of the expectations for each milestone, including the persons or entities responsible for completing these actions; and
2. Describe the timelines and activities the state will undertake to achieve the milestones.

The tables below are intended to help states organize the information needed to demonstrate they are addressing the milestones described in the SMDL. States are encouraged to consider the evidence-based models of care and best practice activities described in the first part of the SMDL in developing their demonstrations.

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The state may not claim FFP for services provided to Medicaid beneficiaries residing in IMDs, including residential treatment facilities, until CMS has approved a state's implementation plan.

Memorandum of Understanding: The state Medicaid agency should enter into a Memorandum of Understanding (MOU) or another formal agreement with its State Mental Health Authority, if one does not already exist, to delineate how these agencies will work with together to design, deliver, and monitor services for beneficiaries with SMI or SED. This MOU should be included as an attachment to this Implementation Plan.

State Point of Contact: Please provide the contact information for the state's point of contact for the implementation plan.

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1. Title page for the state's SMI/SED demonstration or SMI/SED components of the broader demonstration

The state should complete this transmittal title page as a cover page when submitting its implementation plan.

State	<i>Massachusetts</i>
Demonstration name	<i>"MassHealth" (Project Number 11-W-00030/1)</i>
Approval date	<i>08/11/2022</i>
Approval period	<i>08/11/2022 – 12/31/2027</i>
Implementation date	<i>3/1/2023</i>

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2. Required implementation information, by SMI/SED milestone

Answer the following questions about implementation of the state's SMI/SED demonstration. States should respond to each prompt listed in the tables. Note any actions that involve coordination or input from other organizations (government or non-government entities). Place "NA" in the summary cell if a prompt does not pertain to the state's demonstration. Answers are meant to provide details beyond the information provided in the state's special terms and conditions. Answers should be concise, but provide enough information to fully answer the question.

This template only includes SMI/SED policies.

Prompts	Summary
SMI/SED. Topic 1. Milestone 1: Ensuring Quality of Care in Psychiatric Hospitals and Residential Settings	
<p><i>To ensure that beneficiaries receive high quality care in hospitals and residential settings, it is important to establish and maintain appropriate standards for these treatment settings through licensure and accreditation, monitoring and oversight processes, and program integrity requirements and processes. Individuals with SMI often have co-morbid physical health conditions and substance use disorders (SUDs) and should be screened and receive treatment for commonly co-occurring conditions particularly while residing in a treatment setting. Commonly co-occurring conditions can be very serious, including hypertension, diabetes, and substance use disorders, and can also interfere with effective treatment for their mental health condition. They should also be screened for suicidal risk.</i></p> <p><i>To meet this milestone, state Medicaid programs should take the following actions to ensure good quality of care in psychiatric hospitals and residential treatment settings.</i></p>	
Ensuring Quality of Care in Psychiatric Hospitals and Residential Treatment Settings	
1.a Assurance that participating hospitals and residential settings are licensed or otherwise authorized by the state primarily to provide mental health treatment; and that residential treatment facilities are accredited by a nationally recognized accreditation entity prior to participating in Medicaid	<p><i>Current Status:</i> All participating psychiatric hospitals must be licensed by the MA Department of Mental Health (DMH) and comply with DMH regulations for licensure (104 CMR 27: https://www.mass.gov/doc/104-cmr-27-licensing-and-operational-standards-for-mental-health-facilities/download). Hospitals must also be accredited by the Joint Commission or other nationally recognized accreditation agency approved by the Department utilizing the applicable standards as promulgated by said Joint Commission or agency.</p>
	<p><i>Future Status:</i> No changes are expected.</p>
	<p><i>Summary of Actions Needed:</i> None.</p>

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1.b Oversight process (including unannounced visits) to ensure participating hospital and residential settings meet state's licensing or certification and accreditation requirements	<p><i>Current Status:</i> DMH has established licensing requirements for psychiatric hospitals. The licensing division of DMH conducts in-person site visits every 2 years as a condition of licensure and conducts unannounced site visits at any time to ensure compliance with standards.</p> <p>In addition, all psychiatric inpatient hospitals participating in MassHealth must comply with the MassHealth regulations, including, but not limited to, MassHealth regulations at 130 CMR 425.000 (https://www.mass.gov/doc/psychiatric-inpatient-hospital-services-regulations-1/download) and 130 CMR 450.000: Administrative and Billing Regulations (https://www.mass.gov/doc/administrative-and-billing-regulations-for-all-masshealth-providers-0/download). MassHealth conducts unannounced site visits and requires regular reporting (such as adverse incident reporting), to ensure compliance with its regulations.</p> <p><i>Future Status:</i> No changes are expected.</p> <p><i>Summary of Actions Needed:</i> None.</p>
1.c Utilization review process to ensure beneficiaries have access to the appropriate levels and types of care and to provide oversight on lengths of stay	<p><i>Current Status:</i> MassHealth maintains admission and ongoing stay requirements for members through its regulations. MassHealth reviews medical records to evaluate compliance with these requirements, for example through site visits to providers. In addition, MassHealth's contracted health plans conduct utilization review (UR) and have standard processes in place to ensure that members are receiving medically necessary treatment. Timing of the UR varies across each health plan.</p> <p>Additionally, prior to inpatient admissions, members may receive services from the Emergency Services Program (ESP)/Mobile Crisis Intervention (MCI) providers, who provide crisis intervention, assessment, and treatment of members and assist members in accessing appropriate levels of care.</p> <p><i>Future Status:</i> No changes are expected.</p> <p><i>Summary of Actions Needed:</i> None.</p>
1.d Compliance with program integrity requirements and state compliance assurance process	<p><i>Current Status:</i> MassHealth and DMH regulations outline provider requirements which assist in assuring program integrity and quality compliance, including fraud detection and investigation, the prevention of improper payments, and provider participation. MassHealth and its contracted health plans also conduct record reviews to detect fraud, waste, and abuse.</p>

