Performance Year 3 (PY3) Delivery System Reform Incentive Payment (DSRIP) Flexible Services (FS) Program Guidance Document for MassHealth Accountable Care Organizations and MassHealth Community Partners

Version 1.0

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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 approved a $149 million Flexible Services Program (FSP) within EOHHS’ Delivery System Reform Incentive Payment Program. 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) 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.

ACOs must design evidence-based individual FS programs that integrate with and support the ACOs’ overarching goals of improving member health outcomes and experience while reducing TCOC 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 encouraged, but not required to, design and implement programs in partnership with Community Partners (CPs) and Social Service Organizations (SSOs). The FSP is not an entitlement benefit 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.

EOHHS anticipates that the FSP will launch in or around January 2020.

Sections 1 and 2 of this guidance document describe the eligibility criteria for members and allowable and disallowable uses of funding, respectively. Section 3 discusses program funding. Section 4 describes the roles of ACOs, CPs, and SSOs and provides specific guidance on the qualifications needed to deliver FS. Section 5 describes the administrative functions and delivery of services. Section 6 and 7 provide information on ongoing reporting requirements as well as a deliverable timeline. Section 8 – 10 details 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 11 and 12 explain the submission process.

ACOs and their CP and SSO partners should use this document to inform how they design and implement their programs. ACOs will be expected to identify their target population, partners, and

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1 The FSP refers to the overarching EOHHS program; the FS program refers to the ACO’s overall program; and the “individual FS programs” refers to the individualized programs that ACOs design within their overall FS program.
individual FS programs as part of the FS section of the Full Participation Plan (FPP), and will be required to submit their funding allocation for each line item and provide additional detail as needed in their Budget and Budget Narrative (BBN). Following the approval of the ACO’s FPP and BBN, ACOs will enter the Preparation Period – the period following FPP plan approval and prior to launch of the FSP during which ACOs, CPs, and SSOs work together to prepare programs, contracts, and processes and show EOHHS that they are prepared for launch.

**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).

**Delivery System Reform Incentive Payment (DSRIP) Program:** Provides funding to support the restructuring of MassHealth’s delivery system to promote integrated, coordinated care and hold providers accountable for quality and total cost of care.

**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.

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

**Social Services Organization (SSO):** Organizations that provide services to individuals to address their social needs (e.g., housing insecurity; See Section 4.6 for qualifications).

**FS Full Participation Plan:** Part of ACOs’ Full Participation Plans that provide a detailed overview of their specific Flexible Services Programs; 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 FS 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; See Section 1.1); and (2) demonstrate at least one of three Risk Factors (See Section 1.2). FS eligibility is determined through a verification process (See Section 5.4). Eligibility does not guarantee access to FSP; FSP is a program with a fixed amount of funds.

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 for those members receiving FS.
ACOs should use this Section, along with Section 5.4, for guidance on the elements needed to verify a member’s eligibility for the FS program. 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 will be required to screen members (See Section 5.4). Additional information on allowable screening tools will be released at a later date.

**Figure 1: Members who may receive Flexible Services**

![Diagram of members who may receive Flexible Services]

1.1 **Health Needs-Based Criteria**

To receive FS, a member must meet at least one of five HNBC, which are 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 of the five HNBC as long as the population, along with the goods and services, further the overarching goals of the FS program and are allowable. Those five HNBC are:

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2 While the number of members who meet the standard FSP eligibility criteria may be broad, the actual subset of members who receive services will be much more narrowly tailored once ACOs identify a target population, verify their eligibility, and approve any requested FS.
1. 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. 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. The individual is assessed to have a need for assistance with one or more Activities of Daily Living or Instrumental Activities of Daily Living;

4. 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. The individual is pregnant and experiencing high risk pregnancy or complications associated with pregnancy including:
   a. individuals 60 days postpartum;
   b. their children up to one year of age; and
   c. their children born of the pregnancy up to one year of age.

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 to associate with the diagnosis. For example, 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 (See Section 1.2) or the FS provided to the member.

