COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

# Contract Year 2023 – 2024 (CY23 – CY24) Flexible Services Program (FSP) Guidance Document

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## Introduction

As part of the Executive Office of Health and Human Services' (EOHHS) Section 1115 Waiver Demonstration, the Centers for Medicare & Medicaid Services (CMS) approved the Flexible Services Program (FSP). The FSP is a focused EOHHS program testing whether Accountable Care Organizations (ACOs) can improve members' health outcomes and reduce Total Cost of Care (TCOC) and health disparities through targeted evidenced-based programs that address a certain subset of eligible members' Health Related Social Needs (HRSNs). HRSNs are member needs that potentially impact a member's health but may not be typically addressed by the traditional health care system (e.g., homelessness, food insecurity). The FSP assists ACOs in providing member-centered care that is integrated, coordinated, and addresses physical health, behavioral health, long-term services and supports, and specific HRSNs. Through the FSP, EOHHS has a limited amount of funds to pay for services within the domains of nutrition and housing supports.

**Executive Office of Health and Human Services (EOHHS):** EOHHS is the largest secretariat in the Massachusetts state government and is comprised of 12 agencies, in addition to two soldiers' homes and the MassHealth program.

**MassHealth** is the combined program of Massachusetts Medicaid and Children's Health Insurance Program (CHIP).

**Accountable Care Organization (ACO):** ACOs are groups of doctors, hospitals and other health care providers who come together to provide coordinated high-quality care to MassHealth members.

**Community Partner (CP):** Community-based entities that work with ACOs and Managed Care Organizations (MCOs) to provide care management and coordination to certain members enrolled in an ACO, MCO, and/or the Department of Mental Health's Adult Community Clinical Supports (ACCS) program.

Pursuant to their Accountable Care Partnership Plan contract or Primary Care ACO contract with EOHHS ("ACO Contract"), ACOs must design evidence-based individual FS programs that integrate with and support the ACO's overarching goals of improving member health outcomes and experience while reducing TCOC and health disparities in a targeted manner.[1] Services and goods provided through these FS programs must link directly to a member's care or treatment plan. ACOs are highly encouraged to design and implement programs in partnership with Social Service Organizations (SSOs). Additionally, EOHHS is implementing a data-driven approach to health equity within the FS programs to identify any disparities in access to FS and begin to address these concerns.

The FSP is not an entitlement or a covered service, but rather, it provides a limited amount of funding for each ACO; not all FS-eligible members may receive FS. FS are not intended to replace, substitute, or duplicate existing benefits or state/federal social service programs but to supplement where appropriate.

[1] The "FSP" refers to the overarching EOHHS program; the "FS program" refers to an ACO's overall program; and the "individual FS programs" refers to the individualized programs that ACOs design within their overall FS program.

This guidance document is applicable for CY23 and CY24 only. Sections 1 and 2 of this guidance describe the eligibility criteria for members and allowable and disallowable uses of funding, respectively. Section 3 describes FSP participation requirements. Section 4 describes FS funding and payment. Section 5 describes the roles of ACOs, Community Partners (CPs), and SSOs and provides specific guidance on the qualifications needed to deliver FS. Section 6 describes the FS process flow, including administrative functions and delivery of services. Sections 7 and 8 provide information on ongoing reporting requirements as well as a deliverable timeline. Sections 9 – 11 detail the questions that ACOs must answer regarding their overall and individual FS programs as well as the criteria EOHHS will use to review such programs. Sections 12 explain the FS modification process. Section 13 describes expectations and requirements for ending a program or partnership. Section 14 details ongoing EOHHS engagement.

ACOs, CPs, and SSOs should use this document to inform how they design and implement their programs. ACOs will be expected to identify their target population, partners, and individual FS programs as part of the Flexible Services Participation Plan (FPP). Additionally, ACOs will be required to submit their funding allocation for each line-item and provide additional details as needed in their Budget Expenditure (BE) and Budget Narrative (BN) tabs of the Flexible Services Budget and Program Report (BPR). For Contract Year 2023 (CY23), ACOs will submit the FPP during Readiness Review along with materials needed to launch programs (i.e., member facing materials). For CY24, ACOs will only need to submit an updated FPP if proposing a new program or requesting a modification to an existing program.

**CP Enrollees:** MH members that participate in the CP program.

**Social Services Organization (SSO):** Community-based organization that provide services to individuals to address their social needs (e.g., housing insecurity; See Section 5.1 for qualifications). For purposes of this document, SSO is utilized whenever referring to an entity delivering FS.

**FS Participation Plan:** Plans that provide a detailed overview of an ACO's specific Flexible Services program; must be aligned with ACO FS Budgets.

**Managed Care Organizations (MCOs)** provide care through their own provider network that includes primary care providers (PCPs), specialists, behavioral health providers, and hospitals.

## Section 1. Overview of FSP Eligibility

To be eligible for FS, an individual must be a MassHealth member and enrolled in a participating MassHealth ACO. A member must also (1) meet at least one of five Health Needs-Based Criteria (HNBC; Section 1.1); and (2) demonstrate at least one of three Risk Factors (Section 1.2). FSP eligibility is determined through a verification process (Section 6.4). Eligibility does not guarantee access to FS.

ACOs should use the criteria in the following section to inform how they will select their target populations, keeping in mind that each individual FS program should further the overarching goals of reducing TCOC and improving or preventing the worsening of health outcomes as well as reducing health disparities for members receiving FS.

ACOs should use this section, along with Section 6.4, for guidance on verifying a member's eligibility for the FSP. Verification is the process by which an ACO uses results from an already-conducted screening or claims data analysis to verify FS programmatic eligibility, which should be linked to the ACO's target

population. If such prior information is not available or applicable, ACOs are required to screen members.

## 1.1 Health Needs-Based Criteria

To receive FS, a member must meet at least one of five HNBC described below. These criteria illustrate the widest scope of population that may be eligible for FS. ACOs may choose to focus their population on or within one or more of the five HNBC as long as the population, along with the goods and services the FSP offers, further the overarching goals of the FSP and are allowable. Those five HNBC are:

1. **Behavioral Health Need -** The individual is assessed to have a behavioral health need (mental health or substance use disorder) (e.g., depression, bipolar disorder) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
2. **Complex Physical Health Need -** The individual is assessed to have a complex physical health need, which is defined as a persistent, disabling, or progressively life-threatening physical health condition(s) (e.g., diabetes, hypertension) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
3. **Activities of Daily Living (ADL)/Instrumental Activities of Daily Living (IADL) Needs -** The individual is assessed to have a need for assistance with one or more ADL or IADL;
4. **Repeated ED Utilization -** The individual has repeated incidents of emergency department use (defined as 2 or more visits within six months, or 4 or more visits within a year); OR
5. **High Risk Pregnancy -** The individual is experiencing high risk pregnancy or complications associated with pregnancy including:
    - individuals 12 months postpartum;
    - their children up to one year of age; and
    - their children born of the pregnancy up to one year of age.

**Sample Screening Questions for HNBC 1 and 2:**

**Question 1:** Do you have a mental health (e.g., anxiety, depression, bipolar disorder, schizophrenia) or substance use condition (e.g., alcohol, recreational drugs)?

Yes (Please specify)
No

**Question 2:** If yes, does your mental health or substance use condition require treatment or care in order to improve or maintain your current condition, or prevent it from getting worse?

Yes
No

HNBC would be confirmed if "Yes" were checked for both questions.

The presence of a diagnosis or condition alone is not sufficient to satisfy the requirements of HNBC 1-3; a need that is related to the diagnosis or condition must also be established. For example, a member with a diagnosis of Generalized Anxiety Disorder is not automatically eligible based on the presence of the condition; the ACO must also demonstrate a need for improvement, stabilization, or prevention of deterioration of the member's condition associated with the diagnosis. In this scenario, if this member

were taking medication or participating in psychotherapy sessions for their Generalized Anxiety Disorder, this would demonstrate a need associated with the diagnosis.

Note that HNBC do not need to relate to the identified Risk Factor (Section 1.2), or the FS provided to the member.

## 1.2 Risk Factors

To receive FS, members must also meet at least **one of three** risk factors described below. ACOs must verify that members meet at least one risk factor as a part of the eligibility verification process (Section 6.4). The risk factors are that the member is:

1. Experiencing homelessness;
2. At risk of experiencing homelessness; or
3. At risk for nutritional deficiency or imbalance due to food insecurity.

### 1.2.1 Risk Factors: Experiencing Homelessness

A member meets this risk factor if the member meets the criteria of Subsection A, B, or C, below:

A. An individual[2] who lacks a fixed, regular, and adequate nighttime residence, meaning:

   1. An individual with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
   2. An individual living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
   3. An individual who is exiting an institution (e.g., correctional facilities, nursing facilities) where they resided for 90 days or less and who is experiencing either of the above circumstances

**Sample Question for Determining the "Experiencing Homelessness" Risk Factor (A1):**

**Question 1**: Did you stay in any of the following places last night?

Car
Park
Train station
Other place not fit for human habitation (specify):

Homelessness would be **confirmed** if any of these options were checked.

B. An individual who will imminently lose their primary nighttime residence, provided that:

   1. The primary nighttime residence will be lost within 21 days of the date of FS verification;
   2. No subsequent residence has been identified; and

[2] Individual members assisted with FS can be part of a family unit being assisted by an SSO.

3. The individual lacks the resources or support networks (e.g., family, friends, faith-based or other social networks) needed to obtain other permanent housing;

C. Any individual who:

1. Is fleeing or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous, unsafe, or life-threatening conditions that relate to violence, including physical or emotional, against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to or stay in their primary nighttime residence;
2. Has no other residence; and
3. Lacks the resources or support networks (e.g., family, friends, and faith-based or other social networks) to obtain other permanent housing.

### 1.2.2 Risk Factors: At Risk of Homelessness

To qualify as eligible under this risk factor, a member must meet the criteria of Subsection A listed below *and* at least one factor of Subsection B. A member meets the criteria for this risk factor if they:

A. Do not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from moving to an emergency shelter or another place not meant for human habitation or a safe haven; *and*

B. Meet one of the following conditions:

1. Has moved because of economic reasons two or more times during the 60 days immediately preceding the date of the FS Verification (Section 6.4);
2. Is living in the home of another person because of economic hardship;
3. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, state, or local government programs for low-income individuals;
4. Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room (room includes all rooms in the unit not just the bedroom);
5. Has a history of receiving services in a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
6. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness such as:

**Sample Question for Determining "At Risk of Homelessness" Risk Factor (A and B.6.A):**

**Question:** Thinking about the place you live, do you have problems with any of the following?

Rodents
Water Leaks
Mold
Plumbing problems

Do you have the resources to fix it?

Yes
No

Checking off one box in the first question and no in the second question would **confirm** at risk for homelessness.

a. Living in housing that is unhealthy (e.g., the presence of any characteristics that might negatively affect the health of its occupants, including, but not limited to, evidence of rodents, water leaks, peeling paint in homes built before 1978, absence of a working smoke detector, poor air quality from mold or radon).
b. Living in housing that is inadequate as defined as an occupied housing unit that has moderate or severe physical problems (e.g., deficiencies in plumbing, heating, electricity, hallways, and upkeep). Examples of moderate physical problems in a unit include, but are not limited to, two or more breakdowns of the toilets that lasted more than 6 months, unvented primary heating equipment, or lack of a complete kitchen facility in the unit. Severe physical problems include, but are not limited to, lack of running hot or cold water, lack of a working toilet, and exposed wiring[4]
c. Rent Arrears (1 or more): missing one or more monthly rent payment, receiving a Notice to Quit, being referred to Housing Court, receiving complaints from a property manager/landlord, or failure to have one's lease recertified or renewed.

### 1.2.3 Risk Factors: At Risk for Nutritional Deficiency or Nutritional Imbalance due to Food Insecurity

A member meets this risk factor if they are at risk for nutritional deficiency due to food insecurity. ACOs must verify that members are food insecure. Food insecurity is defined as:

1. Having limited or uncertain[5] availability of nutritionally adequate, medically appropriate, and/or safe foods, or
2. Limited or uncertain ability to acquire or prepare acceptable foods in socially acceptable ways.

**Sample Question for "At Risk for Nutritional Deficiency or Nutritional Imbalance due to Food Insecurity" Risk Factor[3]:**

"I worried whether my food would run out before I got money to buy more." Was that often true, sometimes true, or never true for you in the last 12 months?
Often true
Sometimes true
Never true
Don't know or Refused to answer

*Checking off "Often true" or "Sometimes true" would **confirm** at risk for nutritional deficiency or nutritional imbalance due to food insecurity.*

## Section 2. Allowable and Disallowable Flexible Services

### 2.1 Allowable Uses Overview[6]

The FSP includes two domains of goods and services – **Tenancy Preservation Supports (TPS)** and **Nutrition Sustaining Supports (NSS)**.

FS funds cannot be used for supports other than those specifically identified in this Section. ACOs are responsible for ensuring compliance with allowable and disallowable uses. The

[3] Hager, E.R., Quigg, A.M., Black, M.M., Coleman, S M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.
[4] https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a4.html
[5] "Limited or Uncertain" is defined as: (1) reduced quality, variety, or desirability of diet with little or no indication of reduced food intake; or (2) multiple indications of disrupted eating patterns and reduced food intake.
[6] All goods and services described in this Section 2.1 are subject to CMS approval and may change.

FSP is not an entitlement. Although a member may be eligible for some of these services below, they are not entitled to receive them. ACOs should ensure that their individual FS programs include plans to support the member's needs following FS (e.g., an individual FS program that provides first month's rent for members and then helps members obtain Tenancy Sustaining Supports through other public programs beyond FS).

When the term "assisting" is used in service descriptions listed below, it is defined as providing support, education, or coaching directly to the member regarding a particular service(s). Where services are allowed only in the form of "assisting," entities delivering FS must provide support for members to accomplish tasks themselves, rather than performing the task for the member. For example, an entity delivering FS must not create a budget for a member but may work with the member to create a budget allowing the member to improve skills for future use.

### 2.1.1 Tenancy Preservation Supports

TPS include services, goods, and transportation that are aimed at assisting eligible members with finding, transitioning into, preserving, and modifying housing. There are four categories within TPS:

1. Pre-Tenancy Supports – Individual Supports;
2. Pre-Tenancy Supports – Transitional Assistance;
3. Tenancy Sustaining Supports; and
4. Home Modifications.

#### 2.1.1.1 Pre-Tenancy Supports

Pre-tenancy Supports seek to help the member obtain and move into housing. Supports include services, goods, and transportation under the following two categories:

1. Pre-Tenancy Supports – Individual Supports; and
2. Pre-Tenancy Supports – Transitional Assistance.

**Pre-Tenancy Supports – Individual Supports** include one or more of the following:

- Assessing and documenting the member's preferences related to the tenancy the member seeks, including the type of rental sought, the member's preferred location, the member's roommate preference (and, if applicable, the identification of one or more roommates), and the accommodations need
- Assisting the member with budgeting for tenancy/living expenses and with obtaining discretionary or entitlement benefits and credit (e.g., completing, filing, and monitoring applications to obtain discretionary or entitlement benefits and credit as well as obtaining or correcting the documentation needed to complete such applications)
    - ACOs or their designees may use this service to determine which federal, state, or public programs a member may be eligible, noting that, for some programs, funding for screening and eligibility is already provided and, in such cases, this service would be duplicative (Section 2.2.2).

    - If applicable, ACOs or their designees may then use this service to help the member apply for such programs (e.g., collecting documents, completing the application, transportation to interviews, attending screenings, etc.).
- Assisting the member with obtaining, completing, and filing applications for community-based tenancy
- Assisting the member with understanding their rights and obligations as tenants
- Assisting the member with obtaining services needed to establish a safe and healthy living environment
- Assisting or providing the member with transportation to any of the approved pre-tenancy supports when needed

**Pre-Tenancy Supports – Transitional Assistance** include one or more of the following*:*

- Assisting the member with obtaining and/or providing the member with one-time household set-up costs and move-in expenses incurred during the transition period, including but not limited to:
    - First and last month's rent
    - Security deposit
    - Back utilities
    - Utility deposits (e.g., electricity, gas, heating fuel, water, sewer)
    - Costs for filing applications
    - Obtaining and correcting needed documentation
    - Purchase of household furnishings needed to establish community-based tenancy
    - Pantry Stocking
    - Pest Eradication
    - Relocation Expenses
    - Movers

#### 2.1.1.2 Tenancy Sustaining Supports

Tenancy Sustaining Supports seek to help members remain in housing. Supports include one or more of the following:

- Assisting the member with communicating with the landlord and/or property manager regarding the member's disability and detailing the accommodations the member needs
- Assisting the member with the review, update, and modification of the member's tenancy support needs, as documented in the member's Flexible Services Plan (Section 6.5), on a regular basis to reflect current needs and address existing or recurring barriers to retaining community tenancy
- Assisting the member with obtaining and maintaining discretionary or entitlement benefits and establishing credit, including, but not limited to obtaining, completing, filing, and monitoring applications

    - ACOs or their designees may use this service to determine for which federal, state, or public programs a member may be eligible, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative (Section 2.2.2).
    - If applicable, ACOs or their designees may then use this service to help the member apply for such programs (e.g., collecting documents or completing the application, transportation to interviews, attending screenings, etc.).
- Assisting the member with obtaining appropriate sources of tenancy training, including trainings regarding lease compliance and household management
- Assisting the member in all aspects of the tenancy, including, when needed, legal advocacy (in the form of coaching, supporting, and educating the member) during negotiations with a landlord, and directing a member to appropriate sources of legal services
- Assisting the member with obtaining or improving the adaptive skills needed to function and live independently and safely in the community and/or family home, including advising the member of the availability of community resources
- Assisting or providing the member with transportation to any of the tenancy sustaining supports when needed

#### 2.1.1.3 Home Modification

Home Modifications consist of limited physical adaptations to the member's community-based dwelling when necessary to ensure the member's health, welfare, and safety, or to enable the member to function independently in a community-based setting. These may include, but are not limited to:

- Installation of grab bars and hand showers
- Doorway modifications
- In-home environmental risk assessments
- Remediation of mold
- Refrigerators for medicine such as insulin
- HEPA filters
- Vacuum cleaners
- Pest management supplies and services
- Air conditioner units
- Hypoallergenic mattresses and pillow covers
- Traction or non-skid strips
- Night lights
- Training to use such supplies and modifications correctly

#### 2.1.1.4 Tenancy Disallowable Uses

- Tenancy Disallowable Uses include, but are not limited to, the following:

- Ongoing payment of rent or other room and board costs including, but not limited to, temporary housing, motel stays, and mortgage payments, as well as housing capital and operational expenses
- Housing adaptations to the dwelling that are of general utility, and are not of direct medical or remedial benefit to the member
- Housing adaptations that add to the total square footage of the dwelling except when necessary to complete an adaptation that is of direct medical or remedial benefit to the member (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair)
- Housing adaptations that would normally be considered the responsibility of the landlord
- Cable/television/phone/internet setup or reoccurring payments
- Ongoing utility payments
- Building or purchasing new housing
- One-time rent payments to avoid eviction
- Legal representation (note, legal education, coaching, and support are allowable, but direct legal representation is not)

### 2.1.2 Nutrition Sustaining Supports

NSS includes goods, transportation, and services that educate members about appropriate nutrition and help members access food needed to meet their nutritional needs. NSS include one or more of the following:

- Assisting the member with obtaining discretionary or entitlement benefits and credit, including but not limited to completing, filing, and monitoring applications as well as obtaining and correcting the documentation needed to complete such applications.
    - Supplemental Nutrition Assistance Program (SNAP) enrollment support services under certain circumstances; see Section 2.1.3.1 for disallowable uses. This includes assisting the member in completing the public facing Department of Transitional Assistance (DTA) Connect Portal application and providing continued support throughout the application process, including obtaining DTA Connect Portal access from DTA for ongoing tracking and updating members' SNAP applications and recertifications.
    - ACOs or their designees may use this service to determine for which federal, state, or public programs a member may be eligible, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative (Section 2.2.2). If applicable, ACOs or their designees may then use further services to apply for such programs.
- Assisting the member with obtaining and/or providing household supplies needed to meet nutritional and dietary need, including kitchen cleaning and sanitation supplies
- Providing healthy, well-balanced, home-delivered meals for the member
    - Up to 3 meals a day for 6 months

    - In cases where the member is a high-risk child or a pregnant individual, meals may be provided at the household level
- Assisting or providing the member with up to 6 months of access to foods that meet nutritional and dietary need that cannot otherwise be obtained through existing discretionary or entitlement programs (e.g., groceries, nutrition vouchers, etc.)
- Assisting or providing the member with nutrition education and skills development
- Assisting the member in maintaining access to nutrition benefits including, when needed, legal advocacy (in the form of coaching, supporting, and educating the member) during appeals of benefit actions (e.g., denial, reduction, or termination) and directing member to appropriate sources of legal services
- Assisting or providing the member with obtaining transportation to any of the NSS services or supporting the member's ability to meet nutritional and dietary needs (e.g., providing a member with transportation to the grocery store)

#### 2.1.2.1 Nutrition Disallowable Uses

- Goods exceeding the necessary amount for the specific individual and household, when allowable, or what is commonly needed (e.g., food vouchers that enable a member to access more food than they need).
- CPs working with FS referred members in any capacity may not use FS funds for SNAP enrollment support for FS-referred members who are enrolled with their CP. CPs providing SNAP enrollment support to their enrollees should bill this work as a Qualifying Activity. CPs separately contracted as SSOs to deliver FS to members *beyond* those enrolled in their CP may use FS funds to provide SNAP enrollment supports to those members *not* enrolled in their CP.
- ACOs may refer members to DTA SNAP Outreach Partners[7] to assist FS members with SNAP enrollment if such organizations are available and have capacity to receive referrals. However, the ACO may not provide FS funds to DTA Outreach Partners to pay for activities supporting FS members' SNAP enrollment.

### 2.1.3 FS for Children

If a MassHealth member under the age of 21 is determined to be eligible for FS, a parent, guardian, or caregiver of the child may receive such services on the child's behalf when the following conditions are met:

- The delivery of the FS to the parent, guardian, or caregiver is in the best interest of the child as determined by the ACO;
- Such determination is documented in the child's FS Plan; and
- The parent, guardian, or caregiver resides with the child.

[7] https://www.mass.gov/service-details/snap-outreach-for-partners

If a parent, guardian, or caregiver of a child receives FS on behalf of a qualifying child, the child is considered the FS eligible member for reporting purposes.

## 2.2 Other Disallowable Uses of Flexible Service Funding

This section provides specific examples of certain additional disallowable uses. The additional disallowable uses are broken down into two categories below:

1. General Disallowable Uses; and
2. Duplication Disallowable Uses.

### 2.2.1 General Disallowable Uses

In addition to the domain specific disallowable uses, ACOs may not use Flexible Services funding for the following:

- To pay for initiatives, goods, or services that duplicate initiatives, goods, and services that the ACO, including any participating entities of the ACO, currently funds with other federal, state, and/or local funding
- To pay for any MassHealth service (whether covered by the ACO or covered as a wrap service), including the purchase of pharmaceuticals. Flexible Services funds may not be used to support personnel FTE allocation that duplicates payments provided for Covered Services
- To provide goods or services not allowable in approved Participation Plans and Budgets
- To pay for construction or renovations other than allowable Home Modifications (Section 2.1.1.3)
- Research grants and expenditures not related to monitoring and evaluation
- Costs for services in prisons, correctional facilities or services for people who are civilly committed and unable to leave an institutional setting
- School-based programs for children that supplant Medicaid state plan programs, or that are funded under the Department of Education and/or state or local education agency
- Alternative medicine services (e.g., reiki)
- Medical marijuana
- Copayments
- Premiums
- Gift cards or other cash equivalents with the exception of nutrition or transportation related vouchers, gift cards, or nutrition prescriptions (Section 2.1.3)
- Student loan payments
- Credit card payments
- Licenses (drivers, professional, or vocational)
    - Educational supports (e.g., support to earn a GED) other than those allowable within TSS and NSS (e.g., nutrition education, educating a member regarding budgeting) (Sections 2.1.1 and 2.1.2)
- Vocational training
- Childcare

- Memberships not associated with one of the allowable domains
- Social activities
- Hobbies (materials or courses)
- Goods and services intended for leisure or recreation
- Clothing
- Transportation-related expenses, including, but not limited to:
    - Auto repairs
    - Gasoline or mileage
    - Purchase or repair of bicycles or other individually-owned vehicles
    - Transportation to anything other than tenancy or nutrition services
    - Transportation for members who are not approved for FS
- Goods and services not associated with the approved member's FS Plan
- Training ACOs or their designees on the direct delivery of FS (e.g., SSO trains an ACO on how to assess and document a member's housing needs; SSO trains staff on how to obtain appropriate housing for a member).

### 2.2.2 Duplication Disallowable Uses

FS funding cannot substitute, duplicate, or replace services or goods that are available through other state or federal programs (e.g., SNAP, SNAP Nutritional Education (SNAP-Ed)), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) or MassHealth Covered Services (e.g., Community Support Program (CSP) provided to homeless individuals (HI)). ACOs are responsible for ensuring non-duplication. Potential areas of duplication include, but are not limited to:

- MassHealth Covered Services including, State Plan services, 1115 demonstration services, or services available through a Home and Community Based Services waiver in which the member is enrolled
    - For example, Covered Services including Medical Nutrition Therapy or Diabetes Self-Management Training. Medical Nutrition Therapy includes one-on-one nutrition assessment and counseling or group nutrition education sessions for members with specific medical conditions or ongoing treatment regimens that require dietary guidance (e.g., diabetes, heart disease, kidney failure).
- Services for which a member is eligible and able to receive from a federal agency, another state agency (e.g., HomeBASE, Residential Assistance for Families in Transition (RAFT), or a publicly funded program. In certain cases, a member may not be "able to" access certain programs and thus FS may be utilized. Such cases may include, but are not limited to, a program that has:
    - Run out of funds
    - Lacks capacity (e.g., organization does not have the resources to assist with additional enrollment)
    - Delayed access to services or goods (e.g., wait list). In such cases, the ACO may provide services under FS until the member is able to receive the public services.
- Services that are duplicative of services a member is already receiving

- Services where other funding sources are available
- Supports that a member is eligible to receive under the CP Program

While FS cannot duplicate federal or state benefits or services, they can supplement such programs. In such cases, ACOs must ensure that members are receiving the benefits or services, or, if applicable and appropriate, concurrently work to help members receive the benefits or services. ACOs may determine if the member's needs are being addressed by existing programs and ensure non-duplication through mechanisms including, but not limited to, member attestation or information from other service providers (e.g., care manager). For example:

- An ACO develops a program to increase access to food for a target population. An ACO identifies SNAP and WIC as potentially duplicative but finds, through literature reviews, that SNAP and WIC will not provide enough nutritional value for the target population and generally X additional amount of food is needed; thus, the ACO is supplementing SNAP and WIC and not duplicating those programs.
- An ACO develops a TPS FS program. The ACO identifies CSP provided to homeless individuals as potentially duplicative, but the FS program will only be used to supplement the benefit if a member is already receiving or is eligible for CSP-HI (e.g., ACO provide first month's rent with FS but not Tenancy Sustaining Supports).
- An ACO develops a program to address food insecurity. Some of the FS members in the target population are identified as eligible for SNAP but are not enrolled. Partial federal funding for SNAP enrollment support is available to a specific set of SNAP Outreach Partner organizations via DTA. The ACO attempts to establish a referral relationship with the DTA SNAP Outreach Partner(s) in the ACO's service area and determines the DTA SNAP Outreach Partner(s) do not have the capacity to support the entire volume of their FS program's SNAP enrollment referrals. Therefore, it would be supplemental and not duplicative for the ACO or its SSO partners to use FS funds to provide SNAP enrollment support to members, as long as the ACO or its SSO partners are not DTA SNAP Outreach Partners.

## 2.3 Program Integrity Plan

EOHHS requires that ACOs ensure program integrity and put in place program integrity plans for programs that provide gift cards, passes, vouchers for transportation or nutrition, as well as programs that provide home delivered meals at the household level, where appropriate. ACOs must put in place strategies that prospectively ensure the appropriate usage of these items (e.g., member education, digital tracking of gift cards to SSO grocery store), as well as retrospectively validate whether those prospective strategies have been successful (e.g., conducting audits). ACOs that are providing home delivered meals at the household level must ensure that the goods provided are the appropriate amount and do not go beyond the need of the household size.

Not all FS programs require program integrity plans. For example, grocery delivery services or transportation administered centrally by the ACO or SSO such that members are not given vouchers or gift cards directly do not need a Program Integrity Plan. EOHHS reserves the right to collect or audit program integrity plans.

## Section 3. FSP Participation Requirements

All ACOs are required to participate in the Flexible Services Program and meet the participation criteria outlined below.[8]

### 3.1 Domains

ACOs must implement at least one FS program in each of the tenancy and nutrition domains in each Contract Year.

### 3.2 Member Participation

ACOs must ensure that at least 1% of their Enrollees are participating in their FS programs over the course of each Contract Year as set forth in the ACO Contract. EOHHS will assess this participation annually utilizing data reported by the ACO in the Annual Progress Report – Member List.

EOHHS will determine the 1% threshold based on the total number of unique members served in all of an ACO's FS programs, not from each individual FS program, with the ACO's submission of the final Member List of a Contract Year (i.e., March 31, 2024). EOHHS will calculate the percent of members the ACO served through the following method: dividing the count of unique members served by the ACO's FS programs during the specific Contract Year by a point in time snapshot of the number of unique members enrolled in the ACO. ACOs shall utilize the member count as indicated in the Contract Year Flexible Services Funding Notification Letter for initial projections of that count that are based on each ACO's reported member count in its RFR response. MassHealth anticipates providing a an updated CY23 member count later in 2023 in the CY24 Funding Notification Letters (FNLs). This value will be used to calculate progress toward 1% enrollment requirement.

#### 3.2.1 Pediatric Member Participation

The percentage of unique members participating in an ACO's overall FS program who are under 21 must be roughly proportional to the percentage of the ACO's unique members who are under 21. EOHHS will assess this requirement annually utilizing data reported in the Annual Progress Report— Member List and a snapshot view of the percent of unique members under 21 enrolled in the ACOs at a point in time during CY23. This figure will be made available in the CY24 FNL.

### 3.3 Budgeting, Spending, and Rollover

For CY23 and CY24, EOHSS will allocate ACOs a certain amount of funding for their FS program based on the number of members enrolled in their ACO (Section 4.1). ACOs must meet certain budgeting and spending thresholds to ensure appropriate participation in FSP.[9]

#### 3.3.1 Budgeting

ACOs must budget at least 75% of their FS program funding allocation with their initial budget submission (Section 10). Should an ACO budget under 75% of their Contract Year allocation in their

[8] Section 2.22.A of the ACPP Model Contract and Section 2.13.A of the PCACO Model Contract.

[9] Section 2.22.A of the ACPP Model Contract and Section 2.13.A of the PCACO Model Contract.

initial budget submission, the ACO will forfeit any unallocated dollars beyond the 25% limit. ACOs may have up to 25% of their FS contract year allocation unbudgeted at any time. Table 1 below outlines an example of an ACO budget forfeit.

**Table 1. Example ACO Budget Forfeit[10]**

| **EOHHS FS Funding Allocation** | **100%** | **$1,000,000** |
|---|---|---|
| **ACO FS Budget** | 60% | $600,000 |
| **ACO unbudgeted FS allocation** | 25% | $250,00 |
| **ACO Forfeit** | 15% | $150,000 |

### 3.3.2 Spending and Rollover

ACOs must spend at least 75% of their FS program funding allocation during any Contract Year. ACOs may roll over up to 25% of their unspent FS Contract Year allocation, budgeted or unbudgeted. Should an ACO spend less than 75% of their FS Contract Year allocation, the ACO will forfeit any unspent funding beyond the 25% rollover limit. Table 2 below outlines an example of an ACO spending forfeit.

**Table 2. Example ACO Spending Forfeit**

| **EOHHS FS Funding Allocation** | **100%** | **$1,000,000** |
|---|---|---|
| **ACO FS Spending** | 65% | $650,000 |
| **ACO Unspent, Allowable FS Rollover** | 25% | $250,000 |
| **ACO Forfeit** | 10% | $100,000 |

## Section 4. FS Funding & Payment

This section details:

1. Amount of funding allocated to ACOs for FS;
2. Funding streams ACOs can use to pay for FS-related costs; and
3. Potential payment arrangements ACOs may use to pay for FS.

For an overview of allowable and disallowable uses of FS funding, please see Section 2.

### 4.1 ACO FS Funding Allocation

EOHHS will allocate an annual amount of FS funding to each ACO on a per-member/per-month (PMPM) basis, as determined by EOHHS. FS funding is divided into three separate funding streams – (1) Transportation; (2) Nutrition Kitchen Supplies; and (3) General FS Funding. Each funding stream is distinct and will be calculated, allocated, and budgeted separately. ACOs may have multiple funding streams associated with an individual FS program but must track expenditures for each stream separately within that program. The funding streams and the goods and services they include are listed below.

[10] Tables are simplified and do not represent further required breakdowns of FS budget

- **Transportation**: All approved and allowable transportation services for the provision of and assistance with transportation to any of the nutrition or tenancy services
    - **Examples**: Massachusetts Bay Transportation Authority (MBTA) fare, Ride-sharing service, or cab voucher
- **Nutrition Kitchen Supplies**: All approved and allowable household supplies needed to meet nutritional and dietary needs for nutrition services only.
    - **Examples**: Kitchen cleaning and sanitation supplies, pots, pans, cooking utensils, refrigerators
- **General FS Funding**: All other approved and allowable services and goods not covered by the Transportation and Nutrition Kitchen Supplies funding streams, including but not limited to kitchen supplies and goods purchased for TSP.
    - **Examples**: Medically Tailored Meals, Food Boxes, Home Modifications, Pre-Tenancy Transitional – First/Last/Security

Conditional on approval of an ACO's FPP and Budget (Sections 9-11), EOHHS will disperse funds on a prospective, quarterly basis. EOHHS anticipates that the first payments to ACOs in CY23 will be disbursed in April or May 2023 and continue on a quarterly basis. Ongoing payments are contingent on the ACO's submission of Quarterly Tracking Reports (QTRs), Semi-Annual Progress Reports, and Annual Progress Reports in addition to other programmatic and contractual requirements, as determined by EOHHS (Section 7).

## 4.2 Costs Associated with FS: Delivery, Administrative, and Infrastructure Costs

Several steps and their associated costs occur prior to, during, and following the delivery of FS. The following sections explore how FS funding may or may not be used to support these efforts. These actions and associated costs include:

- **Actions that occur prior to delivery (i.e., pre-delivery)**
    - May include, but are not limited to operational steps leading up to the delivery of services (e.g., identification of members, verification of FS programmatic eligibility)
- **Delivery of Services**
    - The actual provision of FS goods or services
- **Actions that occur following delivery (i.e., post-delivery)**
    - May include, but are not limited to operational steps following delivery (e.g., reporting data back to the ACO regarding the FS delivered)
- **Administrative Costs**
    - May include, but are not limited to salaries for individuals to oversee the administration of the FSP, overhead costs such as prorated costs of office space rent and utilities, insurance, and related office supplies.

    - Costs of collecting and collating data and member navigation to services[11]
- **Infrastructure Costs**
    - May include, but are not limited to costs for developing electronic data exchange platform, cellphones, office equipment, purchase of storage space for goods, and training staff on applicable privacy laws

### 4.2.1 Allowable Funding Uses

ACOs **may use** FS funding to pay for the following:

- Delivery of services by **ACO staff**
- Delivery of services by **SSO staff**
- Administrative costs of **SSOs delivering services, including post-delivery of services by SSO staff, one-time set up costs for new partnerships, and ongoing maintenance (e.g., technology)**
- Administrative costs of an SSO acting as a hub for a group of SSOs (Section 5.1.2)
- Costs of FS goods

### 4.2.2 Disallowable Funding Uses

ACOs **may not use** FS funding for to pay for the following:

- **Infrastructure costs** of the **ACO, SSO, or hub**
    - ACOs may use non-medical administrative funding or other non-Flexible Services funding sources for their infrastructure costs
- **Administrative costs** of the ACO, including pre- and post-delivery of services conducted by the ACO staff.
    - ACOs may use non-medical administrative funding to support Flexible Services administrative costs.

### 4.2.3 Summary of Approaches to Pay for Various FS-Related Costs

Table 3 summarizes how EOHHS funding streams may be used to implement the FSP. It is not an exhaustive list of the different funding sources an ACO and SSO may utilize in supporting FS (e.g., private funding or grants).

[11] While member navigation occurs prior to delivery, SSOs may build it in as part of their FS rate under delivery administrative costs. ACOs and CPs may use FS funding to cover member navigation costs as part of the ACO's Administrative Rate.