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	<i>Future Status:</i> No changes are expected.
	<i>Summary of Actions Needed:</i> None.
1.e State requirement that psychiatric hospitals and residential settings screen beneficiaries for co-morbid physical health conditions, SUDs, and suicidal ideation, and facilitate access to treatment for those conditions	<p><i>Current Status:</i> MassHealth members are screened for co-morbid conditions, Substance Use Disorders (SUDs), and suicidal ideation by the ESP/MCI providers prior to recommendation for placement in an inpatient psychiatric setting. Upon admission to an inpatient psychiatric setting, MassHealth regulations require that treatment plans be generated based on diagnostic evaluations. All DMH-licensed psychiatric hospitals are required to meet standard clinical competencies, such as screening for suicidal ideation, and treating psychiatric patients with co-occurring medical conditions and co-occurring SUD as well as facilitate access to treatment for those conditions.</p> <p><i>Future Status:</i> No changes are expected.</p> <p><i>Summary of Actions Needed:</i> None.</p>
1.f Other state requirements/policies to ensure good quality of care in inpatient and residential treatment settings.	<p><i>Current Status:</i> Massachusetts psychiatric hospitals participate in a quality incentive program, reporting results of select quality measures such as evidence of appropriate justification for multiple anti-psychotic medications at discharge, and submission of restraint and seclusion data. In addition, psychiatric hospitals are required to report adverse incidents.</p> <p><i>Future Status:</i> The state anticipates continuing the quality incentive program and reporting requirements. Performance metrics will incorporate appropriate discharge planning and community-based referrals post discharge.</p> <p><i>Summary of Actions Needed:</i> None.</p>
SMI/SED. Topic 2. Milestone 2: Improving Care Coordination and Transitioning to Community-Based Care	
<i>Understanding the services needed to transition to and be successful in community-based mental health care requires partnerships between hospitals, residential providers, and community-based care providers. To meet this milestone, state Medicaid programs, must focus on improving care coordination and transitions to community-based care by taking the following actions.</i>	
Improving Care Coordination and Transitions to Community-based Care	
2.a Actions to ensure psychiatric hospitals and residential settings carry out intensive pre-discharge planning, and include	<i>Current Status:</i> MassHealth requires all inpatient psychiatric hospitals to begin discharge planning on the day of admission, which includes coordination of care and triage support to community-based transitions. Massachusetts has a compliance process that includes site visits and documentation reviews. Psychiatric hospitals are also incentivized to complete timely and robust transition records under the quality incentive program for psychiatric hospitals, described

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community-based providers in care transitions.	above. Additionally, managed care entities are required to support member pre-discharge planning in collaboration with psychiatric hospitals and residential settings.
	<i>Future Status:</i> As Massachusetts introduces enhanced community-based services in January 2023, discharge planning expectations will reflect the requirements for hospitals and residential settings to be working closely with local Community Behavioral Health Centers.
	<i>Summary of Actions Needed:</i> Finalize referral reporting metrics in Q1 2023 to ensure our goals for future-state are met.
2.b Actions to ensure psychiatric hospitals and residential settings assess beneficiaries' housing situations and coordinate with housing services providers when needed and available.	<i>Current Status:</i> MassHealth issued guidance in September 2021 to Managed Care Entities, Acute Inpatient Hospitals, and Psychiatric Hospitals to clarify activities that need to be completed by MCEs and hospitals as part of discharge planning for inpatients who are experiencing or at risk of homelessness. This guidance requires that hospitals: assess the patients current housing situation within 24 hours of admission and commence working on discharge planning activities within 3 working days of admission. These discharge planning activities include communication with (as applicable) the MCE, local shelter, PCP, state human service agencies, family/friends, etc. and submitting applications (as applicable) for state housing and service programs. This guidance has been incorporated into relevant contracts with MCEs and hospitals. Working with the state housing agency that funds shelters and the state Interagency Council on Housing and Homelessness, MassHealth created a website that includes tools and resources for hospital discharge staff and for shelters. In addition, MassHealth and EOHHS staff provide ongoing technical assistance and training to individual hospitals as requested. Furthermore, pursuant to state licensing regulations, licensed behavioral health facilities are required to make efforts to avoid discharging individuals to a shelter or the street by identifying and offering alternative options, and documenting such measures. These facilities must also track all discharges to a shelter or the street and report to the licensing entity.
	<i>Future Status:</i> No changes are expected.
	<i>Summary of Actions Needed:</i> None.
2.c State requirement to ensure psychiatric hospitals and residential settings contact beneficiaries and community-based providers through most effective means possible, e.g.,	<i>Current Status:</i> Massachusetts does not currently have any requirements that psychiatric hospitals contact beneficiaries post discharge. The discharge planning process described in 2.a, which begins on the day of admission, is designed to transition care to community-based providers post-discharge, including care coordination or case management as needed by the individual.
	<i>Future Status:</i> Massachusetts is engaging with hospital providers and Managed Care Entities throughout Q1 and Q2 2023 to determine most effective means of patient follow up within 72 hours post discharge for all members, with a goal of implementing changes in the contract year 2024 managed care entity contracts and/or hospital contracts to