Sample Screening Questions for HNBC:

**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 in both questions.

*End of sample Screening Questions for HNBC*
1.2 Risk Factors

Risk Factors

To receive FS, members must also meet at least one of three risk factors. ACOs must verify members for at least one risk factor to be eligible to receive FS. As with the HNBC, ACOs can use these risk factors as a starting point, and then identify narrower target populations. The Risk Factors are:

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 is:

A. An individual 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

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
   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

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3 Individual members assisted with FS can be part of a family unit being assisted by an SSO.
3. Lacks the resources or support networks (e.g., family, friends, and faith-based or other social networks) to obtain other permanent housing.

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 were checked.

End of Sample Question for Determining the “Experiencing Homelessness” Risk Factor (A1)

1.2.2 Risk Factors: At Risk of Homelessness

To qualify as eligible under this risk factor, a member must be experiencing Part A of the definition listed below and at least one factor of Part 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 (See Section 5.3.1);
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 past 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. Characteristics are defined as:
   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, and/or 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 (https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm)

c. Rent Arrears (1 or more): Missing one or more monthly rent payment as well as situations such as 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


**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.

*End of Sample Question for Determining the “At Risk of Homelessness” Risk Factor (A and B.6.A)*

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 uncertain⁴ 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.

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⁴ “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.
Sample Question for “At Risk for Nutritional Deficiency or Nutritional Imbalance due to Food Insecurity” Risk Factor:

**Question:** “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.

End of Sample Question for Determining the “At Risk for Nutritional Deficiency or Nutritional Imbalance due to Food Insecurity” Risk Factor

Section 2. Allowable and Disallowable Flexible Services

2.1 Allowable Uses

2.1.1 Overview

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 FSP is not an entitlement benefit. Although a member may be eligible for some of these services below, they are not entitled to receive them. ACOs are not required to continue providing FS to members indefinitely. However, 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).

2.1.2 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

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When the term “assisting” is used in service descriptions listed below (for both TPS and NSS), it is defined as providing support, education, or coaching directly to the member in regards to 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.

2.1.2.1 **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** must be 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 needed by the member
- Assisting the member with budgeting for tenancy/living expenses, and assisting the member 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 for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative (See 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** includes:

- Assisting the member with obtaining and/or providing the member with one-time household set-up costs and move-in expenses 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

### 2.1.2.2 Tenancy Sustaining Supports

Tenancy Sustaining Supports seek to help members remain in housing. Supports must be 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 needed by the member
- Assisting the member with the review, update, and modification of the member’s tenancy support needs, as documented in the member’s FS Plan, 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 which federal, state, or public programs a member may be eligible for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative (See 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 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

### 2.1.2.3 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
• 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

2.1.2.4  **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)

2.1.3  **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 must be 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
  •  ACOs or their designees may use this service to determine which federal, state, or public programs a member may be eligible for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be
duplicative (See 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
- Assisting or providing the member with access to foods that meet nutritional and dietary need that cannot otherwise be obtained through existing discretionary or entitlement programs
- Assisting or providing the member with nutrition education and skills development
- Providing healthy, well-balanced, home-delivered meals for the member
- 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 transportation supporting the member’s ability to meet nutritional and dietary needs (e.g., providing a member with transportation to the grocery store)

2.1.3.1 **Nutrition Disallowable Uses**

- Nutrition services or goods for family members who themselves are not eligible for FS
- Meals for an eligible member that exceed more than 2 meals a day, 5 days per week
- Goods exceeding the necessary amount for the specific individual or what is commonly needed (e.g., food vouchers that enable a member to access more food than they need).

2.1.4 **Goods and Services for Children**

If a MassHealth member under the age of 19 is determined to need TPS and NSS, 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.

2.2 **Other Disallowable Uses of Flexible Service Funding**

This section is meant to provide specific examples of certain additional disallowable uses. The additional disallowable uses are broken down into two categories below:

(1) General DSRIP Disallowable Uses; and
(2) Duplication Disallowable Uses.

