

Title page for the Commonwealth's Health-Related Social Needs Implementation Plan

State	Massachusetts
Demonstration Name	"MassHealth" Medicaid and Children's Health Insurance Program (CHIP) Section 1115(a) Demonstration Project Numbers 11-W-0030/1 and 21-00071/1
Approval Date	September 28, 2022
Approval Period	October 1, 2022 – December 31, 2027
Implementation Date	October 1, 2022

Table of Contents

Title page for the Commonwealth’s Health-Related Social Needs Implementation Plan	1
Section 1. Introduction	5
Section 2. Identifying Members with HRSN and Determining Eligibility	6
A. Screening and Identification of Members for HRSN Services	6
1. Specialized CSP (April 1, 2023 – December 31, 2024).....	6
2. Flexible Services (April 1, 2023 – December 31, 2024).....	7
3. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	7
4. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)	8
B. Determination of Beneficiary Eligibility.....	9
1. Specialized CSP (April 1, 2023 – December 31, 2024).....	9
2. Flexible Services (April 1, 2023 – December 31, 2024).....	9
3. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	9
4. HRSN Housing, Nutrition, Temporary Housing Assistance, Medical Respite, and Justice Involved (Effective January 1, 2025)	10
Section 3. Assessment, Service Planning, and Cultural Competence.....	10
A. Process for Developing Care Plans based on Assessment of Need.....	10
1. Specialized CSP (April 1, 2023 – December 31, 2024).....	10
2. Flexible Services (April 1, 2023 – December 31, 2024).....	10
3. Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	10
4. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (January 1, 2025)	11
Section 4. Referrals to Services.....	11
A. Specialized CSP (April 1, 2023 – December 31, 2024).....	11
B. Flexible Services (April 1, 2023 – December 31, 2024).....	12
C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	12
D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	12
Section 5. Technical Assistance, Quality Improvement, and Sustainability Planning	13
A. Specialized CSP (April 1, 2023 – December 31, 2024).....	13
B. Flexible Services (April 1, 2023 – December 31, 2024).....	13

C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	13
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	14
Section 6. Data Sharing.....		15
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	15
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	15
C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	16
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	16
Section 7. Partnerships.....		16
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	16
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	17
C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	18
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	18
Section 8. Information Technology Infrastructure.....		18
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	18
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	19
C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	19
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	20
Section 9. Implementation Timeline.....		20
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	20
1.	Fee-for-Service Implementation.....	20
2.	Managed Care Implementation.....	20
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	21
C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	21
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	21
Section 10. Maintenance of Effort.....		22
Section 11. Payment for HRSN Services.....		22
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	22
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	23

C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	23
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	23
1.	Specialized CSP.....	23
2.	Flexible Services Housing and Nutrition	23
3.	HRSN Temporary Housing Assistance.....	24
4.	HRSN Medical Respite	24
Section 12. Alignment with Other State Initiatives.....		25
A.	Specialized CSP (April 1, 2023 – December 31, 2024).....	25
B.	Flexible Services (April 1, 2023 – December 31, 2024).....	26
C.	HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024).....	26
D.	HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025).....	26

Section 1. Introduction

This Health-Related Social Needs (HRSN) Implementation Plan describes the activities that Massachusetts will undertake to implement the HRSN services authorized through the MassHealth demonstration (see Special Terms and Condition (STC) 15). Massachusetts currently provides (or will begin providing in 2025) HRSN services through four programs, as detailed in the HRSN Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications (Attachment P):

- Flexible Services,
- Specialized Community Support Program (CSP) - including Specialized CSP services for Homeless Individuals (CSP-HI), Tenancy Preservation (CSP-TPP), and Individuals with Justice Involvement (CSP-JI),
- Emergency Assistance Family Shelter Program, and
- Short Term Pre-Procedure and Post-Hospitalization Housing (STPHH).

Beginning on January 1, 2025, MassHealth will combine the administration of these services into an aligned HRSN Services program as set forth in Table 1, which will include the domains of:

- Housing-related services
 - HRSN Housing – includes CSP-HI, CSP-TPP, and Flexible Services housing services
 - HRSN Temporary Housing Assistance – includes rent/temporary housing through the Emergency Assistance (EA) Family Shelter program
 - HRSN Medical Respite – includes STPHH
- HRSN Nutrition – includes Flexible Services nutrition services, and
- HRSN Justice Involved – includes CSP-JI.

Organizations and individuals providing these services will be considered “HRSN providers.” MassHealth will continue to delineate the different service types within these new categories. Certain services will only be available to members who meet certain criteria such as enrollment in Accountable Care Organizations (ACOs) and MassHealth benefit type, as set forth in Table 1. Other services will be available to all MassHealth members, except MassHealth Limited.

Table 1. HRSN Service Categories and Populations Served

HRSN Service Category	Applicable Services	Delivery System Availability	Non-Eligible MassHealth Benefit Type
HRSN Housing	CSP-HI	All Plans ¹ and Fee For Service	MH Limited

¹ “All Plans” refers to Accountable Care Organizations (ACOs) (which includes both Accountable Care Partnership Plans and Primary Care ACOs), Managed Care Organizations (MCOs), Primary Care Clinician (PCC) Plan, Senior Care Options (SCO) Plans, One Care Plans, and MassHealth’s managed care behavioral health plan.

	CSP-TPP	All Plans and Fee For Service	MH Limited
	Flexible Services Housing	ACO only	N/A
HRSN Temporary Housing Assistance	EA Family Shelter Program	Service provided by EOHLC	MH Limited
HRSN Nutrition	Flexible Services Nutrition	ACO only	N/A
HRSN Medical Respite	STPHH	All Plans and Fee For Service	MH Limited
HRSN Justice Involved	CSP-JI	All Plans and Fee For Service	MH Limited

This reorganization will not change the nature of the services delivered in any domain, or the populations for which such services are available, but will streamline administration of the program from the state and managed care plan perspectives. MassHealth may further define clinical criteria and eligibility as described in Section 2.B.3. MassHealth will clarify the availability of the service to providers and members.

This implementation plan sets forth MassHealth’s plan for implementing Specialized CSP, Flexible Services, and STPHH beginning in January, 2025 under the new combined HRSN Services program, and HRSN Temporary Housing Assistance beginning in April 2024.

Section 2. Identifying Members with HRSN and Determining Eligibility

A. Screening and Identification of Members for HRSN Services

1. Specialized CSP (April 1, 2023 – December 31, 2024)

CSP has been provided through MassHealth’s managed care delivery systems for over a decade and, under prior demonstration periods, was expanded to include particular domains when delivered to individuals experiencing chronic homelessness (CSP-CHI) and justice involvement (CSP-JI). As a result, CSP and its specialized counterparts are well known within the behavioral health continuum of care in the Commonwealth.