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email, text, or phone call within 72 hours post discharge	<p>require follow up activities. Effective early 2023, Massachusetts is implementing additional expectations for hospitals to communicate with Community Behavioral Health Centers (CBHCs) via agreed upon workflows and data exchange processes to support warm hand off post discharge.</p> <p><i>Summary of Actions Needed: Engage with MCE and hospitals to determine most effective means of follow-up.</i> Development and compliance oversight of discharge information in agreed upon workflows and data exchanges will be outlined and subsequently monitored.</p>
2.d Strategies to prevent or decrease lengths of stay in EDs among beneficiaries with SMI or SED prior to admission	<p><i>Current Status:</i> In 2018, Massachusetts implemented the Expedited Psychiatric Inpatient Admission (EPIA) Policy. EPIA is a process by which the emergency department (ED) or ESP/MCI staff, MCEs, and psychiatric hospitals work together to place individuals who need inpatient level of care as quickly as possible. If placement has not been identified in a timely manner, a set of escalation steps are followed until admission to an appropriate level of care. Escalation steps include DMH intervention and assistance in finding appropriate placement.</p> <p>Massachusetts is in the process of procuring a vendor to build an online platform to facilitate transparent and expedient hospital admissions in two phases. Phase one (2023) will include technology enhanced clinical data exchange to better facilitate clinical review for inpatient psychiatric admissions. Phase two will be further outlined in 2023, to support ongoing process efficiency.</p> <p>Massachusetts is also working with the ESP/MCI teams and EDs to encourage diversion to community-based services, when appropriate, instead of inpatient admission.</p> <p>Massachusetts is working with providers to expand specialized psychiatric inpatient bed capacity for populations shown to have greater average lengths of stay in ED settings while awaiting psychiatric inpatient placements (such as individuals with Autism Spectrum Disorder, children, geriatric patients, individuals with SMI/SED, and individuals experiencing homelessness) due to the need for specialized services to address complex needs.</p> <p><i>Future Status:</i> Massachusetts intends to continue to work closely to assess the current lengths of stays in EDs and divert members into appropriate community-based services. Effective early 2023, Massachusetts will implement a network of CBHCs that will expand urgent outpatient mental health and addiction treatment as well as enhance access to community-based crisis intervention services utilizing the new federal option, as described in State Health Official Letter #21-008. Introduction of the above-described technology-enabled platform connecting EDs to inpatient facilities for more efficient clinical data exchange, is anticipated to occur in 2023. MassHealth is also implementing rate</p>

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	<p>enhancements for inpatient episodes, including for individuals with complex needs, to support services that address the needs of key populations who are shown to have longer wait times in ED settings.</p> <p><i>Summary of Actions Needed:</i> Massachusetts will implement changes to the crisis and outpatient systems, including implementation of CBHCs which are hubs for integrated outpatient, urgent, and crisis behavioral health care. Massachusetts will implement and monitor effectiveness of the technology enabled platform as described above.</p>
2.e Other State requirements/policies to improve care coordination and connections to community-based care	<p><i>Current Status:</i> MassHealth has implemented Behavioral Health Community Partners (CPs), community-based entities that work with the MassHealth Accountable Care Organizations (ACOs) and Managed Care Organizations (MCOs) to provide care management and coordination to certain members with significant behavioral health needs, including SMI and SUD. Youth with SED are eligible for Intensive Care Coordination through the Children’s Behavioral Health Initiative.</p> <p><i>Future Status:</i> As part of Massachusetts’ work to improve the behavioral health crisis and outpatient systems mentioned in 2.d., Massachusetts is introducing new CBHCs that may serve as the behavioral health care coordination entity for certain members, which will also include coordination with medical providers. CBHCs will include peers, recovery coaches, and other supportive professionals to improve care coordination and connections to community-based care.</p> <p><i>Summary of Actions Needed:</i> MassHealth will implement changes to the crisis and outpatient systems as described above to provide additional support to beneficiaries in the community.</p>
SMI/SED. Topic 3. Milestone 3: Increasing Access to Continuum of Care, Including Crisis Stabilization Services	
<p><i>Adults with SMI and children with SED need access to a continuum of care as these conditions are often episodic and the severity of symptoms can vary over time. Increased availability of crisis stabilization programs can help to divert Medicaid beneficiaries from unnecessary visits to EDs and admissions to inpatient facilities as well as criminal justice involvement. On-going treatment in outpatient settings can help address less acute symptoms and help beneficiaries with SMI or SED thrive in their communities. Strategies are also needed to help connect individuals who need inpatient or residential treatment with that level of care as soon as possible. To meet this milestone, state Medicaid programs should focus on improving access to a continuum of care by taking the following actions.</i></p>	
Access to Continuum of Care Including Crisis Stabilization	
3.a The state’s strategy to conduct annual assessments of the availability of mental health providers including psychiatrists,	<p><i>Current Status:</i> Massachusetts completed the initial assessment as part of the SMI-SED Demonstration Amendment Request.</p>

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Medicaid Section 1115 SMI/SED Demonstration Implementation Plan
Massachusetts SMI/SED 1115 Demonstration Amendment
Demonstration Approval Date: 08/11/2022
Submitted on: 11/09/2022

Prompts	Summary
other practitioners, outpatient, community mental health centers, intensive outpatient/partial hospitalization, residential, inpatient, crisis stabilization services, and FQHCs offering mental health services across the state, updating the initial assessment of the availability of mental health services submitted with the state's demonstration application. The content of annual assessments should be reported in the state's annual demonstration monitoring reports. These reports should include which providers have waitlists and what are average wait times to get an appointment	<i>Future Status:</i> Massachusetts will complete the required annual assessment.
	<i>Summary of Actions Needed:</i> Massachusetts will continue to complete the annual assessment and use results to monitor provider availability on an annual basis.
3.b Financing plan	<i>Current Status:</i> See Topic 5 for additional information on the state's financing plan.
	<i>Future Status:</i> See Topic 5 for additional information on the state's financing plan.
	<i>Summary of Actions Needed:</i> See Topic 5 for additional information on the state's financing plan.
3.c Strategies to improve state tracking of availability of	<i>Current Status:</i> The state contracts for the operation of a Massachusetts Behavioral Health Access (MABHA) website. The MABHA website captures provider availability, including inpatient and crisis stabilization beds.