2.2.1 **General DSRIP Disallowable Uses**

The FSP is part of EOHHS’ DSRIP Program, which has general disallowable uses for ACO funding, including:
• To directly mitigate against downside risk for the ACO, the ACO Partner of an Accountable Care Partnership Plan, the ACO’s participating primary care physicians (PCPs), or for an ACO’s Safety Net Hospital(s)
• To offset revenue from reduced hospital utilization
• To pay for any costs incurred in the process of responding to the EOHHS ACO procurement, or during contract negotiations with EOHHS to become MassHealth ACOs
• To pay for initiatives, goods, or services that are duplicative with 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. DSRIP funds may not be used to support personnel FTE allocation in a duplicative manner with payments provided for Covered Services
• To provide goods or services not allocable to approved Participation Plans and Budgets
• To pay for construction or renovations other than allowable Home Modifications (See Section 2.1.2.3)
• To pay for malpractice insurance

Additional general disallowable uses for the FSP specifically include:
  • Alternative medicine services (e.g., reiki)
  • Medical marijuana
  • Copayments
  • Premiums
  • Gift cards or other cash equivalents with the exception of nutrition related vouchers or nutrition prescriptions
  • Student loan payments
  • Credit card payments
  • Licenses (drivers, professional, or vocational)
  • Educational supports (e.g., support to earn a GED)
    • This does not include education allowable within TSS and NSS (e.g. nutrition education, educating a member regarding budgeting)
  • Vocational training
  • Child care
  • 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 Disallowable Uses
    • Auto repairs
    • Gasoline or mileage
    • Purchase or repair of bicycles or other individually-owned vehicles
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- Transportation to anything other than TPS and NSS
- Transportation for members who are not approved for FS
- Goods and services for individuals who are not approved for FS
- 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  FS Duplication Disallowable Uses
FS funding cannot substitute, duplicate, or replace services or goods that are available through other state or federal programs (e.g., Supplemental Nutrition Assistance Program (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 chronically homeless individuals). 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 that a member is eligible for, 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, waiting for a determination on eligibility and availability). 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 in conjunction with supplementing that program. 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 a professional providing services to the member (e.g., care manager).

ACOs will be required to demonstrate in their FPP why their proposed individual FS programs are not duplicative of the existing benefits or services their target population is already receiving or eligible for. It must also show how FS appropriately meets that need without exceeding it. 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 program focused on TPS. The ACO identifies CSP provided to chronically homeless individuals as potentially duplicative, but explains that the FS program will only be used to supplement the benefit where such a member is receiving or eligible for CSP provided to chronically homeless individuals (e.g., ACOs provide first month’s rent with FS but not Tenancy Sustaining Supports).

Section 3. FS Funding & Payment

Section 2 provided an overview of the allowable and disallowable uses of FS funding. This Section 3 details:

- Amount of funding allocated to ACOs for FS;
- The funding streams ACOs can use to pay for FS-related costs; and
- Potential payment arrangements used by ACOs to pay for FS.

3.1 ACO FS Funding Allocation

ACOs who opt to have FS programs 6 will be allocated an annual amount of FS funding, which is determined on a per-member/per-month (PMPM) basis, as determined by EOHHS. Assuming approval of an ACO’s FPP and BBN, funds will be disbursed on a prospective, quarterly basis. EOHHS anticipates that the first payments to ACOs will be made in January or February 2020 and will continue on a quarterly basis. Ongoing payments are contingent on the 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 (See Section 6).

3.2 FS Funding Rollover

EOHHS will allow ACOs to rollover 100% of unspent FS funding for Performance Year (PY) 7 into PY4.

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6 ACOs who opt out of FS will not receive funding for FS.
7 A Performance Year is equivalent to a calendar year.
3.3 Costs Associated with FS: Delivery, Administrative, and Infrastructure Costs

Several steps and 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. Topics to be discussed are:

- **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 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**
  - Costs, including but 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, related office supplies.
  - Costs of collecting and collating data, and member navigation to services

- **Infrastructure Costs**
  - May include, but are not limited to: costs for developing electronic data exchange platform, cellphones, office equipment, and training staff on applicable privacy laws

3.3.1 Allowable Funding Types

ACOs may use FS funding to pay for the following:

- Delivery of services by ACO staff
- Delivery of services by SSO staff (including CP acting as an SSO);
- Administrative costs of SSOs delivering services, including post-delivery of services by SSO staff (to be included as part of their overall rate)
- Costs of FS goods

3.3.2 Disallowable Funding Types

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

- Administrative costs of ACOs delivering services, including post-delivery of services by ACO staff
- Tasks that occur prior to the delivery of FS by either ACO or SSO staff
- Infrastructure costs of the ACO or SSO

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8 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 not use FS funding to cover member navigation costs.