**Table 3. Summary of Example Approaches to Pay for Various FS-Related Costs**

| | Examples | ACO | SSO (including hubs) |
|---|---|---|---|
| **Infrastructure Costs** | Updates to data exchange platforms, communications technology, EHR system updates | ACO non-medical administrative funding | ACO non-medical administrative funding |
| **Pre-delivery Administrative Costs** | FS screening and planning, approval of FS plans | ACO non-medical administrative funding | ACO non-medical administrative funding (if ACOs contract with SSOs to perform these tasks) |
| **Delivery of Flexible Services and Goods** | Housing search and placement, home delivered meals, home modifications (e.g., grab bars) | Flexible Services Funding | Flexible Services Funding |
| **Delivery of FS Administrative Costs (including navigation)** | FS program manager salary, finance, and billing costs | ACO non-medical administrative funding | Flexible Services Funding (built into the FS rate) |
| **Post-delivery of FS Administrative Costs (including hubs)** | Collecting and reporting data, closing the feedback loop | ACO non-medical administrative funding | Flexible Services Funding (built into the FS rate) |

## 4.3 FS Payment Arrangements between ACOs and SSOs

ACOs may pay a designee (i.e., SSO) to provide FS. ACOs may also pay a CP, separately contracted as an SSO, to deliver FS. ACOs partnering with SSOs to deliver FS must work with such entities to determine payment arrangements that are innovative yet timely, such as the examples set forth below. Such payment arrangements must abide by the standards laid out in Section 4.2. Payment arrangements should also include agreed-upon administrative costs where allowable (e.g., build administrative costs into an SSO's FS rate if the payment arrangement is fee-for-service; include administrative costs in an upfront payment to an SSO if the payment arrangement is a prospective lump sum payment). Examples of acceptable payment arrangements include, but are not limited to:

- **Prospective Lump Sum** – ACO provides a prospective amount of funding to an entity delivering FS
    - Example: Upfront lump sum could pay for all goods or services provided by the SSO until exhausted, including the salary of a Full Time Equivalent (FTE) at the SSO
- **Fee For Service (FFS)** – ACO pays entity delivering FS on a per service and good basis
- **Bundle** – ACO designates an array of services (i.e., a "bundle") and pays entities a bundled rate per eligible member or group of eligible members
    - Example Housing Bundle: Member financial status review, documentation gathering, application preparation, interviews, appeals, sustainability skills
- **Other** – ACO considers a combination of FFS and prospective lump sum payments to an entity

- Example: SSO may receive a prospective lump sum to perform services; upon exhausting the lump sum, the SSO is paid on an FFS basis

Payments made retrospectively to SSOs upon delivery of FS must be made within 45 calendar days of an ACO receiving the invoice. If an ACO and SSO choose to use prospective payments or pay for goods up front before members are identified, ACOs will only report expenditures for the funds used to provide goods and services to the members. ACOs will be responsible for reconciling prospective payments that did not pay for members' goods or services during the CY (e.g., if an ACO purchases 20 HEPA vacuum cleaners in CY23 and only uses 19 in that year, it will be responsible for covering the cost of the one unused vacuum cleaner through non-FSP funding or rolling over the cost of unused vacuums into CY24). EOHHS will review BEs to determine whether the market rates that ACOs and the entities delivering FS have agreed upon are appropriate.

### 4.4 Staff Time for the Delivery of FS

When an individual staff member is providing the FS, the individual's time conducting the FS is considered the FS (e.g., housing search and placement is conducted by an individual performing the search and placement). This could be operationalized in a variety of ways, including paying for the portion of a staff member's time that is spent delivering FS. If an ACO funds a staff person for FS (internally or externally), it may use FS dollars to pay for the staff person's time that is spent on service delivery as well as the staff person's benefits in proportion to the time spent on services. An ACO may prospectively provide funding to an SSO to pay for the future delivery of services by this staff person. If the ACO prospectively provides funding and delivery is not rendered, the ACO must roll over that funding into the next contract year. For example, if an ACO budget includes costs associated with 100 hours of housing search and placement but only utilizes 80 hours of housing search and placement, the funding associated with the additional 20 hours of services should be rolled over into the next year, assuming the ACO otherwise meets its spending requirements (Section 3.3.2).

## Section 5. Roles of ACOs, CPs, and SSOs

FS funding is provided directly to ACOs. ACOs must submit FPPs and Budgets (Sections 9 and 10 and Attachments A, B, and C). ACOs are responsible for creating and executing their FPPs while adhering to state and federal requirements and guidelines. In creating their programs, ACOs must strategically identify target populations and services to meet the overarching program or its goals. In administering the program, ACOs must ensure that the services or goods a member receives are appropriate given the member's care plan or treatment. ACOs must also ensure entities and persons delivering FS have the capacity and competency to do so, including appropriately tailoring services and goods to the members' needs (e.g., having the cultural competency to serve different populations referred to them). ACOs are highly encouraged to partner with SSOs as they design and implement FS programs for their members.

### 5.1 Entities Delivering FS

ACOs must ensure SSO qualifications with a holistic view of the considerations set forth below. ACOs should strategically seek partnerships with SSOs that leverage existing community-based expertise and capacity, and promote effectiveness, efficiency, and scalability of their FS programs. While ACOs have

autonomy in determining partnerships, ACOs must make certain they have conducted due diligence (e.g., conversations with various SSOs, reference checks) in choosing an appropriate partner(s).

ACOs will be responsible for ensuring that SSOs:

- Deliver FS as directed by ACOs;
- Report certain data to ACOs in a standardized format, so that ACOs may complete EOHHS reporting obligations (Section 7). ACOs may request that SSOs provide additional data beyond what EOHHS requires; and
- Work with ACOs to complete the Feedback Loop (Section 6.9) and determine if additional FS are needed.

When partnering with an SSO to provide FS, ACOs may have the SSO provide services at the ACO (or "co-locate"). ACOs must share the portions of the "Individual Programs Section" of their FPP relevant to their partner SSO with said SSO prior to submission to EOHHS and upon final approval. ACOs do not need to share any information pertaining to other SSOs.

ACOs that choose to expand internal capacity and act as the FS delivery entity must demonstrate that they have engaged SSOs regarding FS and determined lack of capability, capacity, or interest in delivering those services and goods. In addition to demonstrating engagement with community providers, the proposed internal FS delivery entity will need to meet the same high level of qualifications and experience as an SSO, described below.

When considering FS partnerships, ACOs must not only consider the below factors, but also the capacity for entities to systematically scale the program(s) over time. EOHHS will account for circumstances whereby SSOs may not meet qualifications but are still appropriate partners (e.g., geographic limitations). EOHHS will also consider SSOs that may not meet criteria at the submission of the FPP but have a plan to meet such requirements by the launch of the ACO's individual FS program(s). EOHHS will evaluate ACOs choice of partner in the FPP (Section 9.3).

- **Experience and demonstrated success delivering services to ACOs' target populations**
    - Experience with the target population (including any overlap of current clientele with the target population)
    - Experience managing significant and increased caseloads
        - SSOs providing medically tailored meals must have clear nutritional standards for meeting nutritional requirements and ensure that the requirements are met (e.g., Dietary Guidelines for Americans and review and monitoring by a Registered Dietitian).
- **Demonstrated cultural competency, trauma 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)
- **Capacity to accommodate increased number of referrals**
- **Ability to work with EOHHS on evaluations of the FSP**
    - Ability to collect data

- History of participation in rigorous evaluations
- Experience with contracts with Commonwealth that include evaluation components

### 5.1.1 Material Subcontractors

SSOs are considered material subcontractors under the ACO Contract. Therefore, ACOs must ensure that SSOs meet the requirements of a material subcontractor including the submission of the Material Subcontractor Checklist for each SSO partner.[12] For CY23, Material Subcontractor Checklists are due along with the FPP and Budget at **Close of Business (COB) January 31, 2023,** or at least 60 calendar days prior to the date the ACO expects to execute the Material Subcontract.

### 5.1.2 Hubs

ACOs may also partner with hubs to deliver FS. Hubs are a group of SSOs working together with one main entity that is responsible for administrative tasks such as managing the relationship between the ACO and SSOs, triaging members the ACO refers to the appropriate SSO(s) and reporting back to the ACO.

### 5.1.3 Staff Qualifications

ACOs are responsible for ensuring that staff delivering FS meet the following criteria as outlined in the ACO Contract.[13]

- **Education/Experience (at least one)**
  - Education (e.g., Bachelor's degree, Associate's degree, certificate) in a human/social services field or a relevant field;
  - At least one year of relevant professional experience; or
  - Training in the field

***And***

- **Skills (at least one)**
  - Knowledge of principles, methods, and procedures of services included under tenancy or nutrition services, respectively; or
  - Knowledge of comparable services meant to support a member's ability to obtain and sustain residency in a community setting or to obtain or maintain food security.

## 5.2 Performing Administrative Functions

ACOs are responsible for the required administrative functions prior to the delivery of FS (e.g., identifying members, conducting outreach, verifying FS eligibility, completing an FS plan). ACOs are also responsible for having adequate staff to conduct these functions. ACOs may also contract with SSOs to perform these functions, as appropriate.

[12] Section 2.3C of the ACPP Model Contract and Section 5.17 of the PCACO Model Contract.
[13] Section 2.22.G of the ACPP Model Contract

## 5.3 ACO-CP Partnership for FS

ACOs and CPs may, if they choose, form a partnership to support CP enrollees (e.g., the ACO delegates certain FS functions to the CP). ACOs and CPs can determine the division of responsibilities as they see fit. The ACO is ultimately accountable for successful implementation of and compliance for all steps in the workflow (Figure 1).

## 5.4 Point of Contact

ACOs are required to have a Point of Contact for all SSOs with which they have contracted to perform administrative functions or service delivery. This Point of Contact should facilitate communications for FS operationalization including but not limited to initial referrals, data collection, invoices, and approval of Verification, Planning, and Referral Forms (VPR; Section 6.3). At a minimum, the Point of Contact must help triage FS inquiries from their CPs and contracted SSOs and send these inquiries to the appropriate staff member.

## 5.5 Conflict of Interest

Entities that perform FS planning, verification, or screening for FS programmatic eligibility may also deliver FS as long as they take appropriate steps to avoid any conflicts of interest – for example, those that could arise from inappropriate self-referrals for service delivery. EOHHS requires that such entities establish firewalls or other appropriate controls to mitigate potential conflicts of interest. Such firewalls or appropriate controls may include, but are not limited to:

- Restrictions against staff performing FS planning, verification, or screening for FS programmatic eligibility being related to the member, paid caregivers of the member receiving FS Supports, or in any way financially responsible for or empowered to make health or financial decisions for the member;
- Appropriate administrative separation between (1) the staff performing FS planning, verification, or screening for FS programmatic eligibility, and (2) any FS delivery units the entity may have, as applicable;
- Appropriate administrative separation between Hub staff (1) triaging members, and (2) serving members; or
- Appropriate financial disclosures to the member when the entity performing the FS planning, verification, or screening for FS programmatic eligibility is the same as the entity delivering the service.

## 5.6 Contracts and Partnership Agreements

ACOs must have agreements with SSOs that they work with for the delivery of FS. Those agreements are not required to be submitted to EOHHS.

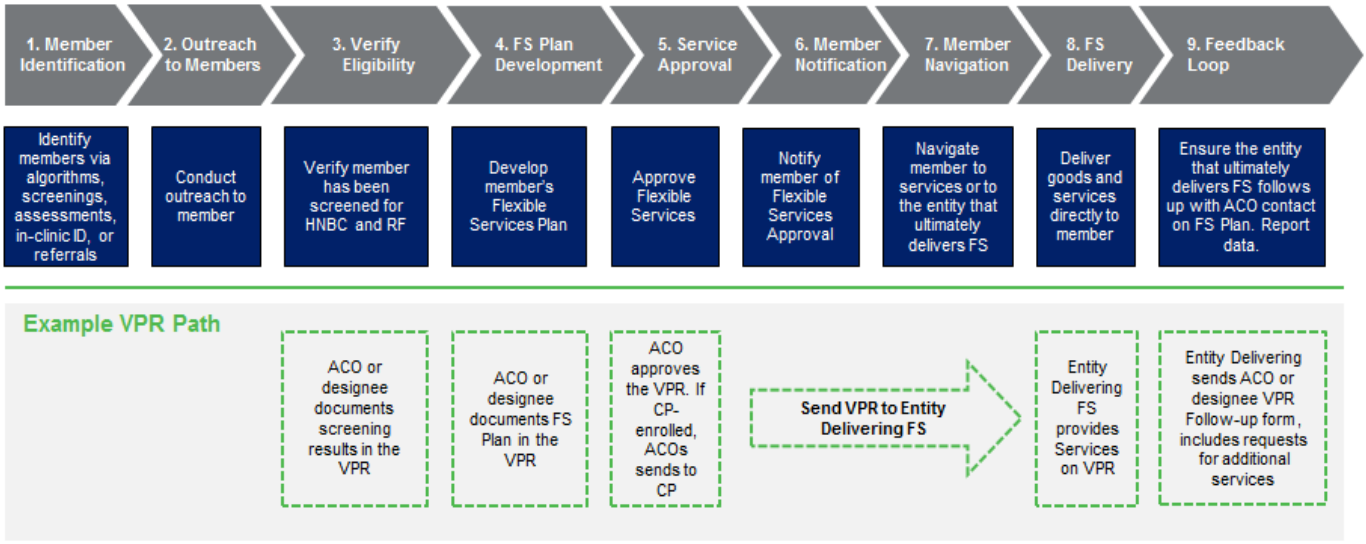
## Section 6. FS Process Flow

### 6.1 Overview

In providing FS, ACOs must ensure that requirements are met prior to and after the delivery of goods or services. For explanatory purposes, these requirements are outlined in the example process flow below (Figure 1). This flow is meant to illustrate the different actions that must be completed to receive FS but not the manner in which they need to be accomplished. ACOs may alter this example flow (e.g., combine steps) to operationalize their programs. Detailed information for each requirement will be indicated in their respective sections below. As noted above, ACOs may delegate these requirements to SSOs but are still responsible for overall successful administration of their FS programs and maintaining compliance with all federal and state requirements and guidelines.

To facilitate the transmission of information between ACOs, CPs, and SSOs as well as ensure compliance for verification and planning, ACOs will be required to utilize the VPR Form throughout the FS process. The example VPR Form Flow in Figure 1 is used to show the requirements of the VPR. The flow may be operationalized to meet the needs of ACOs, CPs, and SSOs. To further ensure the transmission of information between ACOs, CPs, and SSOs, ACOs are required to utilize electronic systems (e.g., secure e-mail, secure file transfer protocol, electronic platform) to refer members to SSOs for FS and follow up with SSOs post-referral. Figure 1. Example FS Process Flow including Example VPR Flow

**Figure 1. Example FS Process Flow including Example VPR Flow**




*Note: Workflow excludes non-member facing administrative functions such as: invoicing, payment and CMS/MassHealth compliance requirements.*

### 6.2 Identifying Members and Conducting Outreach

ACOs must define the target population for each individual FS program they establish, keeping in mind the eligibility criteria detailed in Section 1 of this document. ACOs are encouraged to work with their partners to identify their population. Once a target population is chosen, ACOs are responsible for

determining how they will identify members and conduct outreach. CPs or SSOs may assist ACOs in identifying potentially eligible members and referring them to ACOs to verify FS eligibility. ACOs must inform CPs of all the individual FS programs they are providing. ACOs must ensure their FPP is up to date as certain fields will be utilized for the Flexible Services Program Directory, which may be posted to MassHealth's website and shared with other ACOs and CPs (Section 9.2).

## 6.3 Identifying Members and Conducting Outreach

ACOs must define the target population for each individual FS program they establish, keeping in mind the eligibility criteria detailed in Section 1 of this document. ACOs are encouraged to work with their partners to identify their population. Once a target population is chosen, ACOs are responsible for determining how they will identify members and conduct outreach. CPs or SSOs may assist ACOs in identifying potentially eligible members and referring them to ACOs to verify FS eligibility. ACOs must inform CPs of all the individual FS programs they are providing. ACOs must ensure their FPP is up to date as certain fields will be utilized for the Flexible Services Program Directory, which may be posted to MassHealth's website and shared with other ACOs and CPs (Section 9.2).

## 6.4 Completing the FS VPR Form

### 6.4.1 Purpose of the VPR

After ACOs identify and outreach to members, ACOs must: (1) verify members are eligible for FS, and (2) create FS Plans with members. Detailed requirements related to verifying FS eligibility and planning for FS can be found in Sections 6.4 and 6.5.

ACOs must document the results of the FS screening verification and planning processes in MassHealth's VPR Form. The VPR Form will be used to document a member's FS need(s) and facilitate the transfer of member-specific data to applicable entities in a standardized format. More specifically, the VPR Form will be used to:

- Refer members approved for FS to SSOs;
- Close the Feedback Loop between the SSOs and the ACO; and
- Notify CPs of services an enrollee is receiving.

The VPR Form includes information regarding verification, planning, approval, and the feedback/follow-up**.** The VPR Form does not require the member's primary care provider's approval. The VPR Form must be exchanged utilizing electronic systems (e.g., secure e-mail, secure file transfer protocol, referral platform). EOHHS will release the VPR Form and the MassHealth Flexible Services VPR Form Instructions at a later date.

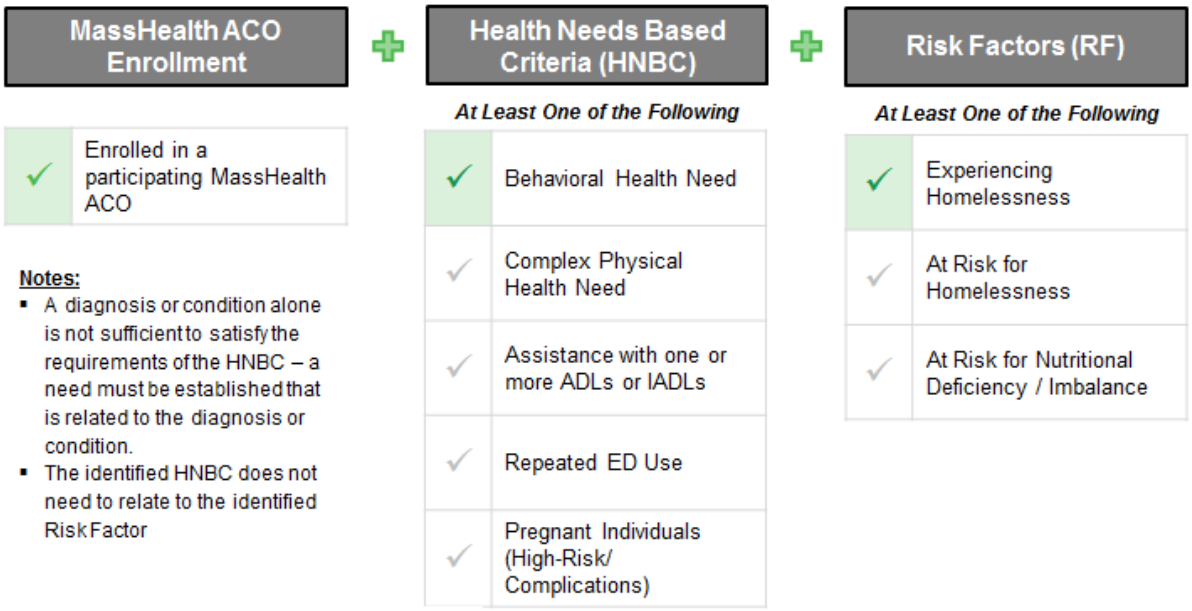
### 6.4.2 Accessibility of the VPR Form

ACOs must keep VPR Forms in a location accessible to the individuals managing the member's FS care. Entities must determine the individual responsible for managing the member's care. EOHHS reserves the right to collect VPR forms or to perform audits of such forms, as necessary.