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inpatient and crisis stabilization beds	<p><i>Future Status:</i> As described in 2.d. above, Massachusetts is in the process of procuring a technology solution, which will be implemented in two phases. Phase two will allow for automated updating of certain provider availability, such as 24-hour levels of care and to incorporate the capacity to conduct real-time bed-finding from a centralized perspective.</p> <p><i>Summary of Actions Needed:</i> Procurement expected to be complete in late 2022. Vendor contracting and implementation activities to begin early 2023 for phase one, and phase two will be further outlined in 2023.</p>
3.d State requirement that providers use a widely recognized, publicly available patient assessment tool to determine appropriate level of care and length of stay	<p><i>Current Status:</i> MassHealth providers conduct clinical assessments using nationally recognized criteria sets, including ASAM and CANS for children, and standardized assessment tools for adults such as ASAM, PHQ-9, GAD-7, and Columbia Suicide Severity Rating Scale.</p> <p><i>Future Status:</i> No changes are expected.</p> <p><i>Summary of Actions Needed:</i> None.</p>
3.e Other state requirements/policies to improve access to a full continuum of care including crisis stabilization	<p><i>Current Status:</i> Massachusetts currently has a full continuum of behavioral health services including community crisis stabilization services for covered individuals 18+ and specialized services for youth under the age of 21 through the Children’s Behavioral Health Initiative and designated crisis response teams through the ESP/MCI providers.</p> <p><i>Future Status:</i> Massachusetts is implementing a system-wide strategy to increase access to treatment across the continuum, which includes promoting integration of behavioral and physical health, mental health and addiction treatment, as well as increasing the capacity for crisis intervention across all levels of care. Included in this expansion is the addition of new youth community crisis stabilization (YCCS) units.</p> <p><i>Summary of Actions Needed:</i> New CBHCs and YCCS will be implemented in early 2023.</p>
SMI/SED. Topic_4. Milestone 4: Earlier Identification and Engagement in Treatment, Including Through Increased Integration	
<i>Critical strategies for improving care for individuals with SMI or SED include earlier identification of serious mental health conditions and focused efforts to engage individuals with these conditions in treatment sooner. To meet this milestone, state Medicaid programs must focus on improving mental health care by taking the following actions.</i>	
Earlier Identification and Engagement in Treatment	

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4.a Strategies for identifying and engaging beneficiaries with or at risk of SMI or SED in treatment sooner, e.g., with supported education and employment	<i>Current Status:</i> MassHealth MCEs conduct health needs assessments to identify members with resource gaps, inclusive of education and employment, and who may have emerging risks and need additional supports. MassHealth also recently introduced a preventive behavioral health service for members under age 21. MassHealth has developed a phased implementation plan for primary care integration. In Phase 1, MassHealth has instructed managed care plans to pay for certain behavioral health integration services not previously reimbursed in the primary care setting at designated rates. Phase 2 is described below.
	<i>Future Status:</i> Massachusetts has developed a system-wide strategy to improve the behavioral health continuum of care, including integrating behavioral health into primary care via a tiered sub-capitation payment model to be implemented in spring 2023. The tiers will be determined by the degree of BH integration, among other standards, and each tier will have a higher per-member per-month rate. As part of this integration, individuals with SED/SMI may be identified earlier and connected into services in collaboration with their primary care provider. Additionally, primary care integration and the implementation of Community Behavioral Health Centers will offer referral and care coordination for SED/SMI individuals to ensure connection to appropriate services, including supported education, supported employment and referral to services within the Department of Mental Health as appropriate.
	<i>Summary of Actions Needed:</i> In Phase 2 of the implementation plan for primary care integration, the state will implement the primary care sub-capitation model as described above to further support integration. Additionally, MassHealth will expand access to community-based outpatient treatment through CBHCs, including for those members at risk for SMI/SED, effective early 2023.
4.b Plan for increasing integration of behavioral health care in non-specialty settings to improve early identification of SED/SMI and linkages to treatment	<i>Current Status:</i> See section 4.a.
	<i>Future Status:</i> See Section 4.a.
	<i>Summary of Actions Needed:</i> See Section 4.a.
4.c Establishment of specialized settings and services, including crisis stabilization, for young people experiencing SED/SMI	<i>Current Status:</i> MassHealth offers a robust array of children’s behavioral health services for youth ages 0-20. This includes required BH screening at well child visits, preventive behavioral health services, traditional outpatient BH services, Mobile Crisis Intervention, In-home Therapy, Therapeutic Mentoring, In-home Behavioral Services, Family Partner Services and Intensive Care Coordination (ICC), using high fidelity, wrap-around care approach for youth with SED. 24-hour levels of treatment are also available to youth in the community through Community Based Acute Treatment (CBAT).