9 ACOs receive administrative payments and DSRIP Start-up and Ongoing funding to support their administrative costs, and thus should use these funding streams, as opposed to FS funding, for these costs
ACOs may use DSRIP ACO Start-up and Ongoing funding or other non-DSRIP funding sources for their infrastructure and administrative costs.

SSOs may be able to receive infrastructure funding through the SSO FS Preparation Fund (Prep Fund). More information about the Prep Fund will be released at a later date.

- CPs, acting as SSOs, are not eligible for the Prep Fund.

3.3.3 Summary of Approaches to Pay for Various FS-Related Costs

The table below summarizes how EOHHS funding streams may be used to implement the FSP. It is not an exhaustive list of the different sources of funding an ACO and SSO (including CPs acting as an SSO) may utilize in supporting FS (e.g., private funding or grants).
Table 1: Summary of Example Approaches to Pay for Various FS-Related Costs

| Summary of Example Approaches to Pay for Various Flexible Services-Related Costs |
|---|---|---|
| **Examples** | **ACO** | **SSO (including CPs acting as SSOs)** |
| **Infrastructure Costs** | Updates to data exchange platforms, communications technology, EHR system updates | DSRIP ACO Start-up and Ongoing funding; ACO administrative payments | SSO FS Preparation Fund*; DSRIP ACO Start-up and Ongoing Funding |
| **Pre-delivery Administrative Costs** | FS screening and planning, approval of FS plans | DSRIP ACO Start-up and Ongoing funding; ACO administrative payments | DSRIP ACO Start-up and Ongoing Funding and ACO administrative payments (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 Administrative Costs (including navigation)** | FS program manager salary, finance and billing costs | DSRIP Start-up and Ongoing funding; ACO administrative payments | Flexible Services Funding (built into the FS rate) |
| **Post-delivery Administrative Costs** | Collecting and reporting data, closing the feedback loop | DSRIP ACO Start-up and Ongoing funding; ACO administrative payments | Flexible Services Funding (built into the FS rate) |

* CPs, acting as SSOs, are not eligible for the SSO FS Preparation Fund.
** ACOs receive administrative payments and DSRIP Start-up and Ongoing funding to support their administrative costs, and thus should use these funding streams, as opposed to FS funding, for these costs.
Table 1 focuses on payment approaches for ACOs and SSOs (including CPs acting as SSOs). However, as discussed in Section 4.1.1, CPs, acting in their capacity as CPs, may play a significant role in FS (i.e., referring members to ACOs for FS, or working with ACOs in the ACO – CP Partnership Model). In such cases, CPs may not be paid by ACOs for these activities using FS funding, but rather may utilize their DSRIP CP funding streams or any non-FS funding provided by ACOs. DSRIP CP funding streams may be used in the following manner:

- **Pre-Delivery Administrative Costs**: CPs may submit a Qualifying Activity and receive a PMPM Care Coordination Payment for activities such as social services screening and connection to community and social services.
- **Post-Delivery Administrative Costs**: CPs may submit a Qualifying Activity and receive a PMPM Care Coordination Payment for activities such as ensuring enrollees are receiving social services from SSOs.
- **Infrastructure**: Could be supported with DSRIP CP Infrastructure funding (e.g., adding FS fields to CP EHR and/or care management platform).

### 3.4 FS Payment Arrangements between ACOs and SSOs

ACOs may pay a designee (i.e., SSO) to provide FS. ACOs may also pay a CP, acting as an SSO, to deliver FS. ACOs partnering with external entities to deliver FS must work with such entities to determine payment arrangements that are innovative yet paid in a timely manner (e.g., lump sums, fee-for-service, bundling, etc.). Such payment arrangements must abide by the standards laid out in Section 3.3. 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 payment arrangements include, but are not limited to:

- **Fee For Service** – ACO pays entity delivering FS on a per service and good basis
- **Prospective Lump Sum** – ACO provides a prospective amount of funding to an entity delivering FS
  - This upfront lump sum could pay for all goods or services provided by the SSO until exhausted, including the salary of an FTE at the SSO
- **Bundle** – ACO designates an array of services (i.e., a “bundle”) and pays entities as a bundle 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 sums
  - 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 external entities 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 PY (e.g., if an ACO purchases 20 HEPA vacuum cleaners in PY3 and only uses 19 in that year, it will be responsible for covering the cost of the one unused vacuum cleaner through non-DSRIP funding). EOHHS will review BBNs to determine whether ACOs and the entities delivering FS have agreed upon market rates.

