

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

<b>State</b>	Massachusetts
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## Section 1. Introduction

This Health-Related Social Needs (HRSN) Partial Implementation Plan provides an overview of the activities that Massachusetts will undertake to implement the HRSN services authorized through the MassHealth demonstration Special Terms and Conditions (STCs). Authorized services include Flexible Services and Specialized Community Support Program (CSP) services for Homeless Individuals (CSP-HI), Individuals with Justice Involvement (CSP-JI), and Tenancy Preservation (CSP-TPP), as detailed in the HRSN Protocol for Assessment of Beneficiary Eligibility and Needs, Infrastructure Planning, and Provider Qualifications (Attachment P). Some HRSN activities are subject to updates that will be included in the Complete HRSN Implementation Plan, and amendments, as needed.

## Section 2. Identifying Members with HRSN and Determining Eligibility

### A. Screening and Identification of Members for HRSN Services

#### 1. Specialized CSP

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). 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 a 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) will be available to all Medicaid enrolled beneficiaries, except individuals enrolled in MassHealth Limited, in both managed care and fee-for-service (FFS) delivery systems.

The Commonwealth anticipates that identification of potentially eligible members will predominantly come through referrals from other behavioral health and social service providers. 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 may identify members who may be eligible for CSP-JI.

In addition to referrals from providers and community organizations, the Commonwealth's Managed Care Organizations and Accountable Care Organizations conduct annual HRSN screenings to identify members with unmet social needs for referral to appropriate supports, including Specialized CSP.

2. Flexible Services  
[Reserved]

B. Determination of Beneficiary Eligibility

1. Specialized CSP

The eligibility criteria for Specialized CSP services are set forth in Attachment P. The Commonwealth intends to publish clinical criteria that will align with the criteria set forth in Attachment P, which the Commonwealth will require its managed care plans to adopt. The Commonwealth finalized these guidelines in April 2023. The guidelines will be maintained on the Commonwealth's website and will be available through the managed care plans' aligning program specifications.

Specialized CSP services will each have unique procedure code and modifier combinations. The Commonwealth will establish these code/modifier requirements in its fee-for-service regulation and will require managed care plans to adopt the Commonwealth's coding conventions for these services. The Commonwealth also issued guidance to Specialized CSP providers and managed care plans regarding requirements related to ICD-10 diagnosis coding, including the use of Z59 secondary diagnosis codes to reflect social determinants of health issues faced by members, as appropriate. The Commonwealth anticipates finalizing its regulations and managed care guidance in April 2023.

2. Flexible Services  
[Reserved]

## Section 3. Process for Developing Care Plans based on Assessment of Need

A. Specialized CSP

Specialized CSP providers will be 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 will be required to start a needs assessment, which is described in Attachment P. The needs assessment will inform the creation of an individualized Specialized CSP service plan, which is described in Attachment P. Providers will be required to review and update both the needs assessment and the service plan with the member at a regular cadence specified by the Commonwealth, and when the member has significant changes to a member's health or health-related social needs.

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 Specialized CSP services. Training topics may include topics such as, cultural competence and trauma informed care, among others. The Commonwealth has also made some 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 and identities.

B. Flexible Services  
[Reserved]

## Section 4. Referrals to Services

### A. Specialized CSP

Core components of Specialized CSP services include coordinating services and assisting members with obtaining benefits, housing, and healthcare and collaborating with crisis intervention and other outpatient providers. To that end, Specialized CSP providers must have knowledge of and connections with resources and services available to members and must employ effective methods to promptly and efficiently refer members to health care and community resources.

Specialized CSP providers will be required to have written policies and procedures for addressing a member's behavioral health disorder 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 referring a member to another provider for services, Specialized CSP providers must ensure continuity of care, exchange of relevant health information, and avoidance of service duplication between the Specialized CSP provider and the provider to whom a member is referred. Referrals should result in the member being directly connected to and in communication with community resources. Specialized CSP providers must ensure that the referral process is completed successfully and documented.

Specialized CSP providers will also directly connect members to community agencies for assistance with housing, employment, recreation, transportation, education, social services, health care, and legal services. For members enrolled in an Accountable Care Organization or Managed Care Organization, providers will be required to work with BH or LTSS Community Partners or the Flexible Services Program, where applicable.

B. Flexible Services  
[Reserved]

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

### A. Specialized CSP

The Commonwealth will provide training and technical assistance to new FFS Specialized CSP providers. As providers enroll in the FFS delivery system, the Commonwealth will be engaged in direct provider support and will explore opportunities to leverage connections through the development of forums for collaboration, including peer-to-peer learning opportunities. The Commonwealth will also leverage existing BH-JI infrastructure for technical assistance, quality improvement, and sustainability planning for CSP-JI providers.