CSP-JI, itself, was implemented following a 2019 state-funded pilot program, known as Behavioral Health Supports for Justice Involved Individuals (BH-JI), that successfully expanded state-wide in February 2022. CSP-JI provides community supports to eligible members after release from incarceration or detention and for individuals on probation or parole. CSP-JI complements the state-funded BH-JI program, which includes in-reach activities that take place in correctional facilities prior to participants’ release. As a result, CSP and its specialized counterparts are well known within the behavioral health continuum of care in the Commonwealth.

Specialized CSP benefits under the current demonstration (CSP-HI, CSP-JI, and CSP-TPP) are available to all eligible Medicaid beneficiaries, except individuals enrolled in MassHealth Limited, in both managed care and fee-for-service (FFS) delivery systems.

Identification of potentially eligible members comes through referrals from care coordination entities (e.g., care management programs within ACOs, Managed Care Organizations (MCOs), and the Community Partners program), behavioral health providers, and community-based organizations. For example, many providers of Specialized CSP services are, or are affiliated with, community mental health centers or providers of services to members experiencing homelessness that, in the course of their work, interact with and may identify potentially eligible members for Specialized CSP services. Additionally, county and state correctional facilities, Probation staff, and Parole staff identify members who may be eligible for CSP-JI.

In addition to referrals from providers and community-based organizations, MassHealth's ACOs and MCOs conduct regular care needs and HRSN screenings to identify members with unmet social or health needs for referral to appropriate supports, including Specialized CSP.

2. Flexible Services (April 1, 2023 – December 31, 2024)

ACOs identify potentially eligible members for Flexible Services through a variety of methods such as: analyzing ACO data; referrals from Community Partners or other community-based organizations; and through referrals of providers or through utilization of health care (e.g., during PCP, inpatient, or ED visits). Once members are identified, ACOs conduct HRSN housing and nutrition screenings to determine eligibility for services. Members ultimately screened as qualifying for these housing and nutrition supports are referred to a Social Services Organization (SSO), housing or nutrition community-based organizations that provide Flexible Services, or an internal ACO program to provide the Flexible Services that address their HRSN(s).

3. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

MassHealth expanded HRSN housing supports and related services to include rent/temporary housing with room and board for up to six months for MassHealth-eligible pregnant individuals and families with children who are experiencing homelessness, participating in the Massachusetts Emergency Assistance (EA) Family Shelter Program,² and demonstrate qualified clinical criteria. The EA program is operated by the Massachusetts Executive Office of Housing and Livable Communities (EOHLC or HLC). The EA program has been in place for several decades. As a result, EA is well known within the homelessness continuum of care in the Commonwealth.

To receive HRSN Temporary Housing Assistance, families and pregnant individuals enrolled in the EA program must also be enrolled in a full-scope MassHealth benefit (i.e., a benefit other than MassHealth Limited), and meet clinical and health-related social risk factors as set forth in Attachment P (Section E.3 and Table 7).

MassHealth anticipates that identification of potentially eligible members will come through referrals from care coordination entities (e.g., care management programs within Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), and the Community Partners

² 760 CMR 67.00 Eligibility for Emergency Assistance (EA), <https://www.mass.gov/doc/760-cmr-67-1/download>

program), other state benefit agencies (e.g., the Department of Transitional Assistance, EOHLC staff, or the Department of Public Health), and community-based organizations. For example, many providers of EA services are, or are affiliated with, providers of services to members experiencing homelessness that, in the course of their work, interact with and may identify potentially eligible members for EA services.

4. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

In January 2025, identification of potentially eligible members for the HRSN services described above will continue to be completed by a combination of mechanisms, as described above, including:

- referrals from community-based organizations, including homeless providers, housing organizations, justice involved agencies, etc.
- referrals from justice involved agencies, including houses of corrections and departments of corrections.
- referrals from other state benefit agencies, including the Department of Transitional Assistance (DTA) and the Department of Public Health (DPH).
- referrals from health care providers, such as physicians, hospitals, community health centers, behavioral health providers, etc.
- referrals from managed care entities, including ACOs and MCOs, Community Partner organizations, or as a result of an HRSN screening or through other identification mechanisms such as those discussed above.
- referrals from EA providers, shelter and transitional housing providers

HRSN Medical Respite services will launch in January 2025 and include short-term pre-procedure and/or post-hospitalization housing, with room and board, for individuals experiencing homelessness, involving a lower-intensity care setting for individuals who would otherwise lack a safe option for discharge or recovery after hospitalization, or to prepare for certain procedures.

Post-hospitalization services through HRSN Medical Respite will be available to eligible members that have been admitted to an acute care hospital's medical or surgical service or have presented to an acute care hospital's emergency department with a medical or surgical issue. As such, identification of eligible members for this service will be conducted by staff in emergency departments and inpatient units at acute inpatient hospitals.

Pre-procedure services through HRSN Medical Respite will be available to members experiencing homelessness who have a referral for a colonoscopy procedure or a colonoscopy procedure scheduled within one day of admission to the HRSN Medical Respite service site and cannot prepare for the colonoscopy effectively due to not having consistent access to a private bathroom. MassHealth anticipates that identification of potentially eligible members will come through referrals from care coordination entities (e.g., care management programs within Accountable Care Organizations (ACOs), Managed Care Organizations (MCOs), and the Community Partners program), direct healthcare staff (e.g., community health centers, physicians, nurses, etc.) and community-based organizations. For example, many anticipated HRSN Medical Respite providers are, or are affiliated with, providers of services to members

experiencing homelessness that, in the course of their work, interact with and may identify potentially eligible members for HRSN Medical Respite services.

B. Determination of Beneficiary Eligibility

1. Specialized CSP (April 1, 2023 – December 31, 2024)

The eligibility criteria for Specialized CSP services are set forth in Attachment P (Section C.3). MassHealth has published medical necessity guidelines that align with the criteria set forth in Attachment P (Section C.3, Table 4). MassHealth requires all plans administered by a managed care entity (see Table 1) to adopt clinical eligibility criteria for Specialized CSP services that are no more restrictive than those set by MassHealth. The guidelines are maintained on MassHealth's website³ and are available through the managed care plans' aligning program specifications.

MassHealth has established unique code/modifier combinations for Specialized CSP services in its FFS regulation⁴ and requires managed care plans to adopt MassHealth's coding conventions for these services. MassHealth has also issued guidance to Specialized CSP providers and managed care plans regarding requirements related to the use of Z59 secondary diagnosis codes to reflect social determinants of health needs faced by members, as appropriate. The Specialized CSP service regulations⁵ and rate regulations as well as aligning guidance for managed care entities⁶ became effective in April 2023.

2. Flexible Services (April 1, 2023 – December 31, 2024)

The eligibility criteria for Flexible Services are set forth in Attachment P (Sections B.1 and B.2 and Table 1). ACOs use these criteria to determine beneficiary eligibility.

3. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

The eligibility criteria for HRSN temporary housing assistance include the categories as set forth in Attachment P (Section E.3 and Table 7). HLC determines eligibility for participation in the EA Family Shelter Program. MassHealth determines eligibility using the criteria in Attachment P for purposes of its certified public expenditure claiming on these services. Specifically, MassHealth will use members' EA case record and MassHealth claims and encounter data to determine whether a member meets the eligibility criteria. As part of the assessment and service planning activities described below, EA program staff will document social and clinical risk data in members' EA case records. Healthcare providers will submit claims for MassHealth covered services provided to members. MassHealth will administratively determine whether members meet eligibility criteria for HRSN Temporary Housing Assistance using both social and clinical risk data collected by EA program staff and claims and encounter data. To ensure that eligibility screenings are conducted at least annually, MassHealth will limit the lookback period for claims and encounters and case record analysis to data that was recorded within 12 months of the date that the eligibility determination occurs. EA program staff update the clinical and social risk

³ See <https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-community-support-program/download>

⁴ See 101 CMR 362.00.

⁵ See 130 CMR 461.00.

⁶ See [Managed Care Entity Bulletin 99](#).

portion of members' EA case records on a bimonthly basis as part of ongoing case management activities, as described in Attachment P (Section E.1).

4. HRSN Housing, Nutrition, Temporary Housing Assistance, Medical Respite, and Justice Involved (Effective January 1, 2025)

Eligibility for HRSN Services will be determined as set forth in Attachment P (Section B.6, D.3, E.3, and F.3). MassHealth will develop, as necessary, new or updated medical necessity guidelines for certain HRSN services to establish clinical criteria for services, as further described below. Rescreening members to ensure they still meet the eligibility criteria for the HRSN services must occur at least once per year, depending on the program and service.

For most services, ACOs and providers will be responsible for determining if a member meets the service eligibility criteria, depending on the service.

Section 3. Assessment, Service Planning, and Cultural Competence

A. Process for Developing Care Plans based on Assessment of Need

1. Specialized CSP (April 1, 2023 – December 31, 2024)

Specialized CSP providers are required to initiate service planning immediately upon intake, including communicating with the referral source, if any, determining goals, and documenting appropriateness of services. During the initial appointment, providers are required to start a needs assessment, which is described in Attachment P (Section C.1). The needs assessment informs the creation of an individualized Specialized CSP service plan, which is described in Attachment P (Section C.2). Providers are required to review and update both the needs assessment and the service plan with the member at a regular cadence specified by MassHealth and when the member has significant changes to their health or health-related social needs.

Providers are also required to ensure that staff receive documented training to enhance the quality and cultural competence of services delivered and broaden their skills related to the provision of Specialized CSP services. Training topics may include topics such as cultural competence and trauma informed care, among others. MassHealth has also made customized trainings available to Specialized CSP providers. For example, a set of trauma-informed trainings has been developed that specifically address working with the justice-involved population, particularly subpopulations and members with different backgrounds.

2. Flexible Services (April 1, 2023 – December 31, 2024)

Flexible Services will continue to operate as described in Attachment P (Sections B.1 and B.2) through December 31, 2024, including assessment and service planning processes. Additionally, ACOs are required to work with SSOs that have a demonstrated cultural competency, trauma-informed response, and adequate resources to address the needs of a diverse population (e.g., bilingual staff, staff with lived experience, or plans to contract with vendors with such staff).

3. Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

For members receiving HRSN Temporary Housing Assistance, the EA Family Shelter provider conducts the assessment and service planning, as described in Section E.1 and Section E.2 of Attachment P.

EA program staff are expected to ensure that staff receive training that enhances the quality and cultural competence of services delivered and broaden their skills related to the provision of temporary housing assistance services. Training topics may include topics such as cultural competence and trauma-informed care, among others.

4. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (January 1, 2025)
 - a. On January 1, 2025, providers of HRSN Housing (CSP-HI and CSP-TPP). Specialized CSP, HRSN Temporary Housing Assistance, and HRSN Justice Involved services will continue to be required to utilize the assessment and service planning approach set forth above in Section 3.A.1-3. For HRSN Nutrition services and some HRSN Housing services (i.e., Flexible Services Housing), either the ACO or the HRSN Provider will conduct the assessment and service planning.
 - b. Once the services launch in January 2025, for members receiving HRSN Medical Respite, the providers will conduct the assessment and service planning. The provider will complete an individualized care plan for every member receiving HRSN Medical Respite services upon completion of the comprehensive baseline needs assessment. The provider regularly reviews the individualized care plan, including, at a minimum, after each comprehensive assessment, and updates it, as necessary. The individualized care plan identifies the member's needs, goals, and priorities, and includes planned treatments, strategies and interventions to support the member's goals. The individualized care plan is developed in consultation with the member and the member's chosen support network and incorporates available records from referring and existing providers and agencies when appropriate.

As stated in Section 3.A.1-3, all HRSN providers will be required to ensure that staff receive documented training to enhance the quality and cultural competence of services delivered and broaden their skills related to the provision of HRSN services.

Section 4. Referrals to Services

A. Specialized CSP (April 1, 2023 – December 31, 2024)

Specialized CSP services include coordinating services and assisting members with obtaining benefits, housing, and healthcare and collaborating with crisis intervention and other outpatient providers. Specialized CSP providers directly connect members to community-based agencies for assistance with housing, employment, recreation, transportation, education, social services, health care, and legal services. To that end, Specialized CSP providers have knowledge of and connections with resources and services available to members and employ effective methods to promptly and efficiently refer members to health care and community-based resources.

Specialized CSP providers are required to have written policies and procedures for addressing a member's behavioral health needs. Policies and procedures must minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members to the appropriate health care providers. This could include referrals to other MassHealth services

or providers such as Community Behavioral Health Centers, MassHealth long term services and supports (LTSS), and other covered medical and dental services. When appropriate, providers work with BH or LTSS Community Partners or the Flexible Services Program. When referring a member to another provider for services, Specialized CSP providers are required to ensure continuity of care, to exchange relevant health information, and to avoid service duplication between the Specialized CSP provider and the provider to whom a member is referred. Specialized CSP providers are required to ensure that the referral process is completed successfully and documented.

B. Flexible Services (April 1, 2023 – December 31, 2024)

Flexible Services will continue to operate as described in Attachment P (Section B.1 and B.2) through December 31, 2024.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

HRSN Temporary Housing Assistance providers offer care management, outreach, and education including linkages to other state and federal benefit programs, and benefit application assistance. EA program staff directly connect members to community-based agencies for assistance with stable community-based housing, employment, recreation, transportation, education, social services, health care, and legal services. To that end, EA program staff have knowledge of and connections with resources and services available to members and employ effective methods to promptly and efficiently refer members to health care and community-based resources.