3.5 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 at an external partner), 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.

Section 4. Roles of ACOs, CPs, and SSOs

FS funding is provided directly to ACOs. ACOs participating in the FSP must submit the FS section of their DSRIP FPPs and PY3 FS BBNs (See Sections 8 and 9 and Attachments H, I, and J). ACOs are responsible for creating and executing their FS section of the FPPs while adhering to state and federal requirements and guidelines. In creating their programs, ACOs must strategically identify target populations and services, and provide the rationale for such choices. The rationale of the overarching program or its goals must include how the program is expected to reduce TCOC and improve or prevent worsening of health outcomes and what evidence was used to design the program. 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 plan. 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 encouraged, but not required, to partner with SSOs and CPs as they design and implement FS programs for their members. CPs have discretion over whether they agree to partner with ACOs to operationalize FS. ACOs may also decide to partner with SSOs to operationalize FS.
4.1 Performing Administrative Functions

ACOs are responsible for administering the required operational functions prior to the delivery of FS services (e.g., identifying members, outreach, verifying FS eligibility, completing a FS plan). For members who are not enrolled in CPs, ACOs or their designees will perform all FS operational requirements prior to the delivery of services (See Section 5).

For CP enrollees, CPs and ACOs may work together to administer these operational functions. There are two ways in which ACOs and CPs may work together to perform the operational functions: CPs may refer CP enrollees to the ACO, or ACOs and CPs may utilize the ACO-CP Partnership Model for FS.

If the CP refers a CP enrollee to an ACO for FS, ACOs will perform all FS operational requirements prior to the delivery of services (See Appendix – Section 1 Figure 1). ACOs are required to inform CPs in a timely manner when they deliver FS to CP enrollees.

4.1.1 ACO-CP Partnership Model for FS

ACOs and CPs must determine if they wish to utilize the ACO-CP Partnership Model. ACOs may implement the ACO-CP Partnership Model with some CPs, and not others. Likewise, CPs may implement the ACO-CP Partnership Model with some ACOs, but not others. If an ACO and CP choose the ACO-CP Partnership Model, the ACO must follow the ACO-CP Partnership Model workflow with that CP for all FS programs for that CP’s enrollees. For example, if an ACO has one nutrition FS program and one housing supports FS program, ACOs and CPs partnering together in this way for that CP’s enrollees must use the
Partnership Model for both programs. ACOs and CPs should use discretion regarding whether FS programs are appropriate for their CP-enrolled members based on geographic constraints and other considerations.

4.1.1.1  ACO-CP Partnership Model Workflow

If the ACO-CP Partnership Model is chosen, ACOs are required to utilize a partially standardized ACO-CP Partnership Model Workflow. The ACO is ultimately accountable for successful implementation of and compliance for all steps in the workflow. Additionally, the Partnership Model requires the ACO to delegate certain functions to the CPs for the CP’s enrollees, while it allows the ACO discretion on whether to delegate other functions. ACOs must delegate the following FS functions to CPs for the CP’s enrollees:

- **Outreach** to members (Section 5.2);
- **Verify** eligibility of members (Section 5.4);
- Develop **FS Plans** for eligible members utilizing the FS Verification, Planning, and Referral (VPR) Form (Section 5.5); and
- **Notify and navigate** members to entities delivering FS as appropriate (Section 5.7).

ACOs have the discretion to delegate the following functions:

- **Identification** of members for FS; and
- **Approval** of FS Plans.