Managed care plans will develop and adopt performance specifications, based on the Commonwealth's guidelines, to govern the activities of their contracted providers. These performance specifications will include information about quality improvement. Managed care plans will also develop quality assurance processes and will be expected to support providers in meeting the needs of enrolled members in accessing Specialized CSP services.

The Commonwealth is confident about the sustainability of the Specialized CSP services model. Predominantly, the Specialized CSP services are based on existing services provided by existing providers under the MassHealth program. For example, the Commonwealth has operated a form of CSP-HI for chronically homeless individuals through managed care for almost a decade. In addition, the Commonwealth launched its CSP-JI services in 2022 after successful implementation of BH-JI, a state-funded program that was launched initially as a pilot in two counties in the Commonwealth and has since been expanded statewide. Finally, the CSP-TPP program is modeled after a successful program operated by the state Department of Housing and Community Development (DHCD). 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

[Reserved]

# Section 6. Data Sharing

## A. Specialized CSP

The Commonwealth has 12 homeless Continuums of Care (CoCs) as well as a family shelter system administered by DHCD. Each of these CoCs and the family shelter system utilize separate Homeless Management Information Systems (HMIS). The Commonwealth recently implemented a statewide HMIS data warehouse that aggregates HMIS data from all sources, and deduplicates it. MassHealth currently has access to this warehouse to see deidentified data, which can be used to identify characteristics of people experiencing homelessness, trends, and emerging themes.

Additionally, MassHealth entered into a data sharing agreement with DHCD to provide MassHealth with regular exports of identified HMIS data that can be used to better identify members experiencing homelessness and to implement new policies, such as continuous eligibility for people experiencing homelessness. MassHealth is currently in discussions with all the CoCs throughout the Commonwealth to explore entering into data sharing agreements similar to the one in place with DHCD, with the goal of eventually having agreements in place with all CoCs and arranging for direct data exports from the statewide HMIS data warehouse.

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 Massachusetts Probation Service to pilot a program in participating courts where Probation staff will support probation-involved individuals in applying for MassHealth coverage. These

partnerships will assist the Commonwealth in ensuring pathways to Specialized CSP services for eligible members and will assist the Commonwealth in monitoring the program.

## B. Flexible Services

[Reserved]

# Section 7. Partnerships

## A. Specialized CSP

Specialized CSP services do not directly provide housing or funding for housing to 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, in particular CSP-HI, given that the focus of the services is to provide connections to and support in obtaining services and benefits and maintaining those benefits and services once in place.

To that end, MassHealth has developed extensive partnerships with state and local entities, including housing and homeless agencies. Many homeless and housing agencies have leveraged MassHealth CSP for Chronically Homeless Individuals (CSP-CHI) services to provide tenancy sustaining services to formerly homeless members residing in permanent supportive housing (PSH). In addition, during the pandemic, many CoCs targeted new Emergency Housing Vouchers (EHVs) to those people experiencing homeless that were eligible for CSP-CHI. Similarly, MassHealth is party to a Memorandum of Understanding with DHCD – the state housing agency – that prioritizes members receiving CSP-CHI services for housing units created through the Section 811 Supportive Housing for Persons with Disabilities program. It is anticipated that CSP-HI will be able to leverage housing opportunities in a similar manner – serving as the “support” in PSH.

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 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 regarding data sharing and collaborations with other state, local, and community entities.

Finally, as the Commonwealth implements the Specialized CSP services through its fee-for-service program, the Commonwealth engaged in a regulatory promulgation process that included publication of programmatic and rate regulations, a formal public comment period, and a public hearing. The Commonwealth reviewed all comments received through this process prior to finalizing its regulations.

## B. Flexible Services

[Reserved]



## Section 8. Information Technology Infrastructure

### A. Specialized CSP

Specialized CSP services will be billed through regular claims processes and infrastructure for both fee-for-service and managed care. The Commonwealth will be able to use claims data to understand the beneficiaries served and the amount and duration of services provided. Claims data will also support program monitoring and evaluation. Data about consent, screening and referrals for Specialized CSP are also expected to be entered into the member's medical record. As part of a broader MassHealth initiative to improve health equity, MassHealth will be targeting improvements in collection of member information such as Race, Ethnicity, Language, Disability, Sexual Orientation, Gender Identity and Health-Related Social Needs.

In addition, MassHealth will be able to leverage the HMIS data sharing agreements mentioned previously to learn more about the housing status of members who receive these services.

The Commonwealth has taken measures to streamline the process for SNAP and MassHealth applications. As of July 28, 2022, MassHealth updated the MassHealth eligibility system to add a SNAP option to the online application and eligibility renewal forms. Once a member elects to apply for SNAP, MassHealth will then transfer applicant/renewal information directly to Department of Transitional Assistance (DTA) to initiate the SNAP application. DTA will outreach to the applicant to capture additional information required to complete the forms. The option will improve our members' experience by streamlining the process to apply for SNAP benefits and is anticipated to increase the share of Medicaid beneficiaries who are eligible for and enrolled in SNAP.