## 6.5 Verifying FS Eligibility Overview

In order for members to receive FS, ACOs must verify that members are: (1) enrolled in a MassHealth ACO; and (2) programmatically eligible as determined through a screening tool or questions. Figure 2 illustrates an example of identified qualifications that verifies a member's FS eligibility.

**Figure 2. Example of Qualifications Met to Verify a Member's FS Eligibility**




### 6.5.1 MassHealth Enrollment

In order to receive FS, members must be enrolled in a MassHealth ACO. ACOs must, at a minimum, ensure members receiving FS are enrolled in a MassHealth ACO:

- On the date of the FS verification of screening results[14]; and
- On the first day of the FS episode of care[15]; and
- Every subsequent 90 calendar days from the initial date of service of an FS episode of care until the conclusion of the episode.

ACOs may delegate the task of MassHealth enrollment verification to SSOs by providing SSOs with access to the Electronic Verification System (EVS).

### 6.5.2 Programmatic Eligibility Requirements

ACOs must verify programmatically eligibility for FS. Screening results must demonstrate that the member meets at least one HNBC and one risk factor (Section 1) requirements. ACOs must ensure the

[14] The date of the FS Screening will not necessarily be the date the VPR is completed.

[15] Set of related Flexible Services (e.g., tenancy sustaining supports, home modifications, nutrition sustaining supports)

screenings used to verify a member's eligibility meet the criteria outlined below. If past screening results cannot be used to verify eligibility, the member may be re-screened utilizing the original screening or a different tool or determined to be ineligible for FS.

#### 6.5.2.1 Administration of Programmatic Screenings

Only certain individuals may conduct screenings including but not limited to social workers, case managers, licensed or unlicensed providers, Community Health Workers (CHWs), or individuals appropriately trained by ACOs. **Members cannot self-administer screenings** (e.g., member completes screening independently at home or provider setting). If a previously completed screening was self-administered, the ACO must confirm the results of the screening by re-administering the applicable questions in person, over the phone, or by utilizing a different screening in real time.

At least one of the meetings with the member regarding the FS programmatic screening or planning process must be conducted in-person except when otherwise directed by EOHHS (Section 6.5.1). The in-person assessment and planning may include assessments and planning performed by telehealth (e.g., telephone/videoconference), in situations when the member has provided informed consent to receive assessments and planning performed by telehealth, that the informed consent is documented by the ACO, and that the member receives the support needed to have the assessment conducted via telehealth (including any on-site support needed by the member). During a state of emergency declared by the federal or state government, the State may temporarily suspend this in-person meeting requirement for the duration of the state of emergency. The results of the programmatic screening do not require the member's primary care provider's approval.

**ACOs are not required to screen all ACO members for FS eligibility. Members determined to be eligible for FS are not guaranteed to receive FS.**

#### 6.5.2.2 Screening Tools to Verify FS Eligibility

ACOs must screen members for programmatic eligibility utilizing a tool or combination of tools that adequately assesses whether a member meets both the HNBC and risk factor criteria outlined in their FS programs. The tool or combination of tools do not need to assess for every possible HNBC and risk factor, but the risk factor(s) identified with the tool must align at a domain level (i.e., either nutrition or tenancy) with the services being provided. For example, if a member is determined to be eligible based on a HNBC and the risk factor of homelessness, the member would be eligible for Pre-Tenancy Supports – Individual or Transitional, Tenancy Sustaining Supports, or Home Modifications but would not be eligible for nutrition services. Members who are eligible based on the risk factors of homelessness and food insecurity would be eligible for services in either domain. Screening questions do not require validation and can be based on member attestation (e.g., if a member answers a question indicating they are experiencing homelessness, they do not need supporting documentation). ACOs may use historical administrative and clinical data in lieu of or in conjunction with a screening tool to determine a member's eligibility, if such data meets all requirements detailed in Section 6.4.2.

EOHHS does not require the submission or approval of screening tools. EOHHS will release a MassHealth FS Screening Tool that ACOs may utilize, in whole or in part, if they do not have an applicable tool or combination of tools.

#### 6.5.2.3 Screenings Prior to FS

Prior screenings may be used to verify eligibility for FS as long as the screening:

- Complies with Section 6.4.2;
- Occurred within the previous 12 months from the date of FS Plan approval;
- Was conducted by a qualified individual as outlined in Section 5.1; and
- Was not self-administered by the member.

#### 6.5.2.4 Rescreening

Members who have received FS must be rescreened if the member has:

- Not been screened in the last 12 months; or
- Finished services or received goods in one domain (e.g., tenancy) and now needs additional goods or services from a different domain (e.g., nutrition) for which there was no previous screening within the past 12 months.

If necessary, an FS Plan may be updated when the rescreening occurs (Section 6.5).

### 6.5.3 Documenting FS Eligibility Verification in the VPR

ACOs must complete the Verification section of the VPR Form to document a member's FS eligibility. This section includes:

- Member's HNBC subcategory (check the box);
- Member's risk factor(s) (check the box);
- Date(s) of screening(s) completion.

## 6.6 Developing an FS Plan

### 6.6.1 Administration of FS Planning

ACOs must abide by the following requirements when overseeing the FS Planning process:

- ACOs must create FS Plans together with members
- FS Plans must be consistent with the member's care plan or treatment plan, as applicable
- Individuals who may create FS Plans include, but are not limited to, social workers, case managers, licensed or unlicensed providers, CHWs, or individuals appropriately trained by ACOs
- ACOs are required to conduct at least one meeting of either the FS programmatic screening or planning process in-person with the member
    - The in-person assessment and planning may include assessments and planning performed by telehealth (e.g., telephone/videoconference), in situations when the member has provided informed consent to receive assessments and planning performed by telehealth, that the informed consent is documented by the ACO, and

that the member receives the support needed to have the assessment conducted via telehealth (including any on-site support needed by the member).
    - During a state of emergency declared by the federal or state government, EOHHS may temporarily suspend this in-person meeting requirement for the duration of the state of emergency.
- FS Plans are valid for up to one year following the date of ACO approval
- Members must verbally agree to the FS Plan
- The FS Plan does not require the member's primary care provider's approval nor is it required to be submitted to the PCP
- ACOs are not required to create FS Plans for all members who are determined to be eligible for FS but to whom the ACOs are not providing FS

### 6.6.2 FS Plan Elements

The FS Plan is a standardized section of the VPR Form that includes the following standardized fields:

- Date of Service
- Goals of the FS
- Flexible Services Category(s) (e.g., Home Modifications)
- Recommended services (e.g., assist in housing search and placement)
- Units of each service (e.g., hours, weeks, # of goods, episodes of care, bundles. This field will be defined by the ACO)
    - Examples may include:
        - 10 hours of tenancy supports, 12 weeks of home delivered meals, High Touch Pre-Tenancy Support Bundle, 1 HEPA Vacuum cleaner, 3 months of housing stabilization, $20 of produce
- Household Status (i.e., meals provided at the individual or household level, when allowable) and Size
- Entity delivering FS
- Steps for obtaining the FS
- ACO follow-up plan upon completion of services or goods
- Identifying receipt of public benefits (e.g., SNAP, WIC, CSP for Homeless Individuals).

The FS Plan must be documented in the VPR. ACOs may determine how best to complete this section of the VPR (e.g., in conjunction with partners) and ensure information is made available to those administering the plan. EOHHS will release the VPR Form, which includes a standardized template for the FS Plan and a companion instruction guide at a later date. Additional fields may be added at that time.

## 6.7 Approving FS

### 6.7.1 Review and Approval Processes

ACOs are required to create a review and approval process for their FS programs and have discretion over what that process entails. ACOs may choose, for example, to delegate review and approval to a designee, pre-approve a certain dollar amount for certain target populations (e.g., ACO authorizes SSO to spend a total of $X per month on their housing search program or ACO authorizes SSO to provide services to X number of members per month), or conduct an internal review and approval of each FS Plan (e.g., ACO designates approval to a specific PCP office up to X members per week). ACOs may have a different review and approval process for each individual FS program.

ACOs must review and either approve or reject a FS plan within 14 calendar days from the date of receipt of the VPR Form, with recognition that a faster approval process would likely be more advantageous for the member. Following the decision, approved VPR Forms must be sent to the SSO. For CP enrollees, VPR Forms must be sent to the enrollee's CP. If a plan is rejected, the reason must be recorded on the VPR Form and stored in a location accessible to the individuals managing the member's care.

### 6.7.2 Expedited Approval Processes

ACOs must create a process for expedited review, including under what circumstances such a review would be required. Expedited review and a decision of approval or denial must be completed within 72 hours from the date of receipt of the VPR Form.

### 6.7.3 Member Grievances

ACOs must provide members access to their grievance process as outlined in the ACO Contract.[16] Members may also utilize the Ombudsman Program. FS is not an entitlement program and not all members who are programmatically eligible will receive FS.

## 6.8 FS Notification and Navigation

Following the FS approval process, ACOs must notify members whether the FS Plan was approved or denied either verbally or in writing. If the FS Plan was approved, ACOs must navigate members to the appropriate SSO to receive their FS.

## 6.9 FS Delivery

Once eligible members have been approved for FS, notified of their approval, and navigated to the SSO, the SSO may begin providing FS, as outlined in the member's FS Plan.

## 6.10 Feedback Loop

ACOs must coordinate with SSOs to ensure that, at a minimum, FS delivery has occurred, also known as the Feedback Loop. After services are delivered, SSOs must complete the VPR Follow-up Form section

[16] Section 2.13 of the Accountable Care Partnership Plans Model Contract; Section 2.9.G. of the Primary Care ACO Model Contract

(Section 6.3) and send it back to the ACO. It is at the discretion of the ACO if the SSO should send the whole VPR Form back or just the Follow-up Form section.

The VPR Follow-up Form may include, but is not limited to, the following:

- Date that the Follow-up Form was completed
- Member Name, MassHealth ID, and Date of Birth
- SSO and contact information
- Entity reviewing FS and contact information
- Date that the Follow-up Form was completed
- List of FS completed
- Member goal status (e.g., member is no longer experiencing homelessness)
- Request for additional FS and rationale
- Member agreement to additional FS
- ACO approval of additional FS

SSOs that wish to request additional FS for members should consider sending the VPR Follow-up Form prior to the completion of services to ensure continuity of services, keeping in mind ACO approval timeframes. A new VPR and VPR Follow-up Form are not required for each date of service or specific FS. Instead, each form may be completed just once per episode of care. For example, if a member's FS plan includes 3 months of home-delivered meals, the VPR is required once at the beginning of the 3-month period. The SSO will submit the VPR Follow-up Form at the end of that service period either to inform the ACO that services have been completed or to request additional FS. ACOs and their partners must determine a workflow for closing the Feedback Loop in situations where services are not completed (e.g., after X weeks, the SSO has not been able to contact the member).

### 6.11 Verifying Members as of April 1, 2023

Some ACOs may have had engagement with members in FS from a previous contract. EOHHS intends to provide additional guidance on delivering FS to those members at a later date.

## Section 7. FS Data Collection & Reporting Requirements

### 7.1 Overview

ACOs are required to collect and report data on a regular basis as part of their participation in FSP. This section will provide an overview of these data collection and reporting requirements. ACOs may need to rely on SSOs to collect requisite data for submission to EOHHS.

ACOs will be required to report data in one of more of the following: Quarterly Tracking Report (QTR) which is comprised of the Member List and the BE tab of the FS Budget and Program Report (BPR), Semi-Annual Progress Report (SPR), Annual Progress Report (APR). Tables 4 and 5 outline the data collection points for CY23 and CY24, respectively. Descriptions of the reports are provided in Section 7.2.

ACOs should use the document naming convention detailed in Appendix Section 3.1.2 for Member Lists and Appendix Section 4.2 for all other reports. ACOs must submit all reports to the Flex inbox

(flexibleservices@mass.gov) and their FS point of contact, the EOHHS staff member who will serve as the ACO's primary FS liaison.

**Table 4. Data Collection Points per Deliverable for CY23**

| Due Date | 8/31/23 | 12/30/23 | 3/31/24 |
|---|---|---|---|
| **Reporting Time Period** | 4/1/23 – 6/30/23 | 7/1/23 – 9/30/23 | 4/1/23 – 12/31/23 |
| **Deliverable(s)** | • QTR | • QTR | • QTR<br>• APR |
| **Document(s) Due** | • Member List Template<br>• BPR—BE tab only | • Member List Template<br>• BPR—BE tab only | • Member List Template (*Reporting Time Period for this document is 10/1/23 – 12/31/23*)<br>• APR Template<br>• BPR—BE tab and Cost Analysis Tab |

**Table 5. Data Collection Points per Deliverable for CY24**

| Due Date | 6/30/24 | 8/31/24 | 12/30/24 | 3/31/25 |
|---|---|---|---|---|
| **Reporting Time Period** | 1/1/24-3/31/24 | 1/1/24 – 6/30/24 | 7/1/24 – 9/30/24 | 1/1/24 – 12/31/24 |
| **Deliverable(s)** | • QTR | • QTR<br>• SPR | • QTR | • QTR<br>• APR |
| **Document(s) Due** | • Member List Template<br>• BPR—BE tab only | • Member List Template (*Reporting Time Period for this document is 4/1/24 – 6/30/24*)<br>• BPR—BE tab only<br>• SPR Template | • Member List Template<br>• BPR—BE tab only | • Member List Template (*Reporting Time Period for this document is 10/1/24 – 12/31/24*)<br>• BPR—BE tab and Cost Analysis tab<br>• APR Template |

## 7.2 Report Descriptions

Below are brief descriptions of each document referenced in Tables 4 and 5. EOHHS will provide templates for each report prior to the submission deadline. Please see Section 7.2.1 for overview of the Member List and Section 10.4 for further detail and description of the BPR requirements.

- **Member List Template** (Release pending)
    - List of members who have received FS and information on services and social metrics.
- **Semi-Annual Progress Report Template** (Release pending)
    - A comprehensive report and evaluation of the ACO's FS programs as it relates to the goals of the FPP during the first half of the Contract Year.
- **Annual Progress Report Template** (Release pending)
    - A comprehensive report and evaluation of the ACO's FS programs as it relates to the goals of the FPP during the entire Contract Year.
- **FS Budget and Program Report** (Attachment A)
    - A report providing a summary of programs offered by the ACO, the total budget and expenditures, a cost per member per program estimate for the year, and staff salary information. The line-item expenditures in this report will be updated quarterly, all other information in this report is updated annually.

### 7.2.1 Quarterly Tracking Report

The Quarterly Tracking Report (QTR) consists of two deliverables: the Member List and the line-item expenditures in the Budget-Expenditures tab of the BPR. ACOs are responsible for collecting, aggregating, and reporting the lists of members who have received FS from each SSO on a quarterly basis. ACOs must use the EOHHS Member List template to report the list of members who have received FS. Simultaneously, ACOs are responsible for submitting line-item expenditures associated with those services each quarter.

Member Lists must be submitted via OnBase. ACOs working with SSOs must collaborate with those entities to obtain lists of members served by those entities, as needed. Please see Appendix Section 3 for Member List specifications.

#### 7.2.1.1 Comparison Group

ACOs are responsible for annually collecting, aggregating, and reporting lists of members who were screened and verified as eligible for FS in a given Contract Year but did not receive FS (i.e., the "Comparison Group"), either in that same Contract Year or up to 45 calendar days following the end of the Contract Year. As an example, a member who was screened and verified as eligible for FS in January 2024 and did not receive services between January 2024 and 45 calendar days after the end of CY23 (i.e., February 14, 2024) would be included in this Comparison Group.

The data on the Comparison Group must be included in the Comparison Group Tab in the Member List template and submitted to EOHHS on an annual basis with the ACO's Annual Progress Report.

Please see Section 7.1 for anticipated reporting cadence of QTRs, Semi-Annual Progress Reports, and Annual Progress Reports.

### 7.2.2 Semi-Annual and Annual Progress Reports

EOHHS will release additional guidance on Semi-Annual and Annual Progress Report requirements at a later date. Data required for these reports may include, but are not limited to the following:

- Aggregate Process Measures (e.g., number of members screened)
- Program and Partnership updates
- Health Equity Analyses (Section 7.4)
- Expenditures and Cost Analyses

## 7.3 FS Standardized Metrics

ACOs or their designees are responsible for collecting and reporting the FS standardized metrics. There are three types of standardized metrics: clinical (Section 7.3.1), social (Section 7.3.2), and utilization & cost (Section 7.3.3). Each type will have different reporting levels, cadence, and data sources. Individual metrics within the different metric types each have their own specific target populations. EOHHS reserves the right to update the FS standardized metrics including adding new metrics during the course of the Contract Year. ACOs are highly encouraged to collect data and monitor outcomes relevant to individual programs that fall outside the scope of the FS standardized metrics (e.g., Asthma Control Test, missed school days) and do not require reporting to EOHHS.

### 7.3.1 Standardized Clinical Metrics

The standardized clinical metrics will be used to evaluate the impact of FS programs on specific health conditions through the clinical markers of HbA1c and blood pressure levels. The standardized clinical metric, HbA1c levels, will be used to evaluate impact for members whose qualifying HNBC associated condition for FS was diabetes. Blood pressure levels will be used to evaluate impact for members whose qualifying HNBC associated condition for FS was hypertension. Descriptions of each HNBC and associated conditions can be found in Appendix Section 2.1.

#### 7.3.1.1 Reporting Requirements

For the standardized clinical metrics, ACOs are required to submit data to support the evaluation of the clinical outcomes of diabetes or hypertension as described in Appendix Section 2.1. The data must be reported via the supplemental data file submitted for MassHealth Quality Reporting due in May 2024 (Table 6). It is the responsibility of the ACO to ensure that the member data is complete and accurate according to the specifications laid out by the MassHealth Quality Team.

**Table 6. FS Standardized Clinical Metrics Reporting Guidelines**

| Metric | Target Population | Reporting Level | Cadence | Data Source |
|---|---|---|---|---|
| HbA1c Levels | Members whose qualifying HNBC was diabetes | Individual Member | Annually | Supplemental Data File via ACOs |
| Blood Pressure Levels | Members whose qualifying HNBC was hypertension | Individual Member | Annually | Supplemental Data File via ACOs |

### 7.3.2 Standardized Social Metrics

The standardized social metrics will be used to evaluate the impact of FS programs on the member's risk factor(s). There are three social metrics. Each metric consists of a survey that ACOs or their designees must administer to each member depending on the FS the member receives. Table 7 outlines the details on each survey including their target populations, the questions that comprise each survey, and the corresponding response options to each question.