When referring a member to other services, EA program staff are required to ensure continuity of care, to exchange relevant information, and to avoid service duplication between the EA program staff and the provider to whom a member is referred.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

- a. For HRSN Housing, Temporary Housing Assistance, Nutrition, and Justice Involved services, providers will continue to be required to provide the referral supports delineated in Section 4.A-C above. MassHealth will work with managed care plans and providers, to coordinate on outreach and education to referring entities and members regarding any public changes in names of HRSN services, as applicable, and consider strategies to best clarify how these services will continue in this phase. HRSN Providers that are solely responsible for providing Flexible Services (e.g., medically tailored meals, housing goods, and home modifications) will be required to refer members back to the ACO if additional needs have been identified. These providers will be required to have written policies and procedures for working with ACOs. Policies and procedures must minimally include personnel, referral, coordination, and other procedural commitments to address the referral of members back to the ACO.
- b. For HRSN Medical Respite, providers will provide case management services, which includes coordinating with and facilitating connections with other providers, as well as formal and informal supports, as appropriate. Providers will also provide health and referral navigation services, which includes facilitating member access to primary care, other community and home-based health care services and equipment (e.g., Durable

Medical Equipment), coordinating referrals, when appropriate, providing assistance with member self-administration of medications and setting up and scheduling appointments, transferring health information to providers, addressing external barriers to receiving and engaging in services, and partnering with MassHealth CSP-HI providers to deliver intensive housing navigation services.

Section 5. Technical Assistance, Quality Improvement, and Sustainability Planning

A. Specialized CSP (April 1, 2023 – December 31, 2024)

MassHealth has provided ongoing training and technical assistance to new FFS Specialized CSP providers. As providers enroll in the FFS delivery system, MassHealth is engaged in direct provider support and continually explores opportunities to develop forums for collaboration, including peer-to-peer learning opportunities. MassHealth also leverages the existing BH-JI infrastructure for technical assistance, quality improvement, and sustainability planning for CSP-JI providers.

Managed care plans have developed and implemented performance specifications based on MassHealth's guidelines to govern the activities of their contracted providers. These performance specifications include requirements related to quality improvement. Managed care plans have quality assurance processes and are expected to support providers in meeting the needs of enrolled members in accessing Specialized CSP services.

MassHealth is confident about the sustainability of the Specialized CSP services model. Predominantly, the Specialized CSP services are based on pre-existing services provided by existing providers under the MassHealth program. For example, MassHealth has operated a form of CSP-HI for chronically homeless individuals through managed care for almost a decade. In addition, MassHealth launched its CSP-JI services in 2022 after successful implementation of BH-JI, a state-funded program that was launched initially in 2019 as a pilot in two counties and has since been expanded statewide. Finally, the CSP-TPP program is modeled after a successful program operated by the state's housing finance agency, MassHousing, in partnership with HLC. The experience provided by these predecessor programs, along with the established nature of the provider network, provides assurance for the sustainability of these services under the Demonstration.

B. Flexible Services (April 1, 2023 – December 31, 2024)

Flexible Services will continue to operate as outlined in Attachment P (Section B) through December 31, 2024.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

HLC is committed to ensuring that EA providers are implementing best practices. To that end HLC teams support EA providers through ongoing technical assistance for all components of service delivery. Office hours are offered by HLC teams monthly, which allows for troubleshooting and technical assistance, and regional team staff provide technical assistance and training with providers when areas of improvement are identified.

HLC ensures quality improvement in the EA system through regular engagement with EA providers. Formal program evaluations are completed annually to verify contract compliance. Program policies are reviewed and updated as needed to ensure a high quality of services.

MassHealth is confident about the sustainability of the HRSN temporary housing assistance model because the EA program has operated in the Commonwealth for several decades, as described in Section 2.A.3. The experience provided by these decades of operation, along with the established nature of the provider network, provides assurance for the sustainability of these services under the Demonstration.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

In anticipation of the recategorization of HRSN services in 2025, MassHealth established the HRSN Integration Fund to provide financial support and technical assistance to qualified HRSN providers. MassHealth posted the opportunity to apply in 2024 and anticipates awarding funds in early 2025. The HRSN Integration Fund will support HRSN providers as they undertake various initiatives, including but not limited to, transitioning into managed care (e.g., changes to workflows, provider enrollment, system updates), adopting electronic referral, creating new partnerships, and developing workforce. Specific categories of support are laid out in Attachment P (Section C.1).

Technical assistance and learning communities have been and will continue to be available to HRSN providers. For example, as MassHealth did for Specialized CSP providers newly enrolled with MassHealth as FFS providers, in 2024 MassHealth offered support to first-time HRSN providers in obtaining the knowledge and skills necessary to operate as MassHealth providers. MassHealth will continually engage HRSN providers through 2027 to ensure successful delivery of services. MassHealth will work with providers on understanding the transition to the HRSN framework, including changes to existing service names and communicating those changes to members and referring entities.

The demonstrated stability and longevity of the Specialized CSP services and HRSN Temporary Housing Assistance, noted above in Section 5.A and 5.C respectively, supports the sustainability of the new combined HRSN services model envisioned by MassHealth. MassHealth will leverage the experiences of establishing Specialized CSP services as benefits in managed care and FFS as it moves towards a sustainable model of combined HRSN services.

HRSN Medical Respite will be a new service launching in January 2025. Prior to launch, MassHealth used funds available through the American Rescue Plan Act (ARPA) to award grants to 5 agencies to operate homeless medical respite programs. MassHealth used the learnings from this grant program, as well as findings from a formal evaluation, to help inform and shape the design and structure of the new HRSN Medical Respite services. In preparation for the launch of the HRSN Medical Respite service, MassHealth will work with the ARPA grantees, as well as other potential Medical Respite providers, to ensure that they have the knowledge and skills necessary to operate as MassHealth providers.

Section 6. Data Sharing⁷

A. Specialized CSP (April 1, 2023 – December 31, 2024)

The Commonwealth has 11 homeless Continuums of Care (CoCs) as well as the EA family shelter system administered by HLC. Each of these CoCs and the EA system utilize separate Homeless Management Information Systems (HMIS). The Commonwealth has implemented a statewide HMIS data warehouse that aggregates HMIS data from all sources, and deduplicates it. MassHealth currently has access to deidentified data from this warehouse, which can be used to identify characteristics of people experiencing homelessness, trends, and emerging themes.

Additionally, MassHealth entered into a data sharing agreement to receive ongoing data exports from the HMIS data warehouse. Specifically, on a weekly basis, MassHealth receives a list of those members who are experiencing homelessness (i.e., received services from an emergency shelter, safe haven, transitional housing program, day program, or homeless outreach agency) as documented in the HMIS data warehouse, with a special flag for those members who have been experiencing homelessness for at least six months and may therefore be eligible for continuous MassHealth eligibility.

Furthermore, over the past several years, MassHealth has grown its partnerships with justice agencies, and now has close collaborations with the Executive Office of the Trial Court, the Executive Office of Public Safety and Security (especially the Department of Correction and Parole Board), and the 14 county Sheriff's Offices. For example, MassHealth worked with the Massachusetts Probation Service to pilot a program in participating courts where Probation staff support probation-involved individuals in applying for MassHealth coverage. These partnerships assist the State in ensuring pathways to Specialized CSP services for eligible members and assist the State in monitoring the CSP-JI program.

B. Flexible Services (April 1, 2023 – December 31, 2024)

For the Flexible Services Program, MassHealth will continue to work with ACOs to collect member-level data on a quarterly basis of members that have received Flexible Services. ACOs and their SSO partners are expected to share appropriate data on members being screened and referred to services. MassHealth collects the screening and referral data at an aggregate level on a semi-annual basis.