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. The Commonwealth intends to provide additional information on this strategy in the forthcoming amendment to the HRSN Implementation Plan, planned for June 2023.

### B. Flexible Services

[Reserved]

## Section 9. Implementation Timeline

### A. Specialized CSP

#### 1. Fee-for-service (FFS) Implementation

The Commonwealth developed programmatic and rate regulations that will govern the implementation of Specialized CSP services through its FFS delivery system. The Commonwealth published the proposed regulations (programmatic and rates) for public comment and a public hearing was held in January 2023. The Commonwealth finalized the regulations effective in April, 2023.

In April 2023, the Commonwealth also finalized its clinical criteria guidelines for Specialized CSP services and developed and finalized Specialized CSP provider applications and related materials needed to enroll FFS providers of Specialized CSP services.

## 2. Managed Care Implementation

The Commonwealth issued guidance for managed care plans related to contracting, service delivery, and payment for Specialized CSP services. The Commonwealth will work with the managed care plans to develop performance specifications based on this guidance, which will align to FFS regulations, for implementation in Spring 2023. The Commonwealth may direct plans to pay at least the rate established for Specialized CSP services delivered through FFS. Specialized CSP services will be incorporated in managed care contracts and rates, effective April 1, 2023.

## B. Flexible Services

During the period of the glide path for Flexible Services (i.e., until January 1, 2025), MassHealth will continue to administer the Flexible Services Program as it did under the prior Demonstration, providing HRSN services allowable in the STCs and in accordance with the HRSN Protocol. During this time, MassHealth will undertake activities to move Flexible Services into the ACO managed care structure. Information regarding that implementation will be incorporated into the complete HRSN Implementation Plan to be submitted in June 2023.

## Section 10. Maintenance of Effort for Specialized CSP and Flexible Services

During Q1 and Q2 2023, the Commonwealth will work to identify the programs which will serve as the comparators for the Maintenance of Effort requirements to ensure that HRSN services supplement and do not supplant other programs. Once identified, the Commonwealth will determine baseline spending for these programs. Baseline spending will be determined net of time-limited investments, such as those implemented in response to the COVID pandemic or those funded through the American Rescue Plan Act. The Commonwealth will include details on these determinations in its complete Implementation Plan to be submitted in June 2023. The Commonwealth will report updated spending yearly in annual demonstration monitoring reports.

## Section 11. Payment for HRSN Services

### A. Specialized CSP

The Commonwealth 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. The rates are published on the Commonwealth's website. The Commonwealth will pay these regulatory rates for all Specialized CSP services provided to individuals who receive services through the fee-for-service delivery system.

Specialized CSP services will be mandatory covered services under the Commonwealth's managed care contracts. Cost and utilization assumptions for the services will be built into managed care capitation rates. The Commonwealth may direct its managed care plans to utilize the Commonwealth's regulatory rate, or other rate as determined by the Massachusetts Executive Office of Health and Human Services, as a minimum fee schedule pursuant to 42 CFR 438.6(c). Rates approved by CMS pursuant to this Demonstration authority will be treated as state plan

rates for purposes of 42 CFR 438.6(c)(1)(iii)(A), which shall not require the submission of a State Directed Payment Preprint.

## B. Flexible Services

[Reserved]

# Section 12. Alignment with Other State Initiatives

## A. Specialized CSP

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-CHI, authorized under the previous demonstration, is specifically cited as a resource for preventing and ending homelessness in the Commonwealth's 2018 Olmstead Plan.
- Members receiving CSP-CHI services are prioritized for vacant housing units created through DHCD's Section 811 Supportive Housing for Persons with Disabilities program.

Multiple PSH projects have been created that leverage CSP-CHI for the supportive services component. The Interagency Council on Housing and Homelessness is developing a new PSH initiative for people experiencing homelessness. Known as "One Door", this initiative would allow MassHealth and state agencies to review proposals for PSH. Once implemented, CSP-HI will be a valuable resource to the One Door initiative.

MassHealth has also partnered with DHCD 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, DHCD offers the Residential Assistance for Families in Transition program, which provides funds for rent and utility arrearages to families and individuals who are at risk of homelessness. CSP-TPP providers will be required to leverage Residential Assistance for Families in Transition and work closely with other state funded "upstream" initiatives.

CSP-JI coordinates with an established state-funded program, 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 and additional partners meet monthly to discuss implementation and other needs, and beginning in October 2022, the BH-JI agencies have begun 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  
[Reserved]