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	<p><i>Future Status:</i> The new CBHCs will offer services specifically for youth with clinicians trained to work with youth and using youth-specific evidence-based practices, as well as family-support professionals. These services will include access to urgent care, crisis evaluation, intervention and Youth Community Crisis Stabilization services, as well as ongoing treatment services to complement the existing continuum of care. These centers are anticipated to support enhanced behavioral health integration into pediatric primary care through increased medical screening capacity and coordination with primary care providers.</p> <p><i>Summary of Actions Needed:</i> MassHealth will implement changes to the crisis and outpatient systems, via regulation and MCE contracts, to provide additional support to beneficiaries in the community, effective early 2023.</p>
4.d Other state strategies to increase earlier identification/engagement, integration, and specialized programs for young people	<p><i>Current Status:</i> MassHealth has a robust BH screening program for youth, with a designated set of standardized BH screening tools and required BH screening of all members, 0-20, at well child visits for early identification of youth who may need BH support. MassHealth also provides preventive behavioral health services to members under the age of 21.</p>
	<p><i>Future Status:</i> No changes are expected.</p>
	<p><i>Summary of Actions Needed:</i> None.</p>
SMI/SED.Topic 5. Financing Plan	
<p><i>State Medicaid programs should detail plans to support improved availability of non-hospital, non-residential mental health services including crisis stabilization and on-going community-based care. The financing plan should describe state efforts to increase access to community-based mental health providers for Medicaid beneficiaries throughout the state, including through changes to reimbursement and financing policies that address gaps in access to community-based providers identified in the state's assessment of current availability of mental health services included in the state's application.</i></p>	
F.a Increase availability of non-hospital, non-residential crisis stabilization services, including services made available through crisis call centers, mobile crisis units, observation/assessment centers, with a coordinated community crisis response that	<p><i>Current Status:</i> MassHealth has a state-wide network of ESP/MCI services to provide crisis stabilization and intervention services on a 24-7-365 basis. MassHealth also has a state-wide network of community crisis stabilization service providers, providing 24-hour crisis stabilization services to members ages 18 and older.</p>

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involves collaboration with trained law enforcement and other first responders.	
	<p><i>Future Status:</i> As described above, Massachusetts is implementing a system-wide strategy in early 2023 to improve the behavioral health continuum of care, including the development of new CBHCs that will provide urgent behavioral health services as well as enhanced crisis intervention and stabilization services. Crisis service providers will provide services 24/7 to maximize diversion from inpatient settings, where clinically appropriate, and will provide crisis stabilization services for both youth and adults, with clinical staffing capable of addressing both mental health and SUD. Massachusetts is also implementing a 24-7 Behavioral Health Help Line in early 2023, which will offer real-time clinical triage and service navigation to help individuals and families access the range of treatment for mental health and addiction offered in the Commonwealth, including outpatient, urgent and immediate crisis intervention.</p> <p>Massachusetts has committed to significant investments in the behavioral health system through rate increases and additional investments in the new CBHCs and 24-7 Behavioral Health Helpline. To increase available financing options, MassHealth will draw on funding available through the American Rescue Plan Act of 2021 (ARPA) for an 85 percent enhanced federal matching rate for qualifying mobile crisis services for three years of state coverage. Massachusetts will begin claiming the enhanced FMAP in early 2023 with the implementation of the enhanced crisis intervention and stabilization services and use the additional FMAP to fund crisis intervention services. Massachusetts also has an approved Advance Planning Document that provides enhanced federal funding for certain components of the Behavioral Health Help Line.</p>
	<p><i>Summary of Actions Needed:</i></p> <p>MassHealth will implement provider rate increases through regulations and accompanying state plan amendments and will add a CBHCs as a new provider type to deliver an array of behavioral health services, including urgent and enhanced crisis intervention and stabilization services. MassHealth will begin claiming enhanced FMAP on its mobile crisis intervention services in early 2023.</p>
F.b Increase availability of on-going community-based services, e.g., outpatient, community	<p><i>Current Status:</i> As discussed in responses to Topic 1-4 above, as part of the development of system-wide strategies to improve the behavioral health continuum of care, there are significant ongoing efforts to assess community needs and increase the availability of on-going community-based services.</p>

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mental health centers, partial hospitalization/day treatment, assertive community treatment, and services in integrated care settings such as the Certified Community Behavioral Health Clinic model.	<p><i>Future Status:</i> As described above, Massachusetts is implementing the system-wide strategy to improve the behavioral health continuum of care to deliver high-quality community-based behavioral health services on an urgent and ongoing basis. MassHealth will implement a new payment model for CBHCs to support flexible, person-centered treatment, including enhanced, encounter and bundled payment models. In addition to investment in the implementation of CBHCs and enhanced crisis intervention and stabilization services, MassHealth has committed significant resources to enhancing access to community-based services through rate increases for a broad range of behavioral health services, and the expansion of coverage of Community Support Program services, PACT services, and for services provided by solo practitioner psychologists and licensed independent clinical social workers to fee-for-service members. Additionally, MassHealth is implementing enhanced rates for services provided by mental health centers designated as behavioral health urgent care providers.</p> <p><i>Summary of Actions Needed:</i> Massachusetts is implementing the system-wide improvements and investments to the behavioral health continuum of care through contract actions and regulatory actions, anticipated to be effective in Q1 of calendar year 2023.</p>
SMI/SED. Topic 6. Health IT Plan	
<p><i>As outlined in State Medicaid Director Letter (SMDL) #18-011, “[s]tates seeking approval of an SMI/SED demonstration ... will be expected to submit a Health IT Plan (“HIT Plan”) that describes the state’s ability to leverage health IT, advance health information exchange(s), and ensure health IT interoperability in support of the demonstration’s goals.”¹ The HIT Plan should also describe, among other items, the:</i></p> <ul style="list-style-type: none"> <i>• Role of providers in cultivating referral networks and engaging with patients, families and caregivers as early as possible in treatment; and</i> <i>• Coordination of services among treatment team members, clinical supervision, medication and medication management, psychotherapy, case management, coordination with primary care, family/caregiver support and education, and supported employment and supported education.</i> <p><i>Please complete all Statements of Assurance below—and the sections of the Health IT Planning Template that are relevant to your state’s demonstration proposal.</i></p>	
Statements of Assurance	

¹ See SMDL #18-011, “Opportunities to Design Innovative Service Delivery Systems for Adults with a Serious Mental Illness or Children with a Serious Emotional Disturbance.” Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd18011.pdf>.