Additionally, MassHealth has worked closely with the state agency that oversees the Supplemental Nutrition Assistance Program (SNAP) on efforts to share data to close the "SNAP Gap", as further described in Section 8.B, as well as the state agency that oversees the Women, Infants, and Children Nutrition Program (WIC) on efforts to close the "WIC Gap".

⁷ In the time period from April 1, 2023 to December 31, 2024, Specialized CSP Providers utilize a care needs assessment and service plan to document beneficiary eligibility, screening results, plans of care, and referrals. For Flexible Services, ACOs and SSOs utilize a Flexible Services Plan to capture the same information. Specialized CSP services are documented through claims, whereas Flexible Services are documented through reporting from SSOs to ACOs, as well as through invoices. MassHealth expects these processes to continue into 2025 but is currently exploring potential opportunities for integrating the two approaches.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

MassHealth entered into a data sharing agreement to receive ongoing data exports from HLC. Each quarter, certain identifying information of all participants in the EA program are matched against MassHealth enrollment records to determine which individuals are enrolled in a full MassHealth benefit program. MassHealth also uses HLC clinical assessment data, collected by EA program staff as part of the assessment and service planning process, as part of the data that may be used to determine clinical eligibility, as described in Section 3.A.3.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

In 2025, MassHealth will continue the collaborations with the Massachusetts agencies described above in Section 6.A-C. Additionally, MassHealth intends to implement an HRSN electronic referral platform that ACOs, hospitals, primary care providers, and other referring entities can use to electronically refer members with identified HRSNs to HRSN providers to address those needs. This platform would also facilitate a “closed feedback loop” process, where HRSN providers could communicate the outcomes of those HRSN referrals (e.g., whether services were provided and impact of those services on the identified HRSNs) back to ACOs, hospitals, and other referring entities. This platform will allow MassHealth to centrally track HRSN referrals and outcomes when such referrals are made. MassHealth anticipates launching the electronic referral platform in 2027. MassHealth will provide technical assistance related to the platform to ACOs, hospitals, and primary care providers, and through the HRSN Integration Fund, MassHealth will also provide infrastructure funding and technical assistance to HRSN providers. MassHealth has received approval for an Advanced Planning Document in support of state IT system implementation costs for this HRSN electronic referral platform.

Section 7. Partnerships

A. Specialized CSP (April 1, 2023 – December 31, 2024)

Specialized CSP services do not include funding to pay for housing for members, such as rent. As a result, member access to housing is not contingent on Demonstration authority and is not at risk due to the conclusion of Demonstration services. Nevertheless, forging partnerships with state and local entities that provide housing benefits is essential to the success of Specialized CSP services.

To that end, MassHealth has developed extensive partnerships with state and local entities, including housing and homeless agencies. Many homeless and housing agencies previously leveraged MassHealth CSP-CHI services to provide tenancy sustaining services to formerly homeless members residing in permanent supportive housing. In addition, during the COVID-19 pandemic, many CoCs targeted new Emergency Housing Vouchers to those people experiencing homelessness that were eligible for CSP-CHI. Similarly, MassHealth is party to a Memorandum of Understanding with HLC that prioritizes members receiving CSP-HI services for housing units created through the Section 811 Supportive Housing for Persons with Disabilities program and the Community Based Housing program. CSP-HI has been able to leverage housing opportunities, serving as the “support” in permanent supportive housing.

Additionally, MassHealth has developed extensive partnerships with state and local entities, including criminal justice agencies. Over the past years, the majority of referrals to BH-JI (and now also to CSP-JI) came from correctional facilities, Probation, and Parole offices. BH-JI providers, who provide in-reach services in correctional facilities through a state-funded program, are required to provide warm handoffs to CSP-JI providers for individuals exiting correctional facilities.

See additional information in Section 6 of the Implementation Plan regarding data sharing and collaborations with other state, local, and community-based entities.

Finally, MassHealth engaged in a regulatory promulgation process for Specialized CSP that included publication of programmatic and rate regulations, a formal public comment period, and a public hearing. MassHealth reviewed all comments received through this process prior to finalizing its regulations.

B. Flexible Services (April 1, 2023 – December 31, 2024)

The development of the Flexible Services program helped agencies across the Commonwealth connect medical and community-based organizations. Specifically, the program encouraged and facilitated health care providers, health plans, and SSOs to partner together to deliver services to members. MassHealth worked with multiple state housing agencies to educate ACOs about the housing programs in the state and the SSOs that support them. Likewise, MassHealth worked with the housing programs to educate SSOs about ACOs and the Flexible Services Program. As of November 2024, this work led to over 20 different housing organizations working with ACOs to offer over 60 Flexible Services housing programs.

MassHealth has also developed strong partnerships with several state agencies that support residents experiencing nutrition insecurity. In particular, as further discussed in Section 12, MassHealth has been a key player in a cross-agency Food Security Taskforce for the past three years. These relationships have allowed MassHealth to foster stronger connections between ACOs and the SNAP and WIC programs in support of members connecting to additional state resources, which may continue even after their Flexible Services conclude.

Through its work on implementing the Flexible Services program, MassHealth and the Department of Transitional Assistance (DTA) have built on their relationship to improve member connections to SNAP and to close the “SNAP Gap”. For example, MassHealth and DTA worked together to add a checkbox on the MassHealth application to allow individuals to apply for SNAP at the same time they applied for MassHealth.

The Massachusetts Department of Public Health (DPH), the Massachusetts state agency that administers the Women, Infant, and Children Nutrition Program (WIC), and MassHealth worked together to educate providers on state-funded nutrition services and ensure members were utilizing services where applicable. Like the process previously described for ACOs and SNAP, ACOs also refer members to WIC. When a member’s Flexible Services end, WIC may still be available.

DPH, in partnership with MassHealth, also administered the SSO Preparation Fund in the previous waiver period. This fund was an infrastructure grant that supported SSOs in ramping up and participating in Flexible Services. DPH also provided technical assistance and learning communities. MassHealth and DPH worked closely throughout this time to ensure the success of

the grant program, technical assistance, and learning communities. MassHealth will continue collaborating with DPH in various forms through the implementation of the HRSN Integration Fund (discussed above in Section 5.B).

Finally, MassHealth and other state agencies collaborated to facilitate ACOs and nutrition SSOs to work together to deliver nutrition Flexible Services. This led to new partnerships between the ACOs and nutrition SSOs. As a result of these partnerships, as of November 2024, over 35 nutrition organizations are providing services to over 60 nutrition programs with ACOs.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

Through HRSN Temporary Housing Assistance and other HRSN programs such as CSP-HI, MassHealth has established a strong partnership with HLC, which operates and oversees the EA family shelter program. To operate the EA family shelter program, HLC contracts with various community-based providers to offer temporary housing assistance. Additionally, it established extensive partnerships with state and local entities such as DTA, DPH, and the Department of Children and Families (DCF), which also provide a range of supportive services to families and pregnant individuals in the EA family shelter program.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

The existing partnerships between health care providers, managed care plans and community-based organizations that have been created over the past several years will serve as a strong foundation for delivering HRSN services and ensuring successful relationships between MassHealth, plans, and future HRSN providers.