ACOs or their designees are required to conduct each survey to the applicable target population at three different points of the member journey: at start date, at end date, and post-enrollment.

- Each time point is defined as: **Start Date:** first contact from SSO;
- **Post-Enrollment:** 12 months after the start date. For the purposes of the standardized social metrics, post-enrollment surveys must be conducted regardless of the member's program status (i.e., completed FS program prior to 12 months);
- End Date: last contact from SSO (i.e., when a case is closed). For the purposes of the standardized social metrics, the end date must be at least 30 days after start date

**Table 7. Flexible Services Standardized Social Metrics Survey Questions & Response Options**

| Survey | FS Population | Questions | Member Response Options |
|---|---|---|---|
| General Survey[17] | All FS recipients | 1. In general, how would you rate your overall physical health? | Excellent, Very Good, Good, Fair, Poor |
| | | 2. In general, how would you rate your overall mental or emotional health? | Excellent, Very Good, Good, Fair, Poor |
| Nutrition Survey[18] | Nutrition FS recipients | 1. Within the last 30 days, we worried whether our food would run out before we got money to buy more. | Often true, Sometimes true, Never true |
| | | 2. Within the last 30 days, the food we bought just didn't last and we didn't have enough money to get more. | Often true, Sometimes true, Never true |
| Tenancy Survey[19] | Tenancy FS recipients | 1. What is your housing situation today? | a. I do not have housing (I am staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)<br>b. I have housing today, but am worried about losing it in the future<br>c. I have housing |
| | | 2. If the member responded "B" or "C" to the above question: Think about the place you live. How concerned are you about:<br>a. The cost of your housing<br>b. The safety or condition of your **housing** because of things such as pests, mold, lead paint or pipes, water leaks, not enough heat, appliances not working, or risk of falling<br>c. The safety of your **neighborhood** | Not concerned at all, Somewhat concerned, Very concerned |

[17] https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form/survey-instrument.html; https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2239338

[18] https://childrenshealthwatch.org/public-policy/hunger-vital-sign/

[19] https://nam.edu/wp-content/uploads/2017/05/Standardized-Screening-for-Health-Related-Social-Needs-in-Clinical-Settings.pdf

#### 7.3.2.1 Proxy Respondents

For the purposes of the standardized social metrics, survey responses should be from the view of the member receiving FS. Data are considered to be from the member's view if it has been provided by either: (a) the member, or (b) a proxy respondent. ACOs should prioritize the FS member as the respondent to the standardized social metrics surveys. However, if the FS member is unable to respond to the questions, a proxy respondent may respond on behalf of the FS member. Proxy respondents must be familiar with the member's circumstances and able to speak to the member's perspective.

Eligible proxy respondents may include, but are not limited to, the member's parents, caregivers, guardians, spouse, or partner. Proxy respondents may respond to the standardized social metric surveys on the member's behalf in circumstances such as if the member is under 18 years old or if member has an HNBC that prevents them from understanding or responding to the survey questions.

When conducting the FS social metric surveys with proxy respondents, ACOs should consider rephrasing the questions to better suit the context (Table 8). If a proxy respondent responds to the standardized social metric surveys, ACOs or their designees must administer the surveys to the same proxy respondent at every time point (Section 7.3.2) whenever possible. Additionally, ACOs must report the relationship of the proxy respondent to the member in the Member List (Appendix Section 3).

**Table 8. FS Standardized Social Metrics Survey Questions & Response Options for Proxy Respondents**

*To proxy respondent: In answering these questions, please provide your best assessment of the experience of the person themselves.*

| Survey | FS Population | Question | Member Response Options |
|---|---|---|---|
| General Survey | All FS recipients | 1. In general, how would you rate [FS MEMBER NAME'S] overall physical health? | Excellent, Very Good, Good, Fair, Poor |
| | | 2. In general, how would you rate [FS MEMBER NAME'S] overall mental or emotional health? | Excellent, Very Good, Good, Fair, Poor |
| Nutrition Survey | Nutrition FS recipients | 1. Within the last 30 days, [FS MEMBER NAME or their household] worried whether [their] food would run out before [they] got money to buy more. | Often true, Sometimes true, Never true |
| | | 2. Within the last 30 days, the food [FS MEMBER NAME or their household] bought just didn't last and [they] didn't have enough money to get more. | Often true, Sometimes true, Never true |
| Tenancy Survey | Tenancy FS recipients | 1. What is [FS MEMBER NAME] housing situation today? | a. [They] do not have housing ([They are] staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)<br>b. [They] have housing today, but are worried about losing it in the future<br>c. [They] have housing |
| | | 2. If the member responded "B" or "C" to the above question: Think about the place [FS MEMBER NAME] lives. How concerned are [they] about:<br>a. The cost of [their] housing<br>b. The safety or condition of [their] **housing** because of things such as pests, mold, lead paint or pipes, water leaks, not enough heat, appliances not working, or risk of falling<br>c. The safety of [their] **neighborhood** | Not concerned at all, Somewhat concerned, Very concerned |

#### 7.3.2.2 Reporting Requirements

ACOs are required to report the survey responses of each individual member in the Member List (Table 9). ACOs must complete the appropriate fields in the Member List according to the FS the member has

received and the point in the member journey at time of submission (Section 7.3.2 and Appendix Section 3).

If the ACO is not able to report the member's response, they may select the applicable explanation in the Member List from the choices below. These options are only for the purposes of reporting and should not be included in the member response options.

- Response Unavailable – Refused to Respond
- Response Unavailable – Lost Contact

**Table 9. FS Standardized Social Metrics Reporting Guidelines**

| Metric | Target Population | Reporting Level | Cadence | Data Source |
|---|---|---|---|---|
| General Survey | All FS recipients | Individual Member | Quarterly | ACOs via Member List |
| Nutrition Survey | Nutrition FS recipients | Individual Member | Quarterly | ACOs via Member List |
| Tenancy Survey | Tenancy FS recipients | Individual Member | Quarterly | ACOs via Member List |

### 7.3.3 Standardized Utilization & Cost Metrics

The standardized utilization and cost metrics will be used to evaluate the impact of FS programs on utilization and total cost of care. There are three standardized utilization metrics and one standardized cost metric: physical health inpatient visits, behavioral health inpatient visits, emergency department visits, and total cost of care, respectively. All four metrics will be applied to all members who received FS Reporting Requirements

#### 7.3.3.1 Reporting Requirements

ACOs will not report standardized cost and utilization metrics (Table 10). Adhering to existing MassHealth ACO Reporting utilization and cost measure specifications, EOHHS will utilize administrative data and apply them to members reported in the Member List for these metrics. EOHHS anticipates informing ACOs of outcomes of the costs and utilization metrics analysis as possible.

**Table 10. FS Standardized Utilization & Cost Metrics Reporting Guidelines**

| Metric | Target Population | Reporting Level | Cadence | Data Source |
|---|---|---|---|---|
| Physical Health Inpatient Admissions | All FS recipients & comparison group | Individual Member | Annually | MassHealth Administrative Data |
| Behavioral Health Inpatient Admissions | All FS recipients & comparison group | Individual Member | Annually | MassHealth Administrative Data |
| Emergency Department Visits | All FS recipients & comparison group | Individual Member | Annually | MassHealth Administrative Data |
| Total Cost of Care | All FS recipients & comparison group | Individual Member | Annually | MassHealth Administrative Data |

### 7.4 FS and Health Equity

MassHealth seeks to achieve equitable access to Flexible Services for all our members including those with demographic or social risk factors that may impact access or outcomes. ACOs must utilize their demographic data (e.g., race, ethnicity, language, disability, sexual orientation, and gender identity) and HRSN data for all members receiving FS to identify and address gaps in FS access or outcomes.

#### 7.4.1 FS Participation Plan

In their FPPs, ACOs shall include their plan to ensure equity in FS access and outcomes for members, regardless of their demographic characteristics, in a manner that meets their unique needs. Such interventions should promote access and delivery of services in a culturally competent manner to all members, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of sexual orientation and gender identity. This may include increased outreach efforts, additional training for staff conducting screening and planning, or additional navigation support.

## Section 8. FS Timeline

For CY23, EOHHS anticipates that FPPs and Budgets will be due by COB January 31, 2023, as a part of Readiness Review. ACOs must submit their proposed FS FPPs, Budgets, and Member Facing Materials to MassHealth.RR.Submissions@massmail.state.ma.us and flexibleservices@mass.gov. For the Readiness Review submission, ACOs should use the Readiness Review naming convention detailed in Appendix Section 4.1 for each document.

For ACOs that meet criteria for programmatic approval, EOHHS intends to approve FPPs and Budgets in March 2023 so that funds can be disbursed, and ACOs can launch programs in April 2023. EOHHS may approve ACOs to move forward with certain programs but not others. ACOs may refer to Section 11 for additional details on the FPP approval process. Below is a high-level anticipated FSP Timeline (Table 11).

**Table 11. Anticipated FS Timeline**

| Anticipated Date | Task |
|---|---|
| **December 5, 2022** | CY23 – CY24 Guidance Release |
| **December 16, 2022** | Flexible Services Contract Year 2023 Guidance Meeting |
| **January 31, 2023** | ACO Readiness Review<br>ACOs submit FPP, BBN, and member facing materials to EOHHS |
| **February 2023** | EOHHS provides feedback on FPP, BBN, and member facing materials to ACOs. ACOs make edits and respond to feedback back as necessary |
| **March 2023** | EOHHS approves FPP, Budget, and member facing materials<br>ACOs sign contracts with SSOs |
| **April 2023** | ACO launch FS programs<br>EOHHS disburses FS funds to approved FS programs |

## Section 9. FS Participation Plan

### 9.1 Overview and Purpose

The FSP tests whether ACOs can reduce TCOC and health disparities and improve or prevent the worsening of members' health outcomes by implementing targeted evidenced based programs. Through the FPP, each ACO must propose FS programs that seek to meet the overarching goals of reducing TCOC as well as health disparities and either (1) improving members' health outcomes or (2) preventing the worsening of members' health outcomes.

All ACOs must submit their FPPs with the specified information about their overall FS program and each individual FS program they intend to implement throughout CY23 – CY24, as currently known. An ACO has only one FPP but may have multiple FS programs within that FPP. Each individual program should receive its own separate section under the Program Delivery section. For example, if an ACO had two tenancy programs and two nutrition programs, it would have one FPP that has four separate Program Delivery sections. If an ACO is providing the same service through multiple SSOs, the ACO should still have separate Program Delivery sections for each SSO. For example, if ACO A contracts with SSOs B and C to provide medically tailored meals, then it would have one FPP with distinct program sections for SSO B and SSO C. If SSOs are working together on one program (e.g., one SSO provides nutrition education and the other provides medically tailored meals), both SSOs may be included as one individual program in the Program Delivery section of the FPP.

The FPP submission is comprised of three separate components.

1. Budget, Program, and Reporting (BPR) Template
    - Overall Program Summary tab: details the ACO's FS programs (Section 9.2)
    - Budget & Expenditure tab (Section 10.4): outlines how the ACO proposes to spend its allocated FS funding
    - Budget Narrative tab (Section 10.5): provides additional details on costs
2. Program Design & Delivery Template (Section 9.3): describes the ACO's FS strategy
3. Member Facing Materials (Section 9.4): details ACO materials for FS member outreach and engagement

Except for new program proposals and existing program modifications, ACOs will submit the Program Design and Delivery template (Attachment B) once during Readiness Review and should not have to resubmit during CY23 or CY24, subject to EOHHS discretion.

EOHHS will review the FPPs as described in Section 11 to determine whether the plans may be approved. If an individual FS program does not have the information necessary for approval, the ACO may still be able to proceed with programs that are approved. ACOs will be able to modify FPPs throughout the two contract years to account for additional information and programs as well as changes to existing programs. More information about modifications to the FPP and Budget can be found in Section 12. When submitting new programs or modifications to existing programs, ACOs must update the most recently approved FPP and Budget using track changes.

## 9.2 FS Participation Plan: Program Summary

The Program Summary tab of the BPR (Attachment A) is an Excel spreadsheet that provides the record of the ACO's full slate of FS programs. ACOs must fill out the following fields (Columns A-R) for each FS program. Row 10 of the Program Summary tab in Attachment A provides an example of a completed program summary for an FS program.

Where noted, EOHHS will utilize responses to certain fields to create a Flexible Services Program Directory which will be posted to MassHealth's website and shared with ACOs and CPs.

A. **ACO Name:** the name of the Accountable Care Organization. Responses will be included in the Program Directory.
B. **Program Identifier:** the program identifier allows EOHHS to link programs from the ACO's FS Budget to those in the FPP and ensure that all documents align. ACOs must provide a unique program identifier for each individual program. The program identifier provided in the FPP must exactly match the program identifier in the ACO's BE tab and will auto-populate in the BN tab. Responses will be included in the Program Directory.
C. **Submission Type:** from the drop-down list, ACOs must select one submission type for the individual program. Program submissions may be one of three types: continuing, modification, or new. For CY23, all program submissions during Readiness Review should be classified as "new". For CY24, "continuing" programs are continuations from CY23. Modifications are updates to previously approved programs (Section 12).
D. **Program Type:** from the drop-down list, ACOs must select one program type for the individual program. The three options for program type are external, internal, and hybrid. External programs are those wherein an SSO provides the FS. Internal programs are those wherein the ACO provides FS. Hybrid programs are a combination of both external and internal programs.
E. **CY23 Budget:** the dollars requested, dependent upon the ACO's allocation, to fund the individual program for CY23. The field will auto-populate with totals from relevant budget lines in the BE tab. Therefore, please ensure that the Program Identifiers match those reported in the BE tab.
F. **Domain(s):** from the drop-down list, ACOs must select the domain of the individual program. The three options for domain are nutrition, tenancy, and nutrition & tenancy. Descriptions of each domain can be found in Section 2. Responses will be included in the Program Directory.
G. **Goods & Services:** from the drop-down list, ACOs must select the goods and services that make up the individual program. ACOs may select as many goods and services options as applicable for each individual program. Descriptions of each good and service can be found in Appendix Section 2.2. Responses will be included in the Program Directory.
H. **Goods & Services Other:** if an "Other" option was selected in the Goods & Services field, ACOs must provide additional details regarding the specific good or service. Responses will be included in the Program Directory.
I. **Length of Program:** ACOs must provide the number of weeks an average member is anticipated to receive services from the individual program. This estimate should not include the additional period if the member extends or restarts the program.

J. **Delivery Entity(ies):** ACOs must identify the entity delivering the goods and services of the individual program. This may be an SSO or the ACO itself. ACOs may list as many delivery entities as applicable. Responses will be included in the Program Directory.
K. **Service Area(s):** from the drop-down list, ACOs must select the geographical region(s) that the individual program will serve. A list of the towns, Zip Codes, and counties that comprise each service area can be found in the Service Areas Detail tab of the BPR. ACOs may select as many service areas as applicable. Responses will be included in the Program Directory.
L. **HNBC & Associated Conditions:** from the drop-down list, ACOs must select the health needs-based and where appliable, the associated condition(s) that define the target population of the individual program. ACOs may select as many HNBC and associated conditions as applicable to the individual program. Definitions for the five HNBC can be found in Section 1.1, and a full list of associated conditions and their respective descriptions is available in Appendix Section 2.1. Responses will be included in the Program Directory.
M. **HNBC & Associated Conditions Other:** if an "Other" option was selected in the HNBC and Associated Conditions field, ACOs must provide additional details of the specific associated condition. Responses will be included in the Program Directory.
N. **Risk Factor(s):** from the drop-down list, ACOs must select the qualifying risk factor(s) for the individual program. The three options for risk factor are experiencing homelessness, at risk of experiencing homelessness, and at risk for nutritional deficiency or imbalance due to food insecurity. Descriptions of each risk factor can be found in Section 1.2. ACOs may select as many risk factors as applicable to the individual program. Responses will be included in the Program Directory.
O. **CY23 Estimated Unique Adult Members Served:** ACOs must provide an estimated number of unique adult individuals (eligible members 21 years old and older) the individual program anticipates serving for the Contract Year.
P. **CY23 Estimated Unique Pediatric Members Served:** ACOs must provide an estimated number of unique pediatric individuals (eligible members under 21 years of age) the individual program anticipates serving for the contract year.
Q. **Delivery Entity Contact (EOHHS Use):** ACOs must provide the name, phone number, and email of the delivery entity point of contact responsible for managing the FS contract and program.
R. **Referral Contact:** ACOs must provide the name, phone number, and email of the point of contact to receive FS referrals. Responses will be included in the Program Directory.

## 9.3 FS Participation Plans: Program Design & Delivery

The Program Design and Delivery component of the FPP (Attachment B) asks about the ACO FS strategy and the SSOs with which ACOs have chosen to partner to deliver FS. For CY23, ACOs must respond to all the following prompts and questions as a part of their FPP submission. For CY24, ACOs will only need to submit the Program Design & Delivery portion of the FPP when proposing a new program or requesting a modification to an existing program. Where specified, ACOs will submit certain sections once regardless of new program proposals or existing program modifications.

## I. Program Design

The Program Design section describes the ACO's FS strategy. ACOs must answer the questions below as part of the FPP.

### 1. ACO FS Operating Model

*One Time Submission*: Please provide an organizational chart detailing relevant staff (i.e., position title and name) involved in program development, oversight, and implementation of Flexible Services such that it meets the ACO Contract requirements.[20] Please specifically identity staff who will act as the primary Point of Contact for FS.

### 2. Program Workflows

*One Time Submission*: Please describe the ACO strategy, through answering Question 2a and 2b below, to ensure that proposed FS programs will serve at least 1% of Enrollees, budget and spend at least 75% of FS allocation, and conduct program evaluation.[21] Submissions must be in visual formats such as flowcharts, process flows, slide decks, or Visios. Please see Attachments B1 and B2 for examples of workflows. ACOs may alter the example workflows (e.g., combine or reorder steps) to represent programs more accurately.