When determining whether to delegate the identification and approval functions, ACOs may choose to:

- Delegate both identification and approval;
- Delegate neither function;
- Delegate only one function; or
- Partially delegate either one or both functions (e.g., ACO delegates the approval function for plans costing up to $X to the CP; above $X, the ACO retains approval responsibility).
4.2 Delivery of FS

ACOs and SSOs (including CPs functioning as SSOs) both can act as the entity delivering FS. ACOs will choose whether to partner with SSOs to deliver FS. When partnering with an SSO to provide FS, ACOs may have the SSO provide services at the ACO (or “co-locate”). EOHHS will review ACOs’ decisions to work internally versus externally as part of its review of the ACO’s FS section of the FPP (See Section 10).

ACOs will be responsible for ensuring that entities delivering FS will:

- Deliver services and goods as directed by ACOs;
- Report certain data to ACOs in a standardized format, so that ACOs may complete EOHHS reporting obligations (See Section 6). ACOs may choose to request SSOs provide additional data beyond what EOHHS requires; and
- Work with ACOs to complete the Feedback Loop (See Section 5.9) and determine if more services or goods are needed.

4.3 Point of Contact

ACOs are required to have a Point of Contact for all SSOs and CPs that they have contracted with to perform administrative functions or service delivery. This Point of Contact is meant to facilitate communications for FS operationalization including, but not limited to, initial referrals, data collection, invoices, and approval of VPR Forms (See Section 5.3). 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.
4.4 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 that could arise from inappropriate self-referrals for service delivery, as an example. EOHHS requires that such entities establish firewalls or other appropriate controls in order to mitigate conflict 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; 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 performing the delivery of services.

4.5 Entities Delivering FS: Staff Qualifications

ACOs are responsible for ensuring that staff delivering FS meet the following criteria, as applicable:

- **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 TPS or NSS, respectively; or
  - 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.

4.6 Entities Delivering FS: Organizational Qualifications

ACOs must ensure the entities delivering FS are qualified based on a holistic view of the considerations set forth below. ACOs are encouraged, but not required, to partner with SSOs and CPs to design and deliver FS programs; ACOs should strategically seek partnerships with delivery entities that leverage existing community-based expertise and capacity, and promote effectiveness, efficiency, and scalability of their FS programs. While ACOs have autonomy in determining who to partner with, ACOs must make certain they have done their due diligence (e.g., conversations with various SSOs, reference checks) in choosing an appropriate partner(s). EOHHS will adhere to a robust set of criteria in reviewing whether the proposed SSO is qualified to serve MassHealth members effectively and efficiently.
When considering entities to partner with, ACOs must not only consider the below factors, but also the capacity for SSOs to systematically scale the program(s) over time. EOHHS will account for circumstances whereby entities 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 (e.g., utilize funding from the SSO FS Preparation Fund to build communication systems). EOHHS will evaluate ACOs choice of partner in the FPP (See Section 8.4.C). ACOs will be able to partner with any SSO that meets the qualifications below.

- **Experience and demonstrated success delivering services to ACOs’ target populations**  
  - Experience with the target population (including any overlap with current clientele with the population)  
  - Experience with State or Federal contracts  
  - Years of experience delivering services  
  - Experience managing significant caseloads  
  - Services delivered are evidence based (evidence based may include replicating a program that has been shown to work elsewhere, creating a new program based on earlier programs, literature reviews, or experience)  
  - Ability to manage complex contracts and funding streams

- **Demonstrated cultural competency 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 partner with health care organizations**  
  - Experience with cross sector partnerships, including ability to scale existing health care partnerships  
  - Ability to communicate and exchange data with the ACO  
  - Ability to adhere to data privacy requirements

- **Capacity to accommodate increased number of referrals**

- **Ability to work with MassHealth on evaluations of the program**  
  - Ability to collect data  
  - History of participation in rigorous evaluations  
  - Experience of contracts with the State which include evaluation components
Section 5. FS Process Flow

5.1 Overview

In providing FS, ACOs must ensure that a number of 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 4). 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 CPs or SSOs, but are still responsible for overall successful administration of their FS programs, and maintaining compliance with all federal and state requirements and guidelines. In the event that an ACO and CP choose to pursue the ACO-CP Partnership Model for FS, requirements that apply will be explicitly noted in their respective sections below. 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 4 is used to show the requirements of the VPR. The flow may be operationalized to meet the needs of ACOs, CPs, and SSOs.

