MassHealth Coordinating Aligned Relationship-centered, Enhanced Support for Kids Program (the CARES Program)

Executive Office of Health and Human Services

November 2023

MassHealth CARES for Kids Program Overview

Goal: *Fill a gap by providing a **single source** of prompt, **family-centered** care coordination for children with medical complexity across the health, educational, state agency, and social service systems*

- **Targeted Case Management (TCM) service, effective July 7, 2023**
- MassHealth analytics and literature reviews estimate **~1-1.5% of MassHealth members under 21 (~10,000-12,000 members)** would benefit from this level of care coordination
- **Eligible providers:** Community Health Centers, Acute Outpatient Hospitals or hospital licensed health centers, and Group Practices
- In addition, MassHealth is strengthening requirements for ACOs/MCOs to identify and provide care coordination for high-risk children through ACO-level Case Management, Long-Term Services & Supports (LTSS) CPs, or Children's Behavioral Health Initiative (CBHI) Intensive Care Coordination (ICC)

CARES Program Medical Necessity Criteria

The Medical Necessity Criteria intends to capture members with the highest medical and social complexity

Eligible members must meet requirements in (A + B) *or* (A + C)

A

MassHealth eligible children and youth under the age of 21, **residing in the community or home-based settings,** who is a child with special health needs who requires ongoing medical management by **at least two pediatric subspecialists**, one of which must be for a medical condition that results in *both* of the following:

- Functional impairment (e.g., need for assistance with activities of daily living) that substantially interferes with or limits the member's role/functioning in family, school, and community activities
- At least one medical condition must be **progressive, a chronic medical condition, or malignant**

B

At high risk for adverse health outcomes due to both:

- **Inability to coordinate multiple medical, social, and other services impacting medical condition**, as evidenced by unplanned emergency department encounters, or documented pattern of multiple missed PCP or subspeciality appointments, or chronic school absenteeism
- **Demonstrated health-related social need (HRSN)** impacting management of the member's condition

+

OR

C

The eligible member requires **more than 2 hours of continuous skilled nursing services per day**

Ensures inclusion of the Community Case Management (CCM) population – a priority for MassHealth

CARES Program Staffing Composition

CARES team should include a Program Director (MD, NP, DO, or PA), Senior Care Manager(s) (NP, RN, or SW), Care Coordinators (BA), and Family Support Staff

Examples of CARES Program Care Coordination Activities

Including, but not limited to: assisting with the identification and development of natural supports and access to support groups, faith groups, and community supports that will help the parent/guardian address the member's needs

Helping the parent/guardian advocate for and access resources and services to meet the family's needs

Including: PCPs, health systems, specialty providers, dental providers, BH providers, CCM and CSN supports, and other state agencies (DCF, DDS, DESE, DMH, DPH, DTA, and DYS), in order to facilitate coordination

Maintaining effective, coordinated, and communicative relationships with designees from the member's care team

Including: team meetings and participating in the development of (IEPs) and 504 plans, providing family support with (IDEA) entitlements, and liaising with school nurses and other related staff to ensure continuity and quality of services between school and medical providers

Coordinating with early intervention providers and school and early childhood education providers

Including, but not limited to:

- Housing stabilization and support services
- Utility assistance
- Nutritional assistance

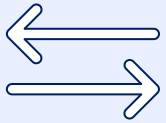
Coordinating goods and services related to health-related social needs (HRSN)

Including: maintaining MassHealth eligibility, accessing any eligible benefits through state agencies, and coordinating with primary insurance for members who have third-party coverage

Providing ongoing support in maintaining eligible benefits

Including: transitions of care between different health and community settings and the member's home, such as directly participating in discharge planning and on-site presence in acute settings

Providing intensive support for transitions of care



Including: access to durable medical equipment (DME), home care needs, scheduling appointments, referrals to providers for needed medical services, and assistance with prior authorization

Coordinating access to the child's additional medical needs

CARES Program Regulations and Bulletins

All Provider Bulletin 370
Provides guidance to MassHealth-participating community health centers; acute outpatient hospitals, including hospital licensed health centers or other hospital satellite clinics; or group practices that want to be certified by MassHealth to provide CARE services and participate in the CARES program.

Administrative Bulletin 23-16
Adds billing code T2023 for targeted case management, per month (Coordinating Aligned, Relationship-centered, Enhanced Support (CARES) program services for members younger than 21 years of age)

130 CMR 405.00: Community health center services
130 CMR 405.477: *CARES Program Services*

130 CMR 410.00: Outpatient hospital services
130 CMR 410.482: *CARE Program Services*

130 CMR 433.00: Physician services
130 CMR 433:485: *CARES Program Services*

Appendix M: MassHealth CARES Program Performance Specifications