ACOs may choose to incorporate the Member Engagement and Data Exchange and Evaluation workflows into one submission.

a. Member Engagement
    1. Outline the workflows and key steps involved in screening, referring, navigating, delivering, and closing the Feedback Loop for providing Flexible Services to eligible members. Please indicate where workflows differ significantly for specific SSOs and provide additional detail, if applicable (e.g., SSO utilizes different case management platform, ACO leverages hub model). Submissions must:

        1. Detail each step in Figure 1 (Section 6.1) of the guidance document. At a minimum, ACOs should detail the task(s) associated with each step and the approximate timeline between each step.
        2. Delineate specific staff roles at the position and entity level (e.g., providers in ED, SSO case managers, ACO program managers and Community Health Workers)
        3. Identify communication mechanisms (e.g., electronic referral platform, secure email, telephone)
        4. Depict hub model, as applicable

b. Data Exchange and Evaluation
    1. Outline the workflows including key steps for collecting, sharing, and reporting FS member data and program metrics between the member and ACO/SSO as well as

[20] Section 2.22.A of the ACPP Model Contract and Section 2.13.A of the PCACO Model Contract
[21] Section 2.22.A of the ACPP Model Contract and Section 2.13.A of the PCACO Model Contract

between SSO and ACO. Please indicate where workflows differ significantly for specific SSOs and provide additional detail, if applicable (e.g., SSO utilizes different communication mechanism). Submissions must:

1. Delineate specific staff roles at the position and entity level (e.g., SSO case managers, ACO program managers, IT Support)
2. Provide details on communication mechanisms (e.g.., electronic referral platform, email, telephone)

**3. Health Equity**

a. Explain how the program(s) will promote health equity.
   1. Please elaborate on how the ACO will ensure equitable access to Flexible Services regardless of race, ethnicity, language, disability, sex, sexual orientation, and gender identity and address potential disparities in access and outcomes.
   2. How will the ACO ensure services are culturally appropriate (e.g., food options are appropriate) and trauma informed?
      I.3.a.2.1.1. If an SSO is unable to meet certain cultural needs or trauma responses, how will the ACO ensure they can address those needs?

## II. Program Delivery

The Program Delivery section describes the ACO's FS delivery model. ACOs must answer the questions below as part of the FPP. Responses should not exceed three (3) pages per SSO and four (4) pages per hub model.

**1. Program Identifier:** the program identifier should match the one provided in the Program Summary tab (Section 9.2)

**2. Individual Program**

a. ACOs may build programs internally, partner with an external delivery entity (i.e., SSO), or both. If building internally, please describe the specific rationale for proposing to deliver these FS services and goods internally and how the ACO determined that SSOs lack the capability to, capacity to, or interest in delivering such services and goods.

   1. Who in the community (i.e., Regional Continuums of Care, SSOs) did you speak with before deciding to propose this program to be delivered internally and what was the perspective from those entities?
   2. Please explain the ACO's expertise and ability to handle this program in-house.

b. Organizations that are providing home delivered meals at a household level, when allowable:

   1. Describe the plan to coordinate nutrition services for the household and nutrition services specifically for the member.
   2. Describe how the ACO will ensure members do not receive resources beyond the need to their household.

**3. Delivery Entity Qualifications**

The following must be completed for each distinct delivery entity. If the delivery entity is the same across multiple FS programs (i.e., SSO A is the delivery entity for Program B and Program C), the ACO may reference the relevant section rather than provide multiple responses.

a. Describe specific experience(s) and demonstrated success(es) of the delivery entity in providing the proposed services and goods to the target population.
    1. Organizations providing food directly to the member (e.g., food boxes, home delivered meals) should include details on what nutritional standards they follow for meeting nutritional requirements and how they ensure the requirements are met (e.g., Dietary Guidelines for Americans and review and monitoring by a Registered Dietitian)

b. Explain if the entity will be using a hub model. Please describe:
    1. How the hub will be funded
    2. The entities participating in the hub and their roles

c. Explain how the delivery entity will maintain high levels of cultural competence and have adequate resourcing to address the needs of a diverse population (e.g., bilingual staff, culturally appropriate meals, continuous diversity, equity, and inclusion training).
    1. If the entity cannot currently, describe how it plans to be able to do so by launch (e.g., scheduled trainings or intended hiring for which resources exist).

## 9.4 Member Facing Materials

ACOs must submit all member-facing materials (including materials that their SSO may distribute) regarding their FS programs for review and approval by EOHHS. For CY23, all FS programs are considered new and as such, ACOs must submit all associated member-facing materials to EOHHS for approval with the FPP and Budget submissions by COB January 31, 2023, as a part of Readiness Review. This includes, but is not limited to:

- Any **materials used for outreach** to potential FS program participants
- Any **informational materials** provided to members who have been screened and approved for FS or are receiving FS

Member-facing materials may include, but are not limited to, physical pamphlets, e-mails, call center scripts, or FAQs. ACOs should plan their communication strategy in collaboration with their SSO as appropriate. Any member-facing communications must comply with the marketing and communication requirements outlined in the ACO Contract.[22]

At minimum, ACOs must submit a Member-Facing Material Template (Attachment C) for each individual program. The Member-Facing Material Template must include a call center script and a description of the plan to distribute and utilize the proposed member-facing materials to outreach to, intake, or inform

[22] Section 2.12 of the ACPP Model Contract and Section 2.7 of the PCACO Model Contract

potentially eligible members in their selected target populations about the FS program or next steps to receiving FS.

For Readiness Review, ACOs must submit member-facing materials including the Member-Facing Material Template to MassHealth.RR.Submissions@massmail.state.ma.us and flexibleservices@mass.gov. For the submission, ACOs should use the document naming convention detailed in Appendix Section 4.1 for each document. Outside of Readiness Review, all subsequent submissions of MFM should be sent to flexibleservices@mass.gov and the ACO Flex point of contact and follow the naming convention detailed in Appendix Section 4.2.

## Section 10. FS Budget & Budget Narrative

### 10.1 Overview

The CY23 FS Budget deliverables show how ACOs propose to spend their allocated FS funding over the course of CY23.

### 10.2 Submission

To complete this deliverable, ACOs will use the following documents and complete only the sections of the document listed in the sub-bullets:

- **Flexible Services Budget and Program Report Spreadsheet** (BPR; Attachment A)
    - Budget & Expenditure tab (BE)
    - Budget Narrative tab (BN)

ACOs must complete and submit the relevant tabs in their original format to EOHHS by **COB January 31, 2023,** as a part of Readiness Review**.** ACOs must submit their CY23 FS Budget to MassHealth.RR.Submissions@massmail.state.ma.us and flexibleservices@mass.gov. For the submission, ACOs should use the document naming convention detailed in Appendix Section 4.1. Outside of Readiness Review, all subsequent submissions of the FS Budget should be sent to flexibleservices@mass.gov and the ACO Flex point of contact and follow the naming convention detailed in Appendix Section 4.2.

### 10.3 Key Considerations

In completing the BE and BN tabs, ACOs must:

- Budget to the **amount** of anticipated spending within each of the FS funding streams and according to ACO Contract requirements (Section 4). The anticipated CY23 FS funding is the ACO's CY23 FS Funding Allocation as described in the ACO's CY23 FS Funding Notification letter.
    - Multiple funding streams may be allowed in the same program.
    - Budgeting over the ACO's anticipated FS funding is disallowable and will result in required revisions.
    - If EOHHS approves budgets that amount to less than an ACO's anticipated FS funding, EOHHS will hold any unapproved funding until it grants additional budget approvals.

- Budget to what they realistically expect costs to be (e.g., average cost per member) as opposed to budgeting to the maximum amount possible per member.
- Ensure that individual programs in the BE and BN tabs of the BPR are included in the FPP and have the **same program identifier** across all three tabs.
- Fill out every cell for each line-item
    - If an individual program comprises five line-items, all five of those line-items must have the same program identifier and program domain.
- Ensure that all proposed investments are **allowable** per the guidance in Section 2.
- Provide additional details regarding goods and staffing in the BN tab of the BPR (Section 10.5)

## 10.4 CY23 Budget & Expenditure Tab

### 10.4.1 Initial Submission

Below are instructions on completing the CY23 BE tab of the BPR for the purposes of the FPP submission due COB January 31, 2023 (Section 9).

**STEP 1: Review ACO's CY23 FS Funding**. EOHHS will prepopulate cells I8, I9, and I10 with the amounts of FS funding allocated to each funding stream for the ACO in CY23.

- If you believe that the prepopulated information does not correspond to the amount in your ACO's CY23 Flexible Services Funding Notification letter, please reach out to flexibleservices@mass.gov and your FS point of contact immediately to determine next steps.

**STEP 2: Add ACO's CY23 FS programs**. In columns A-I starting in row 14, please add the individual programs and corresponding line-items that the ACO intends to support with FS funding during CY23. ACOs must ensure that all programs and corresponding line-items are allowable (Section 2 for allowable and disallowable uses of FS funding and Section 4.2 for infrastructure and administrative uses). Below is information on how to complete Step 2:

- An individual program may have multiple budget line numbers and line-items.
- Each row of BE tab must contain a unique line-item that is specifically either services or goods. Transportation is a separate line-item and considered a "good".
- ACOs must **not** include different line-item types (i.e., services and goods) in the same budget line (e.g., Pre-Tenancy Individual (service) and Transportation – Housing (good) should not be grouped together in one budget line).
- ACOs should **not** list the SSO administrative costs as a separate line-item in the BE tab. Program level delivery entity administrative costs should be included in the totals of the line-items that make up the program.
- ACOs **may** group services from the same category into the same budget line or goods from the same category into the same budget line-item. For example, an ACO planning to provide multiple types of Pre-Tenancy- Individual Supports (e.g., addressing barriers to housing [service #1] and locating housing [service #2]) could group them together as a "Pre-Tenancy Individual" line-item. However, ACOs will not be able to group locating housing (a Pre-Tenancy Individual Support) with assistance with budgeting (a Tenancy Sustaining Support).

- ACOs should include staffing costs associated with the delivery of FS in the proposed budget line-items. Staffing costs are considered a "service" Expense Type. If the staff person is employed by the ACO or SSO, these costs must only reflect the percent of time spent on service delivery, the corresponding fringe costs, and any relevant program administrative costs. Any funds budgeted for staffing costs associated with the delivery of FS and fringe that are unspent, but which have already been disbursed to the ACO must be rolled over into the following year or reallocated within the existing year to pay for allowable FS uses.

Please complete the following columns for every budgeted line-item:

- **Budget line number:** Please ensure each line has a unique budget line number to serve as a reference point.
- **Program identifier:** The program identifiers allow EOHHS to link programs from the BE tab to those in the FPP Program Summary tab and Budget Narrative tab to ensure continuity between the Budget and FPP. ACOs must include the unique program identifier for each individual program, which must then be applied to every line-item associated with that individual program. These program identifiers must be identical to those listed in the FPP.
- **Funding Stream**: The funding stream allows EOHHS to review the ACO's budgeted line-items and expenditures to ensure that spending for each funding stream is within the allowable, allocated, and budgeted amount. From the drop-down list, please select the funding stream that will be used to pay for the corresponding line-item. Please utilize the definitions and examples in Section 4.1 to allocate each line-item appropriately to the correct funding stream.
- **Line-item Category:** These must be selected from the drop-down list provided. ACOs must not create their own line-item categories. See Section 2 for more details on each of the categories.
    - Nutrition Sustaining Support
    - Pre-Tenancy – Individual
    - Pre-Tenancy – Transitional
    - Tenancy Sustaining
    - Home Modification
- **Line-item Sub-Category**: These must be selected from the drop-down list provided. ACOs must not create their own line-item sub-categories. See Appendix Section 2.2 for more details on each of the subcategories. If a good or service line-item does not fall into one of the supplied sub-categories, select the "Other" option and specify in the next column.
- **Line-item Sub-Category – Other**: If "Other" is selected as a Line-Item Sub-Category, please provide a description of the line-item expense.
- **Expense Type**: These must be selected in the drop-down list provided. ACOs must not create their own line-item expense types. ACOs must select one of the following:
    - Services
    - Goods
- **Full-Time Employees (FTEs):** For each Expense Type that is indicated to be a "service," ACOs must indicate in the budget how many FTEs will be used to deliver the services. In the FTE column of the BE tab, please indicate the total number of FTEs in numerical form and not as a

percentage (e.g., 1.25 FTEs). If multiple staff are providing services for a portion of the time, the ACO should indicate the cumulative total of FTE (e.g., 60% of three staff members time would be 1.8 FTE). The total FTEs listed in the BE should also reflect the pro-rated length of service over the course of the year. For example, if 0.5 FTEs will be delivering services for 50% of the budget's Contract Year, the BE should reflect 0.25 FTEs.

- **Payment Mechanism**: These must be selected in the drop-down list provided. ACOs must not create their own line-item payment mechanism type. See Section 4.3 for more details on each of the Payment Mechanisms.
    - Prospective Lump Sum
    - ACO-Delivered
    - FFS (Fee for Service)
    - Bundle
    - Other

**STEP 3: Initial Budget for CY23 FS programs**. In Column K, input the amount that ACOs plan to spend on each line-item during CY23 based on the ACO's Initial CY23 FS Budgets (I8-10). Please note, budgets must provide sufficient funding for SSOs to deliver FS and cover all necessary service delivery and administrative costs.

- Check to ensure that the TOTAL formulas at the bottom of each sub-budget table capture all line-items.
- ***Check to ensure that the Initial CY23 FS Budget totals (Cell K8-10) exactly match or are less than the CY23 FS Funding amounts (Cell I8-10).***
    - If the amounts match or cells K8-10 are less than cells I8-10, cells K8-10 will turn green.
    - If the amounts do not match, cells K8-10 will turn red.

**Step 4: Anticipated Annual Expenditures (for CY24 FPP submission only).** In Column Y, please enter the anticipated annual expenditures for CY23.

### 10.4.2 Quarterly Submission

Below are instructions on completing the CY23 BE Tab for quarterly submission of the QTR. Please reference Section 7.1 for quarterly submission due dates.

**Step 1: Updating Quarterly Expenditures.** Please update the expenditures of each line-item for the appropriate quarter in columns P-S of the CY23 BE tab beginning in row 14. ACOs must ensure that every row approved in the CY23 Initial Budget has an expenditure amount. If no expenditures were made on a line-item approved in the CY23 Initial Budget, please enter $0.

**Step 2: Overspend (CY23 APR only).** If a line-item expenditure exceeds the approved amount budgeted, please include an explanation with the overall budget submission.

## 10.5 CY23 Budget Narrative Tab

In addition to reporting the line-item budget in the CY23 BE tab, ACOs must provide additional details in the CY23 BN tab about the expected average cost of goods per member and additional details regarding

program staff salaries. This tab contains two tables: “FS Programs– Additional Details” and “Program Staff Salary – Additional Details.”

For the “FS Programs – Additional Details” table, FS program identifiers, corresponding domains, and program length from the Program Summary tab will prepopulate in Columns A, B, C and D, respectively. The number of members anticipated served in CY23 (Column C) will also prepopulate as the sum of the figures reported in the CY23 Estimated Unique Adult Members Served and the CY23 Estimated Unique Pediatric Members Served from the Program Summary tab for each individual FS program. For each FS program, ACOs must report the expected average cost per member that is expected to complete their FS plan as documented in their VPR (Column E), and the SSO Admin Rate for the program (Column F).

For programs that are labeled “Tenancy” in Column B, ACOs must provide the following information in Columns G through T and Columns AE-AG:

- First and Last Month’s Rent and Security Deposit (combined)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Moving Costs
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Household Furniture
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Home Modifications – Asthma Interventions
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Home Modifications – Physical Adaptations
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Public Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Private Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Other Goods over $500 (same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Name of the other good
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23

For programs that are labeled as "Nutrition" in column B, ACOs must provide the following information in Columns Q through AG:

- Public Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Private Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Nutrition Kitchen Supplies
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23
- Home Delivered (including Medically Tailored) Meals – Individual Level
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per week (maximum 3 meals per day)
- Home Delivered (including Medically Tailored) Meals – Household Level
    - Anticipated number of MassHealth members that will receive this good in CY23
    - Expected average spend per MassHealth member per week (maximum 3 meals per day)
- Food Boxes (e.g., CSAs, Grocery Bags)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Food Vouchers (Total $ received by the member in food vouchers)
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member per month in CY23
- Other Goods over $500 (same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
    - Name of the other good
    - Anticipated number of members that will receive this good in CY23
    - Expected average spend per member in CY23

For programs that are labeled as "Nutrition & Tenancy" in column B, ACOs must complete all relevant cells in columns G-AG.

ACOs should only enter costs per member for goods that they anticipate will be provided to one (1) or more members in CY23. If the ACO enters "0" in a column associated with the number of members that are anticipated to receive a particular good, the corresponding "amount spent per member" cell will be colored light gray. If the ACO enters any number other than "0," the corresponding "expected average spend per member" cell will turn white and should be filled in. Programs labeled "Tenancy" in Column B will have cells in the nutrition goods columns grayed out, and ACOs should not enter values in these cells. Programs labeled "Nutrition" in Column B will have cells in the Tenancy goods columns grayed out, and ACOs should not enter values in these cells.

For “Program Staff Salary – Additional Details” table, ACOs must provide the following information in Columns A-D (beginning in row 40) for staff delivering FS:

- Program ID
    - Program identifiers of programs that include staffing line-items in BE. These program identifiers must be identical to those listed in the Program Summary and BE tabs.
- Staff Position
    - Each staff position associated with the program identifier (e.g., Housing Specialist)
- Annual Salary (per staff)
    - Yearly salary for each staff position associated with the program identifier
- Fringe (percent)
    - Amount of fringe associated with each staff position

ACOs may use multiple lines per program depending on the number of staff associated with the program. All information provided in the CY23 BN tab should tie back to information provided in the CY23 BE tab.

## Section 11. FS Participation Plan and Budget Submission and Approval Processes

### 11.1 Submission Overview

All ACOs are expected to submit FS FPPs, Budgets, and Budget narratives by COB January 31, 2023, as a part of Readiness Review. Submissions must be sent to flexibleservices@mass.gov and MassHealth.RR.Submissions@massmail.state.ma.us. Following EOHHS approval of the required materials, ACOs may launch their FS programs. If ACOs need additional time after approval to continue contract negotiations, iterate FS delivery models, or hire key staff, they should reach out to their FS point of contact.

### 11.2 Submission Cadence

For Readiness Review, all ACOs are expected to submit their CY23 FPPs, Budget, and Budget Narratives by COB January 31, 2023. Late submissions will result in delay of approval or request for revisions. Subject to EOHHS discretion and feedback, ACOs may need to revise and resubmit CY23 FPPs, Budget, and Budget Narratives.

### 11.3 Approval Overview

In reviewing FS deliverables for approval, EOHHS will look to ensure that ACOs have met the requirements set forth in this guidance document and the ACO Contract. ACOs must ensure completed responses to all applicable questions for each individual FS program. ACOs must also appropriately and adequately respond to EOHHS requests for revisions and clarifications of FS submissions.

After reviewing ACO submissions, EOHHS may provide preliminary feedback to ACOs including any concerns that may require additional information or edits. This will allow ACOs and EOHHS to discuss issues early and adjust as needed to move towards implementation. Preliminary feedback may include comments or questions related to the ACO’s proposed SSO (Section 5.1), and may also include, but is

not limited to, comments or questions on potential disallowable uses (Section 2). EOHHS reserves the right to add or remove criteria when reviewing FPPs or Budgets.