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Statement 1: Please provide an assurance that the state has a sufficient health IT infrastructure/ecosystem at every appropriate level (i.e. state, delivery system, health plan/MCO and individual provider) to achieve the goals of the demonstration. If this is not yet the case, please describe how this will be achieved and over what time period	The Commonwealth of Massachusetts has robust adoption of Health Information Technology by health plans and providers. The state operates a statewide electronic health information exchange (HIE), called the Mass HIway, through the Direct Standard. HIway Direct Messaging allows providers to securely communicate with messages to one another regardless of technology. All Massachusetts acute care hospitals, CHCs, and large provider organizations are able to use Direct Messaging and have access to the Mass HIway for sending and receiving messages, including for public health reporting such as Syndromic Surveillance and Electronic Lab Reporting. The HIway provides technical assistance to providers to adopt HIway Direct Messaging. The Mass HIway includes Direct Message webmail capability allowing for smaller providers to have access to secure messaging regardless of their implemented EHRs. Health plans support the Commonwealth's efforts by having policies and procedures in place aimed at increasing their capabilities to share information among providers, by facilitating sharing between enrollees and providers, and by increasing the connection rates of their network providers to the Mass HIway.
Statement 2: Please confirm that your state's SUD Health IT Plan is aligned with the state's broader State Medicaid Health IT Plan and, if applicable, the state's Behavioral Health IT Plan. If this is not yet the case, please describe how this will be achieved and over what time period.	The Commonwealth of Massachusetts submitted a SUD Health IT plan in October 2022 that is in alignment with the State Medicaid Health IT Plan.
Statement 3: Please confirm that the state intends to assess the applicability of standards referenced in the <u>Interoperability Standards Advisory (ISA)</u> ² and 45 CFR 170 Subpart B and,	<p>MassHealth intends to assess and align with the ISA and 45 CFR 170 Subpart B. MassHealth recognizes and supports the need for a standards-based approach to interoperability.</p> <p>Currently, MassHealth, like all other required CMS-regulated payers, is embarking on the path toward developing and implementing FHIR APIs pursuant to the recent Interoperability and Patient Access Final Rule (CMS-9115-F). Mass</p>

² Available at <https://www.healthit.gov/isa/>.

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based on that assessment, intends to include them as appropriate in subsequent iterations of the state's Medicaid Managed Care contracts. The ISA outlines relevant standards including but not limited to the following areas: referrals, care plans, consent, privacy and security, data transport and encryption, notification, analytics and identity management.	<p>HIway uses the Orion Healthcare's Communicate platform for Direct Messaging implemented in accordance with federal standards like 45 CFR 170.202.</p> <p>MassHealth's managed care contracts (including MCOs and ACOs) require contractors to establish and implement policies and procedures to increase the contractor's capabilities to share information among providers involved in enrollees' care, including increasing connection rates of network providers to the Mass HIway, adopting and integrating interoperable certified Electronic Health Records (EHR) technologies (such as those certified by the Office of the National Coordinator (ONC)), enhancing interoperability, and increasing the use of real time notification of events in care (such as but not limited to admission of an enrollee to an emergency room or other care delivery setting).</p>
<p><i>To assist states in their health IT efforts, CMS released <u>SMDL #16-003</u> which outlines enhanced federal funding opportunities available to states "for state expenditures on activities to promote health information exchange (HIE) and encourage the adoption of certified Electronic Health Record (EHR) technology by certain Medicaid providers." For more on the availability of this "HITECH funding," please contact your CMS Regional Operations Group contact.</i>³</p> <p><i>Enhanced administrative match may also be available under MITA 3.0 to help states establish crisis call centers to connect beneficiaries with mental health treatment and to develop technologies to link mobile crisis units to beneficiaries coping with serious mental health conditions. States may also coordinate access to outreach, referral, and assessment services—for behavioral health care--through an established "No Wrong Door System."</i>⁴</p>	
Closed Loop Referrals and e-Referrals (Section 1)	
1.1 Closed loop referrals and e-referrals from physician/mental health provider to physician/mental health provider	<p><i>Current State:</i> The Mass HIway does not maintain a central data repository; in its federated model, the provider organizations retain ownership of the data and exchange electronic health information point-to-point. For this reason, MassHealth and the Mass HIway do not have the ability to determine which messages exchanged between providers are for any specific use case, such as referrals. Data from 2019 indicates that approximately 27% of behavioral health providers have acquired EHR systems; and current data show that 73 behavioral health organizations are connected to</p>

³ See SMDL #16-003, "Availability of HITECH Administrative Matching Funds to Help Professionals and Hospitals Eligible for Medicaid EHR Incentive Payments Connect to Other Medicaid Providers." Available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd16003.pdf>.

⁴ Guidance for Administrative Claiming through the "No Wrong Door System" is available at <https://www.medicaid.gov/medicaid/finance/admin-claiming/no-wrong-door/index.html>.