Figure 4: Example FS Process Flow including Example VPR Flow

5.2 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, including CP enrollees, and referring them to ACOs to potentially verify for FS eligibility. ACOs must inform CPs of all of the individual FS programs they are providing. EOHHS anticipates releasing a standardized template for how ACOs must describe their FS programs to CPs at a later date.
5.2.1 ACO-CP Partnership Model for FS – Identifying Members and Conducting Outreach

In the ACO-CP Partnership Model, ACOs must delegate the member outreach function for FS to CPs for their enrollees. ACOs can determine how they wish to identify members.

5.3 Completing the FS VPR Form

5.3.1 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 5.4 and 5.5.

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:

- Transmit screening and planning information between ACOs and CPs in an ACO-CP Partnership during the approval process;\(^\text{10}\)
- Refer members approved for FS to entities delivering FS;
- Close the Feedback Loop between the entity delivering the FS and the ACO or CP; and
- Notify CPs of services an enrollee is receiving outside of the ACO-CP Partnership Model.

EOHHS anticipates the VPR Form to include information regarding verification, planning, approval, demographics, and the feedback/follow-up. The VPR Form does not require the member’s primary care provider’s approval. The VPR Form and specific instructions will be released at a later date.

5.3.2 Accessibility of the VPR Form

ACOs and CPs must keep VPR Forms in a location accessible to the individuals managing the member’s FS care. Entities must determine who the individual is that will be responsible for managing the member’s care. EOHHS does not currently anticipate collecting VPR Forms, but reserves the right to do so or to perform audits of such forms as necessary. EOHHS also reserves the right to collect or audit the actual screening tool used to determine FS eligibility.

5.3.3 ACO-CP Partnership Model for FS - Completing the FS VPR Form

In the ACO-CP Partnership Model for FS, ACOs must delegate the completion of CP enrollees’ VPR Forms to CPs. CPs must send VPR Forms to ACOs for approval of FS (unless ACOs and CPs have agreed upon a delegated approval process).

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\(^{10}\) An SSO could be involved in this process if an ACO utilizes an SSO as its designee.
5.4 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 an EOHHS-approved screening tool.

Figure 5: Example of Qualifications Met to Verify a Member’s FS Eligibility

5.4.1 MassHealth Eligibility

Members receiving FS 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; and
- On the first day of the FS episode of care; and
- Every subsequent 90 calendar days from the initial date of service of an FS episode of care until the conclusion of the episode.

5.4.1.1 ACO-CP Partnership Model for FS – MassHealth Eligibility

In the ACO-CP Partnership Model, ACOs must delegate the responsibility of ensuring that members are enrolled in MassHealth ACOs to CPs. In this model, the CP will be able to verify HNBC and risk factor eligibility while also checking for MassHealth eligibility in one step rather than separating verification steps between the CP and the ACO. Though the CP will ensure the member is enrolled in an ACO, ACOs are ultimately responsible for program compliance.

5.4.2 Programmatic Eligibility Requirements

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11 The date of the FS Screening will not necessarily be the date the VPR is completed.
12 Set of related Flexible Services (e.g., tenancy sustaining supports, home modifications, nutrition sustaining supports)
ACOs must verify that members are programmatically eligible for FS using the past results of EOHHS-approved screening(s). Screening results must demonstrate that the member meets at least one HNBC and one risk factor. ACOs must ensure the screenings used to verify a member’s eligibility meet the criteria outlined below. If the 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.

5.4.2.1 Administration of Programmatic Screenings
Only certain types of individuals may conduct screenings including, but not limited to, licensed or unlicensed social workers, case managers, licensed or unlicensed providers, Community Health Workers, 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 or over the phone or utilize 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. 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.**

5.4.2.2 Allowable Screening Tools to Verify FS Eligibility
ACOs must screen members for programmatic eligibility using an EOHHS-approved tool or combination of tools. For a tool or combination of tools to be approved, it must adequately assess whether a member meets both the HNBC(s) and Risk Factor(s) outlined in ACOs’ FS program(s). The tool or combinations 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 NSS or TPS) 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 Sustaining Supports. Members that are eligible based on the risk factors of homelessness and food insecurity would be eligible for services in either domain.