Prior to approval, EOHHS may request clarification for various reasons, including but not limited to:

- Incomplete submissions;
- Concerns about feasibility, implementation strategies, evidence robustness, or other matters related to proposed investments;
- Discrepancies between Budget and FPP; and
- Inclusion of disallowable uses of FS funding, such as services that may duplicate existing state or federal programs (Section 2.2.2)

EOHHS may also propose changes or request clarifications based on priorities for the ACO's successful performance under the ACO Contract. Should EOHHS request clarifications or changes, ACOs must respond to the request in a timely fashion, as determined by EOHHS.

An EOHHS procured Independent Assessor will review ACO submissions in parallel with EOHHS for compliance with the 1115 Waiver Special Terms and Conditions, the HRSNs Protocol, and guidance provided by EOHHS. The Independent Assessor will present its recommendations for approval or denial from a compliance perspective to EOHHS which has final decision-making authority on approval of all ACO submissions.

## Section 12. FS Modifications

### 12.1 Modifications Following Approval of FPP and Budget

ACOs must send modification requests, which by definition occur after FPP and Budget approval, to flexibleservices@mass.gov and the FS point of contact. The anticipated timeline for CY23 modifications can be found in Table 12. Depending on the nature of the programmatic change proposed, modifications to the FPP or Budget are considered either non-material or material deviations which each have their own requirements (Table 13).

**Table 12. Anticipated Modification Timeline**

| Deliverable | Anticipated Submission Date | Anticipated Approval Date |
|---|---|---|
| CY23 FPP and Budget Non-Material Deviations requiring informal signoff | Ad hoc at EOHHS' discretion | Beginning with approval of FPP and Budget |
| CY23 FPP and Budget Material Deviations* | June 30, 2023 | TBD |

**Table 13. Flexible Services Modification Categories**

| Modification Type | Approval Type | Requirements |
|---|---|---|
| **Non-material deviations:**<br>• Changing payment mechanisms to the SSO (e.g., FFS, Bundle)<br>• Reallocating approved budget amount among approved line-items up to $350k<br>• Adding or changing target population | Informal Approval | ACOs must notify EOHHS and receive informal sign-off from EOHHS via email. Modifications that have received informal email sign-off from EOHHS should be made to the FPP and Budget in the ACO's next Progress Report Submission or formal modification request, whichever comes first. |
| **Material Deviations**:<br>• Adding services or goods<br>• Increasing the ACOs total budget<br>• Adding a new line-item<br>• Reallocating approved budget among approved line-items by more than $350k<br>• Removing or complete de-funding of a line-item, partnership, or program | Formal Approval | ACO receive formal approval from EOHHS. Modification requests should include FPP and Budget with track changes for EOHHS review. |

ACOs are encouraged to contact their FS point of contact if they are unsure whether a proposed changed is a material or non-material deviation.

*During CY23, ACOs will not have additional opportunities to add a new program or SSO but will have an opportunity to request material deviations such as reallocating funding beyond $350,000.

## Section 13. Ending an Individual Program or Partnership

### 13.1 Before Ending a Program or Partnership

If ACOs are considering ending a program or partnership, they must notify their FS point of contact. If ACOs are considering ending a program or partnership due to challenges in working with their SSO partners, they must first, in good faith, collaborate with their SSOs to resolve the issues. ACOs should reach out to EOHHS only after resolution attempts have been made.

### 13.2 Requirements for Ending a Program or Partnership

ACOs must notify their FS point of contact, in writing, of an intent to end a program or partnership.

ACOs must allow enough time for both service delivery and service wind-down such that members receiving Flexible Services are able to transition appropriately. ACOs must, at a minimum, adhere to the

ACO Contract requirement[23] regarding addressing HRSN (e.g., providing information and navigation to the member regarding identified HRSNs) as appropriate.

If ACOs decide to end an individual program or partnership, they must update their FPP and Budget to provide the following information for the program or partnership:

1. Rationale for why it is ending a program and/or partnership.
2. Timeline for ending the program and/or partnership that will allow all members to transition appropriately from the program and/or partnership that is ending.

ACOs must also submit all final program data in the corresponding QTR submission as well as answer final questions in the subsequent APR.

## Section 14. Ongoing EOHHS Engagement

After EOHHS has approved FS programs for launch, ACOs are expected to maintain engagement with their FS point of contact to make FPP and Budget modifications as needed (Section 13), complete the Member List submission process (Section 7.2.1), provide operational program updates, track progress towards evaluation metrics and submit the Semi-Annual and Annual Progress Reports (Section 7.2), among other requirements.

### 14.1 Program Management

As ACOs launch, ramp up, and expand their FS programs, they are expected to continue to engage with their FS point of contact on a regular basis to provide operational updates, share progress towards evaluation metrics, and discuss any challenges they are experiencing. During the launch and ramp-up of new programs, operational updates may include but are not limited to:

- Any updates to the process of how members are being referred for enrollment into SNAP
- How the ACO (and its partners) plans to communicate referral and member information (e.g., transfer the VPR and Follow-Up form)
- Whether program delivery staff will be co-located/physically located at the ACO or located separately
- That all relevant member-facing ACO and SSO staff, including ACO call-center staff, will receive training on how to describe the FSP to members and answer questions
- If working in an ACO-CP Partnership model, how the different roles and responsibilities will be operationalized between the two organizations.

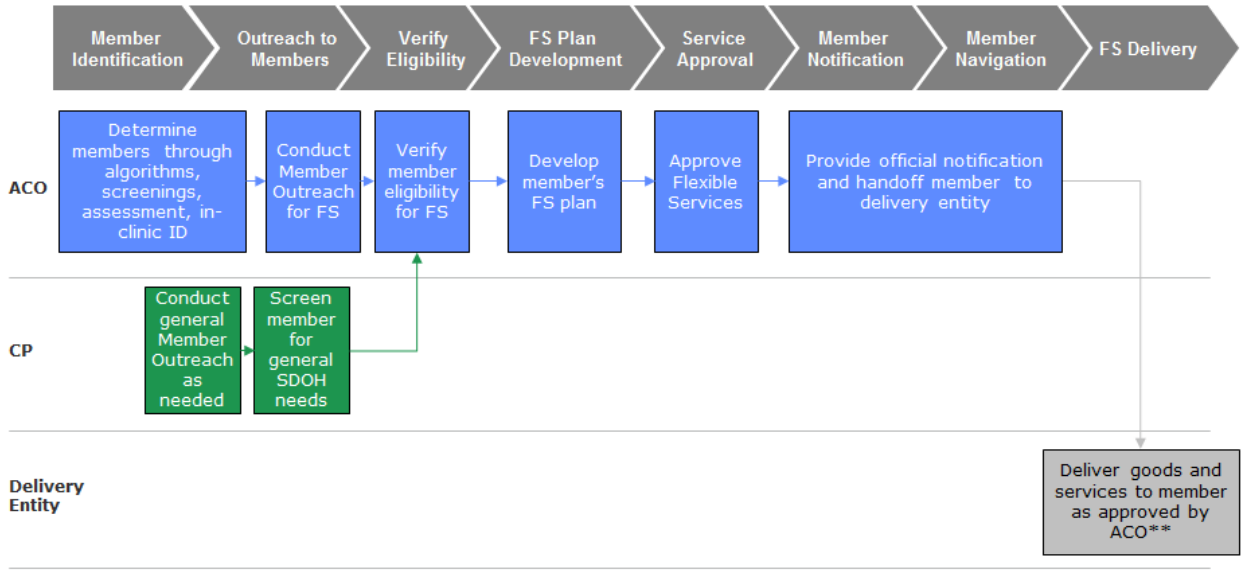
ACOs will also be expected to provide status updates, which may include but are not limited to performance, best practices and challenges, health equity, and publications, as applicable.

[23] Section 2.5.B.3 of the ACCP Model Contract and Section 2.3.B.C of the PCACO Model Contract

# Appendices

## Section 1. FS Operational Models

**Figure 1. Standard Model for FS**




## Section 2. HNBC & Associated Conditions and Goods & Services Descriptions

### 2.1 HNBC & Associated Conditions

The descriptions of the HNBC (Section 1.1) and associated conditions can be found below. The descriptions and accompanying examples are not exhaustive and are not intended to diagnose, treat, or prevent any disease. They are intended for the purposes of FS reporting and evaluation. Specifically, these descriptions can be used for: (1) understanding the FS target population for standardized clinical metrics (Section 7.3.1); (2) identifying a target population in the Program Summary tab of the BPR (Section 9.2); and (3) reporting members served in Member Lists (Section 7.2.1).

1. **Behavioral Health Conditions Associated with Behavioral Health Need**
   - *Anxiety*[24]: Emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure
     - Examples: Social Anxiety Disorder, Separation Anxiety Disorder, Panic Disorder, Medication-Induced Anxiety Disorder, General Anxiety Disorder
   - *Depression*[25]*:* Mood disorder that causes a persistent feeling of sadness and loss of interest
     - Example: Major Depressive Disorder

[24] https://www.apa.org/topics/anxiety
[25] https://www.nimh.nih.gov/health/topics/depression

- *Serious Emotional Disturbance*[26]*:* Presence of a diagnosable mental, behavioral, or emotional disorder experienced by people under the age of 18 in the past year that resulted in functional impairment that substantially interferes with or limits the individual's role or functioning in family, school, or community activities
    - Examples*:* Avoidant/restrictive food intake disorder, eating disorders, Obsessive Compulsive Disorder (OCD), childhood schizophrenia, and abnormal mood swings
- *Serious Mental Illness*[27]*:* May be experienced by someone 18 or over having (within the past year) a diagnosable mental, behavioral, or emotional disorder(s) that results in serious functional impairment that substantially interferes with or limits one or more major life activities
    - Examples*: S*chizophrenia, Bipolar Disorder
- *Substance Use Disorder (SUD)*[28]*:* Disorder that causes clinically significant inability to control the use of alcohol and/or drugs and leads to health problems, disability, and failure to meet major responsibilities at work, school, or home
    - Examples*:* Opioid Use Disorder, Alcohol Use Disorder, Phencyclidine Use Disorder, Cannabis Use Disorder
- *Trauma/Stress Disorder*[29]*:* Conditions affecting the emotional and behavioral state of an individual that may have resulted from traumatic and stressful experiences
    - Example: Post-Traumatic Stress Disorder (PTSD)
- *Other behavioral health conditions:* All other behavioral health conditions

**2. Physical Health Conditions Associated with Complex Physical Health Need**

- *Cardiovascular conditions*[30]*:* Conditions affecting the heart or blood vessels.
    - *Hypertension*[31]*:* High blood pressure
    - *Other:* All other cardiovascular conditions as defined under "cardiovascular conditions" above.
        - Examples: high cholesterol, heart disease
- *Developmental Disabilities*[32]: Physical or brain-based conditions affecting an individual's progress as they grow and develop necessary life skills*.* Although referred to as childhood disorders, adults are also impacted by these disorders
    - Examples: Autism, Attention-Deficit/Hyperactivity Disorder (ADHD), Cerebral Palsy

[26] https://www.samhsa.gov/find-help/disorders; https://www.samhsa.gov/data/sites/default/files/SED%20Expert%20Panels%20Summary%20Report.pdf
[27] https://www.samhsa.gov/serious-mental-illness
[28] https://www.samhsa.gov/find-help/disorders; https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health
[29] https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd
[30] https://www.ncbi.nlm.nih.gov/books/NBK535419/; https://www.cdc.gov/heartdisease/about.html
[31] https://www.cdc.gov/bloodpressure/about.html
[32] https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html

- *Disabilities*[33]*:* Mental or physical impairment(s) that result in activity limitation and participation restrictions
    - Examples: visual impairment, hearing impairment, locomotor disability
- *Gastrointestinal (GI) Conditions*[34]*:* Conditions affecting the digestive system or the gastrointestinal tract
    - Examples: Crohn's, Celiac Disease, Irritable Bowel Syndrome (IBS), Liver Disease, Peptic Ulcer Disease
- *Hematologic Conditions*[35]*:* Disorders of the blood and blood forming organs
    - Examples: anemia, Sickle Cell Disease (SCD)
- *Infectious Diseases*[36]*:* Disorders caused by organisms — such as bacteria, viruses, fungi, or parasites.
    - Examples: HIV/AIDS, Covid-19, Hepatitis C
- *Metabolic Conditions*[37]: Conditions affecting the body's metabolism related to abnormal chemical reactions.
    - *Diabetes*[38]: Chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces.
        - Examples: Prediabetes, insulin dependent diabetes, Type 2 Diabetes, Type 1 Diabetes
    - *Other*: All other metabolic conditions as defined under "metabolic conditions" above
        - Examples: malnutrition, obesity
- *Neurologic Conditions*[39]*:* Disorders that affect the brain as well as the nerves found throughout the human body and the spinal cord
    - Examples: stroke, Parkinson's disease, Alzheimer's disease, Amyotrophic Lateral Sclerosis (ALS), dementia, epilepsy, Multiple Sclerosis
- *Oncologic Conditions*[40]*:* Diseases and conditions related to cancers and tumors
    - Examples: breast cancer, lymphoma, leukemia, melanoma, kidney cancer, lung cancer, prostate cancer, colorectal cancer, bladder cancer
- *Renal Conditions*[41]*:* Conditions linked to the kidneys
    - Examples: End-Stage Renal Disease, Chronic Kidney Disease

[33] https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
[34] https://www.niddk.nih.gov/health-information/digestive-diseases
[35] https://www.niddk.nih.gov/about-niddk/research-areas/hematologic-diseases
[36] https://www.niaid.nih.gov/diseases-conditions?f%5B0%5D=disease%3A53
[37] https://medlineplus.gov/metabolicdisorders.html
[38] https://www.niddk.nih.gov/health-information/diabetes
[39] https://medlineplus.gov/neurologicdiseases.html
[40] https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[41] https://www.niddk.nih.gov/health-information/kidney-disease

- *Respiratory Conditions*[42]*:* Conditions affecting the lungs and other parts of the respiratory system
    - Examples: asthma, Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis, pulmonary fibrosis
- *Other physical health conditions:* All other physical health condition
    - Examples: transplant recipient

3. **Activities of Daily Living (ADL)/Instrumental Activity of Daily Living (IADL)**[43]**:** The individual is assessed to have a need for assistance with one or more ADL or IADL
    - *ADL:* Fundamental skills required to independently care for oneself, such as eating, bathing, and mobility
    - *IADL:* Complex activities related to the ability to live independently in the community such as managing finances and medications, food preparation, housekeeping, laundry.

4. **ED Utilization:** Repeated incidents of emergency department use, defined as 2 or more visits within six months, or 4 or more visits within a year

5. **High Risk Pregnancy**: Pregnant individuals who are experiencing high risk pregnancy defined as a pregnancy in which the pregnant individual, the fetus, or both are at a higher risk for complications[44] or complications associated with pregnancy, including 1) Individuals one year postpartum; 2) their children up to one year of age; and 3) their children born of the pregnancy up to one year of age.

## 2.2 Goods and Services

When describing FS programs in the Program Summary tab of the BPR (Section 9.2) and reporting delivered services in Member Lists (Section 7.2.1), ACOs must select the specific allowable goods and services within each domain. For additional details on allowable Tenancy Preservation Supports, see Section 2.1.1. For additional details on allowable Nutrition Sustaining Supports, see Section 2.1.3. The definitions are intended for the purposes of FS reporting and evaluation and are as follows:

1. **Nutrition Sustaining Supports**
    - *Food Boxes***:** Package of non-prepared grocery items that may include but are not limited to fresh produce, proteins, dried goods, seasonings, and spices.
    - *Food Vouchers***:** Coupons, typically gift cards, that allow members to purchase certain allowable food
    - *Home Delivered Meals***:** Prepared meals that are delivered to the member's place of residence

[42] https://www.who.int/health-topics/chronic-respiratory-diseases#tab=tab_1
[43] https://www.ncbi.nlm.nih.gov/books/NBK470404/
[44] https://www.nichd.nih.gov/health/topics/high-risk

- *Medically Tailored Meals (MTM):* Prepared meals approved by a Registered Dietician Nutritionist (RDN) that reflect appropriate nutritional needs and standards reflecting evidence-based practice guidelines
    - Examples*:* Recommendations for individuals at risk of heart disease: <200 mg cholesterol, 1000 mg of calcium, <7% of saturated fat, 7-13 of soluble fiber.
- *Nutrition Education***:** Provision of and assistance with locating nutrition education and skills development
    - Examples*:* Digital resources on nutrition and where to access quality food (e.g., app, website), dietician guided education, cooking classes, healthy eating videos, Diabetes Prevention Program (DPP)
- *Nutrition Kitchen Supplies***:** Provision of and assistance with obtaining household supplies needed to meet nutritional and dietary needs
    - Examples: kitchen cleaning and sanitation supplies, pots, pans, cooking utensils
- *Private Transportation:* Provision of and assistance with transportation to any of the nutrition sustaining support services or supporting the member's ability to meet nutritional and dietary needs.
    - Example*s:* Ride-sharing service vouchers, community transportation options, direct transportation by a professional, private or semi-private transportation vendor
- *Public Transportation:* Provision of and assistance with transportation to any of the nutrition sustaining support services or supporting the member's ability to meet nutritional and dietary needs.
    - Example*s:* Massachusetts Bay Transportation Authority (MBTA) fare
- *Other*: Other goods and services that educate members about appropriate nutrition and help members access food needed to meet their nutritional needs. Please specify.