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	<p>the Mass HIway for electronic health exchange, either with a Mass HIway connection or through another HISP. Currently 49% of those behavioral health organizations are actively exchanging messages with other organizations and most report that their primary usage is for care coordination. Some of those behavioral health organizations have notified the Mass HIway when they have implemented specific use cases, including implementing closed-loop referrals.</p> <p><i>Future State:</i> MassHealth and the Mass HIway continue to encourage the expanded use of point-to-point communications like HIway Direct Messaging and other methods of health information exchange. For behavioral health providers, closed-loop referrals is a key use case.</p> <p><i>Summary of Actions Needed:</i> HIway communications to providers will include items focused on behavioral health providers and how to arrange support for implementing closed-loop referrals, such as the availability of HIT programs and opportunities for the BH provider community.</p>
1.2 Closed loop referrals and e-referrals from institution/hospital/clinic to physician/mental health provider	<i>Current State:</i> Please see the response to 1.1, above.
	<i>Future State:</i> See above.
	<i>Summary of Actions Needed:</i> See above.
1.3 Closed loop referrals and e-referrals from physician/mental health provider to community based supports	<i>Current State:</i> Please see the response to 1.1, above.
	<i>Future State:</i> See above.
	<i>Summary of Actions Needed:</i> See above.
Electronic Care Plans and Medical Records (Section 2)	
2.1 The state and its providers can create and use an electronic care plan	<p><i>Current State:</i> The MCOs, ACOs and providers are able to create and use electronic health records (EHR), which include members' electronic care plans (e-care plans). While the use of EHRs is not mandated, the MCOs and ACOs have established and implemented policies and procedures to increase their capabilities to share information among providers involved in members' care, including adopting and integrating interoperable certified EHR technologies and increasing the use of real time notification of events in care.</p> <p><i>Future State:</i> MassHealth and the Mass HIway are developing a plan to encourage the expanded use of HIway Direct Messaging and other methods of health information exchange. For behavioral health providers, the exchange of e-care plans is a key use case.</p>

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Prompts	Summary
	<i>Summary of Actions Needed:</i> MassHealth and the Mass HIway will develop communication and training materials focused on technology solutions for behavioral health providers and what resources are available to support the agencies.
2.2 E-plans of care are interoperable and accessible by all relevant members of the care team, including mental health providers	<i>Current State:</i> E-care plans are part of the member's health record, and providers are expanding their use of EHR systems. E-care plans can be shared via HIway Direct Messaging and other point-to-point forms of exchange, such as Secure File Transfer Protocols (SFTP).
	<i>Future State:</i> MassHealth and the Mass HIway are developing a plan to encourage the expanded use of HIway Direct Messaging and other methods of health information exchange. For behavioral health providers, the exchange of e-care plans is a key use case.
	<i>Summary of Actions Needed:</i> MassHealth and the Mass HIway communications will explore including items focused on behavioral health providers and how to arrange support.
2.3 Medical records transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	<i>Current State:</i> The Commonwealth is working with providers as they are expanding their use of EHR systems. The MA HIway Direct Messaging and other point-to-point forms of exchange, such as SFTP are options for providers to exchange digital medical records during transition. The typical approach is for providers to attach PDF versions of medical records to messages for point-to-point communication.
	<i>Future State:</i> MassHealth and the Mass HIway are developing a plan to encourage the expanded use of HIway Direct Messaging and other methods of health information exchange.
	<i>Summary of Actions Needed:</i> HIway communications to providers will include items focused on youth-oriented providers and how to arrange support. This effort focuses on ensuring that the providers' EHR workflow produces meaningful transfer of digital clinical information.
2.4 Electronic care plans transition from youth-oriented systems of care to the adult behavioral health system through electronic communications	<i>Current State:</i> See response to 2.3, above.
	<i>Future State:</i> See above.
	<i>Summary of Actions Needed:</i> See above.
2.5 Transitions of care and other community supports are accessed and supported through electronic communications	<i>Current State:</i> The Mass HIway's Direct Messaging system includes webmail capability allowing easy provider adoption for secured electronic transactions of transitions of care documents. The Mass HIway has developed a Statewide ENS Framework through a certification of existing ENS vendors to increase access to ENS through universal access to ADTs

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	<p><i>Future State:</i> The Mass HIway is enhancing the Statewide ENS Framework towards improving provider experience, and improving notification timing. The Mass HIway will review policy and technical capabilities to determine the feasibility of extending access to community supports.</p> <p><i>Summary of Actions Needed:</i> In early 2023, the Mass HIway and MeHI will begin conducting an environmental scan for SDOH technology to assess existing technology and determine gaps. The environmental scan will build off prior work identifying other states' initiatives around SDOH. Upon completion of the scan, the Mass HIway will determine whether there is an opportunity to either create a centralized service or a framework of vendors to provide that service statewide.</p>
Consent - E-Consent (42 CFR Part 2/HIPAA) (Section 3)	
3.1 Individual consent is electronically captured and accessible to patients and all members of the care team, as applicable, to ensure seamless sharing of sensitive health care information to all relevant parties consistent with applicable law and regulations (e.g., HIPAA, 42 CFR part 2 and state laws)	<p><i>Current State:</i> The Mass HIway does not maintain a central data repository; in its federated model, the provider organizations retain ownership of the data and exchange electronic health information point-to-point. As described in the Mass HIway Regulations, 101 CMR 20.07(1), for HIway Direct Messaging: "Mass HIway users may transmit information via HIway Direct Messaging provided that all such transmissions shall be in compliance with applicable federal and state privacy laws and implementing regulations. [Provider organizations] may implement local opt-in and/or opt-out process that applies to the use of HIway Direct Messaging by their organization, but are not required to do so."</p>
	<i>Future State:</i> No changes are expected.
	<i>Summary of Actions Needed:</i> None.
Interoperability in Assessment Data (Section 4)	
4.1 Intake, assessment and screening tools are part of a structured data capture process so that this information is interoperable with the rest of the HIT ecosystem	<p><i>Current State:</i> MassHealth has a number of assessment platforms accessible to providers including Child and Adolescent Needs and Strengths Assessment (CANS). While MassHealth does not host a Clinical Data Repository on the MA HIway, MassHealth has an IT infrastructure that supports both centralized and federated collection of assessment data.</p>
	<p><i>Future State:</i> MassHealth will explore opportunities to develop the capabilities to create interoperable assessment data services. By leveraging the ONC standards work and ongoing industry development the Commonwealth seeks to build a flexible HIT ecosystem.</p>
	<p><i>Summary of Actions Needed:</i> MassHealth will continue to explore opportunities to foster interoperable data sharing between platforms and providers.</p>
Electronic Office Visits – Telehealth (Section 5)	