For HRSN Medical Respite, the service requires a formal partnership between a CSP-HI provider and a licensed medical provider – relying on the expertise from each agency in meeting the housing and healthcare and social needs of members experiencing homelessness. This service also requires strong partnerships with staff at acute medical inpatient facilities, who will be responsible for referring members to the HRSN Medical Respite services. MassHealth anticipates that this service will both enhance and build upon existing relationships and foster new ones. Finally, MassHealth engaged in a regulatory promulgation process for Medical Respite that included publication of programmatic and rate regulations, a formal public comment period, and a public hearing. MassHealth reviewed all comments received through this process prior to finalizing its regulations.

Section 8. Information Technology Infrastructure

A. Specialized CSP (April 1, 2023 – December 31, 2024)

Specialized CSP services are billed through regular claims processes and infrastructure for both FFS and managed care. MassHealth uses claims and encounter data to understand the beneficiaries served and the amount and duration of services provided. Claims and encounter data also support program monitoring and evaluation. Data about consent, screening, and referrals for Specialized CSP are required to be included in the member's medical record.

As part of a broader MassHealth initiative to advance health equity, MassHealth will be targeting improvements in collection of member information such as Race, Ethnicity, Language,

Disability, Sexual Orientation, Gender Identity (RELD SOGI) and Health-Related Social Needs by ACOs and MCOs and hospitals, as well as through the MassHealth application process. More complete data will allow for better monitoring of access and utilization and help identify gaps in HRSN services. (See e.g., MassHealth’s Performance Year 1 Hospital Quality and Equity Initiative Implementation Plan and Performance Year 2-5 Hospital Quality and Equity Initiative Implementation Plan)

In addition, MassHealth leverages the Homeless Management Information System (HMIS) data sharing agreement mentioned previously to learn more about the housing status of members who receive these services.

B. Flexible Services (April 1, 2023 – December 31, 2024)

Flexible Services will continue to operate as it has under the prior demonstration period and as specified in Attachment P until December 31, 2024. This includes collecting member-level data on a quarterly basis on the utilization of Flexible Services via an SFTP-based submission process.

As discussed in Section 7.B, the Commonwealth has taken measures to streamline the process for SNAP and MassHealth applications. This option has improved MassHealth members’ experience and is anticipated to increase the share of Medicaid members who are eligible for and enrolled in SNAP.

Additionally, in 2020 and 2021, MassHealth worked with DTA to develop a data sharing agreement that allowed the two agencies to create ACO-specific SNAP Gap lists. These lists were then distributed to each ACO to improve outreach efforts to close the SNAP Gap.

Between 2023 and 2024, MassHealth and DTA are seeking to create regular ACO SNAP Gap reports to provide ACOs. Additionally, MassHealth and DPH are exploring solutions to help minimize the “WIC gap,” (i.e., MassHealth members who are eligible for, but not enrolled in, WIC). With these efforts, MassHealth hopes to better identify members in the SNAP and WIC gaps and the impact of HRSN screening and referrals on these gaps, and support ACOs’ efforts in closing these gaps.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

HRSN Temporary Housing Assistance costs, service delivery, and eligibility data are captured through several sources. The costs of the services are recorded in the Massachusetts Management, Accounting, and Reporting System (MMARS), which is the official accounting system of the Commonwealth. Service delivery information including member demographics, duration of services, and assessments come from HLC’s case management reporting systems which include Effort of Outcome (ETO), End to End (E2E)/Salesforce, and IEDM/RevTech. Finally, to determine eligibility, MassHealth uses member enrollment data and claims and encounters from various MassHealth data systems.

Additionally, MassHealth has received approval for an implementation Advance Planning Document to support a cloud-based case management system that will support EA applications and eligibility determinations, placements and ongoing case management services for program participants, in addition to reporting and analytics to ensure that the program is meeting CMS and Commonwealth goals. The system will be a joint effort between MassHealth and HLC.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

For HRSN Housing, Nutrition, and Justice Involved services, MassHealth will receive claims or encounter data for all HRSN services provided to beneficiaries. Data about consent, screening, and referrals will be included in all members' medical records.

For HRSN Temporary Housing Assistance, MassHealth will continue to use the system described in Section 6.C. and 8.C. to collect data about services delivered to beneficiaries.

HRSN Medical Respite services will be billed through regular claims processes and infrastructure for both FFS and managed care. MassHealth will use claims and encounter data to understand the beneficiaries served and the amount and duration of services provided. Claims and encounter data will also support program monitoring and evaluation. Data about consent, screening, and referrals for HRSN Medical Respite are required to be included in the member's medical record.

For all HRSN Services, MassHealth will continue improvements in collection of member information such as Race, Ethnicity, Language, Disability, Sexual Orientation, Gender Identity and Health-Related Social Needs in order to better monitor access and utilization and to help identify gaps in HRSN services. MassHealth will continue efforts to better integrate SNAP and MassHealth enrollment processes. Additionally, MassHealth will continue to work with DTA and DPH to address the SNAP and WIC gaps (as discussed above).

Additionally, MassHealth is exploring the use of a state-wide, closed-loop HRSN referrals system which would further support these and other service delivery efforts throughout the Commonwealth (as further detailed in Section 6.C).

Section 9. Implementation Timeline

A. Specialized CSP (April 1, 2023 – December 31, 2024)

1. Fee-for-Service Implementation

MassHealth has promulgated programmatic and rate regulations that govern the delivery of Specialized CSP services through its FFS delivery system. MassHealth published the proposed regulations (programmatic and rates) for public comment and a public hearing was held in January 2023. MassHealth finalized the regulations⁸ effective in April 2023.

In April 2023, MassHealth also published the medical necessity guidelines for Specialized CSP services and finalized Specialized CSP provider applications and related materials needed to enroll FFS providers of Specialized CSP services.

2. Managed Care Implementation

MassHealth issued guidance for managed care plans related to contracting, service delivery, and payment for Specialized CSP services. Based on this guidance, managed care plans developed performance specifications, which align to FFS regulations, that were implemented in May 2023.

⁸ See 101 CMR 362 (<https://www.mass.gov/regulations/101-CMR-36200-rates-for-community-support-program-services>) and 130 CMR 461 (<https://www.mass.gov/regulations/130-CMR-461000-community-support-program-services>)

MassHealth has directed plans to pay at least the rate established for Specialized CSP services delivered through FFS. Specialized CSP services were incorporated in managed care contracts and rates, effective April 1, 2023.