**2. Tenancy Preservation Supports**

- *Pre-Tenancy – Individual Supports***:** Goods and services aimed at assisting eligible members with finding housing.
    - Examples: Assessing and documenting the member's preferences related to the tenancy the member seeks (type of rental sought, preferred location), assisting the member with budgeting for tenancy/living expenses, assisting the member with obtaining, completing, and filing applications for community-based tenancy, assisting the member with understanding their rights and obligations as tenants, assisting the member with obtaining services needed to establish a safe and healthy living environment
- *Pre-Tenancy – Transitional Assistance***:** Goods and services aimed at assisting the member with obtaining and/or providing the member with one-time household set-up costs and move-in expenses incurred during the transition period
    - *First/Last/Security:* costs associated with first, last month's rent, and security deposit

- *Household Furniture:* Household furnishings needed to establish community-based tenancy
- *Moving Costs:* Relocation expenses needed to establish community based tenancy
- *Other*: All other goods and services associated with transitioning into housing
  - Examples: back utilities, utility deposits (e.g., electricity, gas, heating fuel, water, sewer), costs for filing applications, obtaining and correcting needed documentation, pantry stocking, pest eradication

- *Tenancy Sustaining Supports***:** Goods and services aimed at assisting eligible members with preserving housing; all allowable goods and services should be covered under following categories
  - *Prevention Services & Goods:* Goods and services aimed at preventing loss of housing
    - Examples*:* Assisting the member with communicating with the landlord and property manager regarding the member's disability, and helping document and submit a request for a reasonable accommodation, (re)establishing relationships with healthcare and community-based providers, setting up money management systems to ensure ongoing rent payments, linking member to community based behavioral health providers, legal advocacy (in the form of coaching, supporting, and educating the member) during negotiations with a landlord
  - *Stabilization Services & Goods:* Goods and services aimed at maintaining housing
    - Examples*:* Assisting the member in all aspects of the tenancy, including, when needed, directing a member to appropriate sources of legal services, assisting with life skills, establishing relationships with community services
- *Home Modifications***:** Goods and services aimed at assisting eligible members with modifying housing; all allowable goods and services should fall into the following categories:
  - *Asthma Interventions:* Assistance with and provision of goods and services associated with addressing asthma related issues
    - Examples: Hypoallergenic mattress and pillow covers, HEPA filters, in-home environmental risk assessments
  - *Physical Adaptations:* Assistance with and provision of physical adjustments to housing
    - Examples: Installation of grab bars and hand showers, doorway modifications
  - *Other:* All other goods and services aimed at assisting eligible members with modifying housing. Please specify
- *Private Transportation:* Provision of and assistance with transportation to any of the nutrition sustaining support services or supporting the member's ability to meet nutritional and dietary needs.
  - Example*s:* Ride-sharing service vouchers, community transportation options, direct transportation by a professional, private or semi-private transportation vendor

- *Public Transportation:* Provision of and assistance with transportation to any of the nutrition sustaining support services or supporting the member's ability to meet nutritional and dietary needs.
    - Example*s:* Massachusetts Bay Transportation Authority (MBTA) fare

## Section 3. Member List Specifications

### 3.1 Quarterly Tracking Report File Format

ACOs are responsible for collecting and aggregating from each SSO the: (1) lists of members who have received FS on a quarterly basis; and (2) lists of members who were screened and verified as eligible for FS (i.e., members for which a VPR was partially or fully completed) but did not receive services (i.e., the "Comparison Group") on an annual basis. Entities compiling the Member List must use the instructions below for each submission. This section will review instructions for file exchange, file naming, spreadsheet tab naming, field naming, and formatting of content within fields.

#### 3.1.1 File Type

ACOs must compile a list of all members that received services from SSOs and submit an aggregated version to EOHHS in the Member List Excel template that will be provided by EOHHS at a later date. ACOs that use a non-Excel-based database to collect and store submissions from SSOs must export the Member List data into an Excel document and use the format and layout specifications detailed below.

The Member List file is anticipated to have 2 tabs labeled:

- MEMBER_LIST
- COMPARISON_GROUP

ACOs must not include any additional tabs beyond those listed above. Tab labels will be in all CAPITAL letters. Please do not include any spaces.

#### 3.1.2 File Name

File names are case sensitive. For this reason, EOHHS asks that all files be named in ALL CAPITALIZED LETTERS. Additionally, there must not be spaces in file names. File name(s) will be in the following format: "[ACO Abbreviation]_ML_[R#]_ED[YYYYMMDD].XLSX"

- Example: ACO-A_ML_R0_ED20230630.XLSX

RO = Initial Submission

R1 = Initial Revision

R2, R3 = Subsequent Submissions

ED = Reporting Period End Date

YYYY = year

MM = month

DD = day

### 3.1.3 File Layout

The following are the preliminary specifications of the Member List template and is subject to change. EOHHS intends to release the Member List Template along with any updated specifications at a later date.

The MEMBER_LIST tab is the main source of all member data submitted to FS from ACOs. All ACO members that received FS beginning 4/1/2023 must be listed in this tab. All ACO members that have a completed VPR but did not receive FS must be listed in the COMPARISON_GROUP tab.

Members may receive multiple instances or units of goods and services. In these cases, ACOs must include the member's name in a new row for (1) each SSO that they received services from and (2) in each domain they received services. For example:

- If a member receives nutrition services from SSO X and tenancy services from SSO Y, they must be listed twice in the Member List, once for SSO X and once for SSO Y.
- If a member receives nutrition and tenancy services from SSO Z, that member must be listed twice in the Member List, once for SSO Z nutrition services and once for SSO Z tenancy services.

ACOs must record all services a member receives on one line if (1) they are delivered by the same SSO, (2) the services are within the same domain, and (3) it is part of the members initial FS Plan. For example:

- If a member initially receives nutrition service 1 from Delivery Entity X and later receives nutrition service 2 from that same delivery entity while still completing their FS Plan, nutrition service 2 will be added to the initial row where nutrition service 1 was reported.

Members will remain on the Member List for each reporting period regardless of their FS status (i.e., they are currently receiving services in that reporting period). For each reporting period, ACOs must update all applicable member information. For example, if a member has ended their FS plan, the ACO must report the End Date, Reason Member Ended, and all applicable standardized social metric survey responses in the Member List submitted to EOHHS at the end of that reporting period. **ACOs must not remove members from the Member List at any point**. If a member began receiving FS prior to the start of CY23 (i.e., 4/1/2023), the ACO must list that member's start date as 4/1/2023.

The MEMBER_LIST tab must contain the same field layouts as described in Table 1 below. The COMPARISON_GROUP tab must contain the same field layouts as described in Table 2 below. EOHHS expects that all submitted files will conform to the file layouts described in this document. Where VPR forms are partially complete for the members in the Comparison Group, ACOs are expected to provide as much data as possible. The COMPARISON_GROUP tab will have an additional field for ACOs to indicate the reason(s) why the member did not receive services.

## Table 1. MEMBER_LIST Tab Fields

| Field ID | Field Name | Size | Data Type | Format | Description | Additional Notes |
|---|---|---|---|---|---|---|
| 1 | **Medicaid_ID** | *12* | Number | 12 digits | *Member's MassHealth ID* | |
| 2 | **Member_Name_Last** | *100* | Text | | *Member's Last Name* | |
| 3 | **Member_Name_First** | *100* | Text | | *Member's first name* | |
| 4 | **Member_Middle_Initial** | *1* | Text | | *Member's middle initial* | |
| 5 | **Member_Suffix** | *20* | Text | | *Member's suffix* | |
| 6 | **Member_Date_of_Birth** | *10* | Number | YYYYMMDD | *Member's date of birth* | |
| 7 | **ACO _Name** | *100* | Text | Drop Down | *ACO name* | *Select one option from the drop-down list* |
| 8 | **FS_Delivery_Entity** | *100* | Text | Drop Down | *Entity(s) delivering Flexible Services* | *Select one option from the drop-down list* |
| 9 | **Start_Date** | *10* | Number | YYYYMMDD | *Date of first contact from Delivery Entity* | |
| 10 | **End_Date** | *10* | Number | YYYYMMDD | *Date of last contact from Delivery Entity* | |
| 11 | **Reason_Member_Ended** | *N/A* | Text | Drop Down | *Reason Member ended the FS plan/services for that Delivery Entity* | *Select one option from the drop-down list* |
| 12 | **Member_Health_Needs_ Based_Criteria_Associated _Conditions** | *N/A* | Text | Drop Down | *Member's eligibility criteria to receive Flexible Services* | *May select multiple options from the drop-down list if multiple responses were indicated by the member. If "Other" is selected, please indicate member response in "HNBC_Other_Specify" column* |
| 13 | **HNBC_Other_Specify** | *100* | Text | Free Text | *Member's eligibility criteria to receive Flexible Services* | *Please input member's HNBC in this column to correlate with "Other" when selected* |
| 14 | **Member_Risk_Factor** | *N/A* | Text | Drop Down | *Member's eligibility criteria to receive Flexible Services* | *May select multiple options from the drop-down list if multiple responses were indicated by the member* |
| 15 | **Household_Status** | *N/A* | Text | Drop Down | *The household level for which the member is receiving nutrition goods (when applicable)* | *Please select whether the member received nutrition goods at an individual or household level (when applicable)* |
| 16 | **Household_Size** | *2* | Number | | *The number of individuals, including the member, within a member's household when receiving nutrition goods at the household level* | *For the purposes of this question, household members must only include those living together who purchase food and prepare meals together on a regular basis.* |
| 17 | **NUTRITION_SVC_RECEIVED** | *N/A* | Text | Drop Down | *Nutrition services received by the member* | *May select multiple options from the drop-down list if the member received multiple nutrition services from the Delivery Entity. If "Other" is selected, please indicate member response in "*NUTRITION_SVC_RECEIVED_OTHER" column |
| 18 | **NUTRITION_SVC_RECEIVED _OTHER** | *100* | Text | Free Text | *Nutrition services received by the member* | *Please input nutrition services member received in this column to correlate with "Other" when selected* |

| Field ID | Field Name | Size | Data Type | Format | Description | Additional Notes |
|---|---|---|---|---|---|---|
| 19 | **TENANCY_SVC_RECEIVED** | *N/A* | Text | Drop Down | *Tenancy services received by the member* | *May select multiple options from the drop-down list if the member received multiple Tenancy services from the Delivery Entity. If "Other" is selected, please indicate member response in "*TENANCY_SVC_RECEIVED_OTHER" column |
| 20 | **TENANCY_SVC_RECEIVED_ OTHER** | *100* | Text | Free Text | *Tenancy services received by the member* | *Please input tenancy services member received in this column to correlate with "Other" when selected* |
| 21 | **RESPONDENT** | *N/A* | Text | Drop Down | *Individual who is responding to the survey questions, either the member or an individual on the member's behalf* | *Please record who is responding to the standardized social metric survey questions that follow.* |
| 22 | **GEN_SURVEY_Q1_START** | *N/A* | Text | Drop Down | *Response to General Survey Question 1* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 23 | **GEN_SURVEY_Q2_START** | *N/A* | Text | Drop Down | *Response to General Survey Question 2* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 24 | **NUT_SURVEY _Q1_START** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 1* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 25 | **NUT_SURVEY_Q2_START** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 2* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 26 | **TEN_SURVEY_Q1_START** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 1* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 27 | **TEN_SURVEY_Q2_START** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 2* | *Recorded at the start of receiving Flexible Services from the Delivery Entity* |
| 28 | **GEN_SURVEY_Q1_END** | *N/A* | Text | Drop Down | *Response to General Survey Question 1* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 29 | **GEN_SURVEY_Q2_END** | *N/A* | Text | Drop Down | *Response to General Survey Question 2* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 30 | **NUT_SURVEY_Q1_END** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 1* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 31 | **NUT_SURVEY_Q2_END** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 2* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 32 | **TEN_SURVEY_Q1_END** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 1* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 33 | **TEN_SURVEY_Q2_END** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 2* | *Recorded at the end of receiving Flexible Services from the Delivery Entity* |
| 34 | **GEN_SURVEY_Q1_POST_ENROLLMENT** | *N/A* | Text | Drop Down | *Response to General Survey Question 1* | *Recorded 12 months after ending Flexible Services* |
| 35 | **GEN_SURVEY_Q2_POST_ENROLLMENT** | *N/A* | Text | Drop Down | *Response to General Survey Question 2* | *Recorded 12 months after ending Flexible Services* |
| 36 | **NUT_SURVEY_Q1_POST_ENROLLMENT** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 1* | *Recorded 12 months after ending Flexible Services* |

| Field ID | Field Name | Size | Data Type | Format | Description | Additional Notes |
|---|---|---|---|---|---|---|
| 37 | **NUT_SURVEY_Q2_ POST_ENROLLMENT** | *N/A* | Text | Drop Down | *Response to Nutrition Survey Question 2* | *Recorded 12 months after ending Flexible Services* |
| 38 | **TEN_SURVEY_Q1_POST_EN ROLLMENT** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 1* | *Recorded 12 months after ending Flexible Services* |
| 39 | **TEN_SURVEY_Q2_POST_EN ROLLMENT** | *N/A* | Text | Drop Down | *Response to Tenancy Survey Question 2* | *Recorded 12 months after ending Flexible Services* |

**Table 2. Member List COMPARISON_GROUP Tab Fields**

| Field ID | Field Name | Size | Data Type | Format | Description | Additional Notes |
|---|---|---|---|---|---|---|
| 1 | **Medicaid_ID** | *12* | Number | 12 digits | *Member's MassHealth ID* | |
| 2 | **Member_Name_Last** | *100* | Text | | *Member's Last Name* | |
| 3 | **Member_Name_First** | *100* | Text | | *Member's first name* | |
| 4 | **Member_Middle_Initial** | *1* | Text | | *Member's middle initial* | |
| 5 | **Member_Suffix** | *20* | Text | | *Member's suffix* | |
| 6 | **Member_Date_of_Birth** | *10* | Number | YYYYMMDD | *Member's date of birth* | |
| 7 | **ACO _Name** | *100* | Text | Drop Down | *ACO name* | *Select one option from the drop-down list* |
| 8 | **Member_Health_Needs_ Based Criteria_Associated_Conditi ons** | *N/A* | Text | Drop Down | *Member's eligibility criteria to receive Flexible Services* | *May select multiple options from the drop-down list if multiple responses were indicated by the member* |
| 9 | **HNBC_Other_Specify** | *100* | Text | Free Text | *Member's eligibility criteria to receive Flexible Services* | *Please input member's HNBC in this column to correlate with "Other" when selected* |
| 10 | **Member_Risk_Factor** | *N/A* | Text | Drop Down | *Member's eligibility criteria to receive Flexible Services* | *May select multiple options from the drop-down list if multiple responses were indicated by the member* |
| 11 | **Reason_Not_Received** | *N/A* | Text | Drop Down | *Reason explaining why FS-eligible member did not receive services* | *May select multiple options from the drop-down list if multiple responses were indicated by the member. If "Other" is selected, please indicate member response in Specify_Reason_Not _Received column* |
| 12 | **Specify_Reason_Not_Recei ved** | *N/A* | Text | Drop Down | *Reason explaining why FS-eligible member did not receive services* | *Please input reason FS-eligible member did not receive services in this column to correlates with "Other" when selected.* |

## 3.2 Submitting File to EOHHS

ACOs will submit Member Lists to EOHHS via OnBase, the cloud-based Enterprise Content Management system used by EOHHS for administering reporting requirements by ACOs/MCOs for compliance and contract management. EOHHS works with ACOs to establish OnBase user accounts for FS program managers who would need access to the platform. ACOs should email the FS mailbox (flexibleservices@mass.gov) to request modifications to their FS user access (e.g., add, edit, remove users), as needed.

ACO users will upload Member Lists to an OnBase folder labeled "Flexible Services" for the purpose of submitting the report to EOHHS. Please note, other folders may appear in your ACO's OnBase platform; please ensure you are uploading your report to the Flexible Services folder only. After submitting the Member List in OnBase, EOHHS may request that an ACO resubmit their Member List if updates are needed. Upon submission and review of the Member Lists, EOHHS will send the ACO a new file with feedback via secure email, if required, for ACOs to respond to. In that circumstance, the ACO must submit a corrected file to EOHHS via OnBase within 15 business days of EOHHS' request. This updated file must be a complete file that contains all data, including the corrected data, as necessary.

For assistance with using OnBase, EOHHS will be releasing a user guide at a future date. ACOs should contact EOHHS at flexibleservices@mass.gov with any technical questions.

## Section 4. Document Naming Convention

### 4.1 Readiness Review Naming Convention

As a part of CY23 Readiness Review, ACOs must submit the FPP (Sections 9.2 and 9.3), Budget (Section 10), and Member Facing Materials (Section 9.4) to MassHealth.RR.Submissions@massmail.state.ma.us and flexibleservices@mass.gov by COB January 31, 2023.

For the Readiness Review submission, ACOs must adhere to the naming conventions outlined in Table 3 below.

**Table 3. Readiness Review Attachment Crosswalk & Naming Convention**

| Attachment | Attachment Name | Format | Readiness Review File Names |
|---|---|---|---|
| Attachment A | FS Budget and Program Report Template (BPR) | Excel | RR-PR-2a-ACO-Sub Date* |
| Attachment B | FPP: Design & Delivery Template | Word | RR-PR-2b-ACO-Sub Date |
| Attachment B1 | Member Engagement Workflow Example** | PPT | RR-PR-2d-ACO-Sub Date |
| Attachment B2 | Data Exchange & Evaluation Workflow Example** | PDF | RR-PR-2e-ACO-Sub Date |
| Attachment C | Member-Facing Materials Template | Word | RR-PR-2c-ACO-Sub Date |

* For the purposes of the FS Readiness Review submissions, the Overall Program Summary (RR-PR-2a-ACO-Sub Date) and the Budget, expenditure & budget narrative template (RR-PR-2f-ACO-Sub Date) from the Readiness Review Plan Checklist are combined into Attachment A and may be submitted as a single document under "RR-PR-2a-ACO-Sub Date".

**ACOs are not required to use the workflow examples as templates and may use their own visual for the workflow submissions.

### 4.2 General Naming Convention

For all submissions outside of CY23 Readiness Review, ACOs should submit to flexibleservices@mass.gov and their Flexible Services point of contact. Submissions should follow the naming convention in Table 4.

ACOs must use the following document naming conventions when submitting any FS-related document to EOHHS:

**ACO Name_Attachment Code_Contract Year_Version_Date**

Example: ACO XYZ_BPR_A_CY23_R0_20230131

**Table 4. ACO FS Deliverable Naming Conventions**

| Element | Instructions | |
|---|---|---|
| **ACO Name** | ACOs must use the normal abbreviations that they use for their ACO. | |
| **Attachment Code** | **Attachment** | **Code** |
| | Flexible Services Budget and Program Report | BPR_A |
| | FPP – Program Design & Delivery | FPP_B |
| | Member Facing Materials | MFM_C |
| | Semi-Annual Progress Report | SPR_E |
| **Contract Year** | Contract Year 2023 | CY23 |
| | Contract Year 2024 | CY24 |
| **Version** | Initial submission | R0 |
| | Initial revision | R1 |
| | Subsequent revisions | R2, R3… |
| **Submission Date** | Please use the following format: | YYYYMMDD |

## Section 5. List of FS Attachments

**Table 5. FS Attachments: Guidance Attachments**

| Attachment Letter | Attachment Name | Format | CY23 Required Submission |
|---|---|---|---|
| Attachment A | FS Budget and Program Report Template | Excel | ✓ |
| Attachment B | FPP: Design & Delivery Template | Word | ✓ |
| Attachment B1 | Member Engagement Workflow Example | PPT | |
| Attachment B2 | Data Exchange & Evaluation Workflow Example | PDF | |
| Attachment C | Member-Facing Materials Template | Word | ✓ |

**Table 6. FS Attachments: Release Pending**

| Attachment Letter | Attachment Name | Format | CY23 Required Submission |
|---|---|---|---|
| Attachment D | Member List Template | Excel | ✓ |
| Attachment E | FS Semi-Annual & Annual Progress Report Template | Excel | ✓ |
| Attachment F | Verification, Planning, and Referral (VPR) Form | Word | |
| Attachment G | VPR Form Instructions | PDF | |
| Attachment H | MH FS Screening Tool | Word | |
| Attachment I | MH FS Screening Tool Instructions | PDF | |