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Prompts	Summary
5.1 Telehealth technologies support collaborative care by facilitating broader availability of integrated mental health care and primary care	<p><i>Current State:</i> Telehealth has been allowed as a modality of service for behavioral health providers since January 2019. In March 2020, in response to the COVID pandemic, MassHealth broadly expanded its telehealth policy to allow delivery of both medical and behavioral health services through telehealth modalities. In addition to a modality of service, telehealth technologies are utilized for consultative services, including for connecting primary care to child psychiatry (MCPAP), connecting clinicians to support for treating chronic pain and substance use disorders (MCSTAP), and for connecting crisis teams to expert consultation for treating individuals with Autism Spectrum Disorder or other intellectual or developmental disabilities (MCPAP for ASD/IDD) through state-funded programs.</p> <p><i>Future State:</i> MassHealth intends to promote the permitted uses of telehealth technologies to improve statewide mental health and primary care access, as well as access to specialty services.</p> <p><i>Summary of Actions Needed:</i> Massachusetts is actively developing a post-pandemic telehealth policy, aiming to incentivize high quality service delivery in an equitable manner that enhances patient and provider experience. Clinical and program teams are evaluating both the Commonwealth's experience as well as national experience with telehealth before and during the pandemic to inform development of future state policy.</p>
Alerting/Analytics (Section 6)	
6.1 The state can identify patients that are at risk for discontinuing engagement in their treatment, or have stopped engagement in their treatment, and can notify their care teams in order to ensure treatment continues or resumes (Note: research shows that 50% of patients stop engaging after 6 months of treatment ⁵)	<p><i>Current State:</i> MassHealth recognizes that patients with high-risk behavioral health conditions, particularly for those with SUD diagnoses, are at risk for disengaging from treatment. The Behavioral Health Community Partners (BHCPs), supporting members enrolled in MCOs and ACOs, are responsible for tracking and engaging with members with high BH needs to ensure initiation and continued engagement with care, providing personal contacts and helping to overcome barriers to attending appointments. Additionally, MassHealth has recently implemented enhanced reporting requirements on ACOs and MCOs to ensure that members with high BH needs, whether they are enrolled with a BHCP or not, are engaged in appropriate treatment. Separately, the ACO and MCO measure slate collects and analyzes data related to initiation and engagement in SUD treatment, incentivizing ACOs and MCOs to ensure that members remain engaged in care.</p> <p><i>Future State:</i> The ACOs and MCOs will identify members who have challenges in attending appointments and look to adjust their processes to improve engagement of care teams with members and ensure treatment continues.</p> <p><i>Summary of Actions Needed:</i> ACOs and MCOs will collect and analyze their high-risk member data, to be shared with MassHealth. Results of that analysis will inform future processes.</p>

⁵ Interdepartmental Serious Mental Illness Coordinating Committee. (2017). *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/ismicc_2017_report_to_congress.pdf

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Prompts	Summary
6.2 Health IT is being used to advance the care coordination workflow for patients experiencing their first episode of psychosis	<i>Current State:</i> Many of Massachusetts' acute hospital EDs participate in an electronic notification system that can be utilized to share data on individuals presenting at an ED for BH treatment, however these are not specific to first episode psychosis.
	<i>Future State:</i> Massachusetts will require CBHCs to have referral and collaboration protocols with first episode psychosis programs, though these are not required to have HIT connectivity. Massachusetts intends to further examine baseline expectations for providers and populations requiring extra support, as well as accountability, financing and future modifications to existing care coordination programs, including how the use of Health IT can advance such efforts.
	<i>Summary of Actions Needed:</i> Further define policies in consultation with stakeholders.
Identity Management (Section 7)	
7.1 As appropriate and needed, the care team has the ability to tag or link a child's electronic medical records with their respective parent/caretaker medical records	<i>Current State:</i> Ability to link parent-child relations is a feature of some certified EHRs, however, this is not a feature of the MA HIway or broadly implemented in the Massachusetts health system.
	<i>Future State:</i> MassHealth understands there is interest in linking parent and child medical records, including the proposed rules developed under the Office of Civil Rights Request for Information, and will ensure compliance with any federal requirements that may be issued on this topic.
	<i>Summary of Actions Needed:</i> Future actions to be determined pursuant to finalized federal requirements, if any, and in conjunction with provider partners and stakeholders.
7.2 Electronic medical records capture all episodes of care, and are linked to the correct patient	<i>Current State:</i> The Mass HIway does not maintain a central data repository; in its federated model, the provider organizations retain ownership of the data and exchange electronic health information point-to-point. Each provider organization with an EHR system has the ability to capture all episodes of care, and it is a primary function of the EHR system to perform appropriate patient matching so that all episodes of care are linked to the correct patient. The patient matching function is expected to be performed at each provider organization involved in electronic health information exchange, whether using the Mass HIway or another method of point-to-point exchange.
	<i>Future State:</i> No changes are expected.
	<i>Summary of Actions Needed:</i> None.

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Section 3: Relevant documents

Please provide any additional documentation or information that the state deems relevant to successful execution of the implementation plan. This information is not meant as a substitute for the information provided in response to the prompts outlined in Section 2. Instead, material submitted as attachments should support those responses.

1. Roadmap for Behavioral Health Reform:
<https://www.mass.gov/service-details/roadmap-for-behavioral-health-reform>
2. Mass HIWay Services, Resources and Regulations:
<https://www.masshiway.net/>