B. Flexible Services (April 1, 2023 – December 31, 2024)

Between April 1, 2023 and December 31, 2024, MassHealth has and will continue to administer the Flexible Services Program as it did under the prior Demonstration, providing nutrition and housing goods and services allowable in the STCs and in accordance with Attachment P. During this time, MassHealth undertook activities to move Flexible Services into the ACO managed care structure and combine Flexible Services with Specialized CSP, where appropriate, to create a combined HRSN Services program.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

HLC has continued to administer the EA Family Shelter program. CMS approved MassHealth's CPE claiming methodology for Temporary Housing Assistance Services on September 30, 2024.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

Starting January 1, 2025, MassHealth will recategorize Specialized CSP and Flexible Services Program into a combined HRSN Services programs. To account for these changes, prior to 2025 MassHealth has updated regulations and contracts and issue managed care bulletins, as necessary. In these documents, MassHealth has included updates to medical necessity criteria, rates and payment mechanisms, provider qualifications, network adequacy standards, and service delivery specifications to support plans in administering these services.

HRSN Temporary Housing Assistance has been implemented as an HRSN Service as of April 2024.

HRSN Medical Respite service will be implemented in January 2025 for both Fee For Service and managed care.

- For FFS, MassHealth has promulgated programmatic and rate regulations that govern the delivery of services through its FFS delivery system. MassHealth published the proposed regulations (programmatic and rates) for public comment and a public hearing was held in October 2024. MassHealth plans to finalize the regulations effective in January 2025. In January 2025, MassHealth will also finalize FFS provider applications and related materials needed to enroll FFS providers of Medical Respite services.
- For Managed care implementation, MassHealth provided guidance for managed care plans related to contracting, service delivery, and payment for Medical Respite services. Based on this guidance, managed care plans are expected to operate the service in accordance with FFS regulations and pay at least the rate established for Medical Respite services delivered through FFS. Medical Respite services will be incorporated in managed care contracts and risk-based rates, effective January 1, 2025.

Section 10. Maintenance of Effort

To document its maintenance of effort (MOE), MassHealth gathered data from state agencies about SFY 22 expenditures for programs that provide ongoing housing or nutrition services and goods to individuals at risk of homelessness, experiencing homelessness, or at risk of food insecurity. Programs providing housing or nutrition goods or services were included in the baseline spending if:

1. The services or goods provided are similar or the same as those provided by Specialized CSP or Flexible Services; and
2. Services or goods are provided to members who are at risk of homelessness, experiencing homelessness, or at risk of nutrition insecurity; and
3. The provision of services or goods is partially or fully funded by the Commonwealth of Massachusetts; and
4. Funding is ongoing as opposed to time-limited investments, such as those implemented in response to the COVID pandemic or those funded through the American Rescue Plan Act; and
5. Funding amounts are distinguishable from funding for other services or goods also provided in the program; and
6. Funding amounts are not already included in a different MOE requirement.

MassHealth has provided the Maintenance of Effort deliverable to CMS under separate submission, which sets forth the total Maintenance of Effort baseline of state expenditures for programs that meet the criteria above.

After MassHealth's submission of its Maintenance of Effort SFY22 baseline of state expenditures, CMS subsequently approved EA Family Shelter and STPHH services. MassHealth has described its approach to incorporating the expenditures of services or goods similar to EA Family Shelter and STPHH in its SFY23 Maintenance of Effort submission.

MassHealth will report updated spending yearly on an aggregate basis in annual demonstration monitoring reports.

Section 11. Payment for HRSN Services

A. Specialized CSP (April 1, 2023 – December 31, 2024)

MassHealth has developed rates for Specialized CSP services through the same regulatory process it utilizes for the development of state plan rates. Proposed rates were published for public comment and a public hearing was held on the proposed rates in January 2023. Once finalized in April 2023, the rates were published on MassHealth's website. MassHealth will pay these regulatory rates for all Specialized CSP services provided to individuals who receive services through the FFS delivery system.

Specialized CSP services are covered services under MassHealth's managed care plan contracts. Cost and utilization assumptions for the services were built into managed care capitation rates and total cost of care benchmarks. MassHealth directs its managed care plans to pay a minimum fee schedule using the MassHealth regulatory rate for Specialized CSP pursuant to 42 CFR 438.6(c).

For all HRSN Services, rates approved by CMS pursuant to this Demonstration authority are treated as state plan rates for purposes of 42 CFR 438.6(c)(1)(iii)(A), and therefore, in accordance with 42 CFR 438.6(c)(2)(i) MassHealth is not required to submit a state directed payment (SDP) preprint unless, within a reasonable time before the end of the relevant managed care rating period or other applicable deadline for such preprint, CMS directs the state to submit a directed payment preprint. MassHealth is required to incorporate all SDPs, including those that do not require CMS prior approval, as a contractual obligation within their managed care contracts and appropriately document the SDP within the applicable rate certification(s) in accordance with the Medicaid Managed Care Rate Development Guide. States are also still required to submit other SDPs that do not meet the requirements outlined in 42 CFR 438.6(c)(1)(iii)(A) to CMS for prior approval in accordance with 42 CFR 438.6(c)(2).

B. Flexible Services (April 1, 2023 – December 31, 2024)

Flexible Services will continue to operate as it has under the prior demonstration period and as specified in Attachment P until December 31, 2024. Each year, MassHealth allocates an enrollment-based amount of Flexible Services funding to each ACO to provide allowable Flexible Services. ACOs work with their contracted SSOs to develop a budget and submit this budget to MassHealth for approval. After approval, MassHealth pays ACOs prospectively on a quarterly basis based on the ACOs' approved budgets.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

HRSN Temporary Housing Assistance services claimed by the Commonwealth under its 1115 Demonstration are paid for by HLC and claimed using a certified public expenditure (CPE) process as outlined in the approved CPE Methodology.⁹

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

1. Specialized CSP

Specialized CSP will continue to be paid as set forth in Section 11.A. Cost and utilization assumptions for the services will be built into managed care capitation rates and total cost of care benchmarks. For FFS members, MassHealth will pay providers directly.

2. Flexible Services Housing and Nutrition

Flexible Services will only be available to members enrolled in ACOs. ACOs may select which of these services they offer to members. The payment approach for Flexible Services is as follows:

- For Accountable Care Partnership Plans (ACPPs), Flexible Services will operate under a non-risk construct, with the option of moving into a risk construct in future years. Under the non-risk construct, MassHealth anticipates that it will prospectively provide funds to ACPPs on a quarterly basis to pay for the delivery and administrative costs of Flexible

⁹ <https://www.mass.gov/doc/masshealths-cpe-methodology-for-the-masshealth-temporary-housing-assistance-for-families-and-pregnant-individuals-program/download>

Services. After each year concludes, MassHealth anticipates comparing actual costs (up to the rates approved in MassHealth's HRSN Fee Schedule, or up to the overall amount of expenditure authority that MassHealth has for HRSN Services) with the prospectively provided funds, and reconciling any differences with the ACPPs.

- For Primary Care ACOs (PCACOs), MassHealth has partnered with the State's managed behavioral health vendor, the Massachusetts Behavioral Health Partnership (MBHP), to administer the delivery of Flexible Services on behalf of MassHealth (e.g., processing claims, making payments to providers, submitting encounter data to MassHealth).¹⁰ MBHP and the PCACOs will be contractually required to coordinate and align on roles and responsibilities in the administration of the services. Flexible Services will operate under a non-risk construct, implemented by MBHP, with the option of moving into a risk construct in future years. Under the non-risk construct, MassHealth anticipates that it will prospectively provide funds to MBHP on a quarterly basis to pay for the delivery and administrative costs of Flexible Services for PCACO enrollees. After each year concludes, MassHealth anticipates comparing actual costs (up to the rates approved in MassHealth's HRSN Fee Schedule, or up to the overall amount of expenditure authority that MassHealth has for HRSN Services) with the prospectively provided funds, and reconciling any differences with MBHP.

MassHealth's Accountable Care Partnership Plans and managed behavioral health vendor will be required to pay for Flexible Services in accordance with the HRSN Fee Schedule approved by CMS.

3. HRSN Temporary Housing Assistance

HRSN Temporary Housing Assistance will continue to be paid as set forth in Section 11.C.

4. HRSN Medical Respite

MassHealth has developed rates for HRSN Medical Respite services through the same regulatory process it utilizes for the development of state plan rates. Proposed rates were published for public comment and a public hearing was held on the proposed rates in October 2024. Once the rates are finalized in January 2025, the rates will be published on MassHealth's website. MassHealth will pay these regulatory rates for all HRSN Medical Respite services provided to individuals who receive services through the FFS delivery system.

HRSN Medical Respite services are covered services under MassHealth's managed care plan contracts. Cost and utilization assumptions for the services were built into managed care risk-based capitation rates and total cost of care benchmarks. MassHealth directs its managed care plans to pay a minimum fee schedule using the MassHealth regulatory rate for Medical Respite pursuant to 42 CFR 438.6(c).

All HRSN rates approved by CMS pursuant to this Demonstration authority are treated as state plan rates for purposes of 42 CFR 438.6(c)(1)(iii)(A), and therefore, in accordance with 42 CFR 438.6(c)(2)(ii) MassHealth is not required to submit a state directed payment (SDP) preprint unless, within a reasonable time before the end of the relevant managed care rating period or

¹⁰ All PCACO enrollees are also enrolled with the BH vendor for delivery and management of their behavioral health services.

other applicable deadline for such preprint, CMS directs the state to submit a directed payment preprint. MassHealth is required to incorporate all SDPs, including those that do not require CMS prior approval, as a contractual obligation within their managed care contracts and appropriately document the SDP within the applicable rate certification(s) in accordance with the Medicaid Managed Care Rate Development Guide. States are also still required to submit other SDPs that do not meet the requirements outlined in 42 CFR 438.6(c)(1)(iii)(A) to CMS for prior approval in accordance with 42 CFR 438.6(c)(2).

Section 12. Alignment with Other State Initiatives

A. Specialized CSP (April 1, 2023 – December 31, 2024)

Specialized CSP services are well aligned with other state initiatives. For example, MassHealth is a member of the Massachusetts Interagency Council on Housing and Homelessness. MassHealth housing supports, such as Specialized CSP, are a critical component of the Commonwealth's efforts to address homelessness. Examples of recognition of these MassHealth housing supports include:

- CSP-HI is specifically cited as a resource for preventing and ending homelessness in the Commonwealth's updated Olmstead Plan.
- Members receiving CSP-HI services are prioritized for vacant housing units created through HLC's Section 811 Supportive Housing for Persons with Disabilities program and Community Based Housing program.

Multiple Permanent Supportive Housing (PSH) projects have been created that leverage CSP-HI for the supportive services component. The Affordable Homes Act recently passed by the state Legislature includes a new Supportive Housing Pool Fund that could leverage CSP-HI resources. In 2024, HLC, in partnership with MassHealth and other state agencies, was selected to participate in the federal Housing and Services Partnership Accelerator initiative with the goal of better utilizing Medicaid services, specifically CSP-HI with HLC housing resources for the creation and expansion of PSH.

MassHealth has also partnered with HLC and MassHousing to provide "upstream" tenancy preservation services for people who have unstable housing, but who are not eligible for CSP-TPP because they are not yet being formally evicted. In addition, HLC offers the Residential Assistance for Families in Transition (RAFT) program, which provides funds for rent and utility arrearages to families and individuals who are at risk of homelessness. CSP-TPP providers are required to leverage RAFT and work closely with other state funded "upstream" initiatives.

CSP-JI coordinates with an established state-funded program, Behavioral Health Supports for Justice Involved Individuals (BH-JI) that began as a geographically limited demonstration in September 2019 and expanded statewide in February 2022. BH-JI is a partnership between the Massachusetts Executive Office of Health and Human Services and the Massachusetts Executive Office of the Trial Court, that developed in close collaboration with the Massachusetts Parole Board, the Massachusetts Department of Corrections, and county Sheriff's Offices. These entities and additional partners meet monthly to discuss implementation and other needs, and beginning in October 2022, the BH-JI agencies have conducted regional coordination meetings. Through the close partnerships with the Commonwealth's criminal justice agencies, the

interagency work on BH-JI/CSP-JI has led to other initiatives such as Parole/Probation statewide Sober Housing programs for justice involved members.

MassHealth will continue collaborating with other state agencies to identify opportunities to partner.

B. Flexible Services (April 1, 2023 – December 31, 2024)

As noted in Section 7, MassHealth continues partnerships across various state agencies on several initiatives to ensure food access including, but not limited to, efforts to improve the SNAP and WIC Gaps, a common application, and engaging members in connecting to SNAP and WIC.

Additionally, in April 2020, Massachusetts created a COVID-19 Food Security Task Force comprised of a broad group of public and private members charged with ensuring food insecurity and food supply needs be addressed during the COVID-19 public health emergency. MassHealth participated in this task force helping to synthesize and prioritize recommendations. The COVID-19 Food Security Task Force concluded in September 2021 and a Food Security Workgroup made up of several agencies, including MassHealth, was created. The group includes representatives from ten different state agencies all of which have a role in food access, food security, and the food system. They meet monthly to collaborate and provide updates on new initiatives, track on-going projects, and identify new opportunities and interventions. The goal of the group is to coordinate food security resources and funding sources across all agencies and secretariates involved in the food system with a goal of maximizing use of all available food assistance programs and revenue sources.

C. HRSN Temporary Housing Assistance (April 19, 2024 – December 31, 2024)

As described earlier, the design and implementation of the HRSN Temporary Housing Assistance services is based on a strong partnership between HLC and MassHealth, working together to address the significant number of families and pregnant individuals experiencing homelessness in the Commonwealth.

D. HRSN Housing, Temporary Housing Assistance, Medical Respite, Nutrition, and Justice Involved (Effective January 1, 2025)

In 2025 and beyond, MassHealth will continue to play a critical role in other state initiatives aligned with HRSN Services.

Additionally, MassHealth will work closely with housing and nutrition state agencies to develop and operationalize these HRSN services to optimize services for members.