Prior to utilizing a tool or combination of tools to determine programmatic eligibility, ACOs must: (1) submit the tool(s) and questions to EOHHS (e.g., Care Needs Screening, Comprehensive Assessment); and (2) identify which questions they intend to use to satisfy which criteria. During the Preparation Period, ACOs must submit tools and questions regardless of whether they have been previously reviewed and approved for separate uses (e.g., HRSN Screening Tools previously approved by EOHHS for the HRSN Screening quality measure must be re-submitted and approved if the ACO intends to use it for FS verification or screening purposes). EOHHS will review tools to ensure the aforementioned criteria are met. Tools must be approved prior to use and will be reviewed during the Preparation Period.**

13 Additional information on the Preparation Period will be released at a later date.
If ACOs do not have a tool that meets these criteria, they may alter existing tools or create a new tool and submit them to EOHHS for approval. Additionally, EOHHS will release a MassHealth FS Screening Tool that ACOs may choose to utilize, in whole or in part, if they do not have an applicable tool or combination of tools.

**More information about submission, review, and approval processes for screening tools will be made available at a later date.**

Historical administrative and clinical data may be used in lieu of or in conjunction with a screening to determine a member’s eligibility if such data meets all requirements detailed in Section 5.4.

### 5.4.2.3 Screenings Prior to FS Launch

Screenings that occurred prior to January 1, 2020 may be used to verify eligibility for FS as long as the screening:

- Tool or question(s) was subsequently approved by EOHHS for FS use before delivery of services;
- Occurred within the previous 12 months from the date of FS Plan Approval;
- Was conducted by a qualified individual as outlined in Section 4.5; and
- Was not self-administered by the member.

### 5.4.2.4 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 goods or services from a different domain (e.g., nutrition) for which there was no previous screening within the past 12 months.

If necessary, a FS Plan may be updated when the rescreening occurs (See Section 5.5 for more information on FS Plans).

### 5.4.3 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 is expected to include, but is not limited to:

- Member’s HNBC (check the box);
- Member’s Risk Factor(s) (check the box);
- Name of screening(s) used to verify the member’s FS eligibility; and
- Date(s) of screening(s) completion.

### 5.4.4 ACO-CP Partnership Model for FS - Programmatic Eligibility Requirements

In the ACO-CP Partnership Model for FS, ACOs must delegate CP enrolled members’ programmatic eligibility screenings to CPs. If a CP has access to an ACO’s FS eligibility screening, they may use those results to verify MH eligibility. CPs’ screening tools must be approved by EOHHS and will be held to the same standards as discussed in Section 5.4.2.2. More information about eligible CP screening tools will be released at a later date.
5.5  **FS Plan**

5.5.1  **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 that may create FS Plans include, but are not limited to, licensed or unlicensed social workers, case managers, licensed or unlicensed providers, Community Health Workers, 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
- FS Plans are valid for up to one year following the date of ACO approval of the Plan
- 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

5.5.2  **FS Plan Elements**
The FS Plan is a standardized section of the VPR Form that includes, at a minimum, the following standardized fields:
- Recommended FS program (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
- Goals of recommended FS
- Steps for obtaining the service(s) or goods
- Follow-up plan upon completion of services or goods
- Entity delivering FS and contact information
- List of additional relevant federal, state, or other publicly funded programs from which the member is receiving services.

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. The VPR Form, which includes a standardized template for the FS Plan, and a companion instruction guide will be released at a later date.

5.5.3  **ACO-CP Partnership Model for FS – FS Plan**
In the ACO-CP Partnership Model for FS, ACOs must delegate CP enrolled members’ FS Planning and documenting in the VPR to CPs.
5.6 FS Approval

5.6.1 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 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 entity delivering FS. 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.

5.6.2 ACO-CP Partnership Model for FS – FS Approval
In the ACO-CP Partnership Model for FS, ACOs may, but are not required to, delegate approval processes to CPs. If the approval process is delegated, CPs still must send the VPR Form back to ACOs to inform them of the member’s FS plan. In either scenario, once the member’s plan is approved, CPs will send the VPR Form to the entity delivering FS.

5.6.3 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.

5.6.4 Member Grievances
ACOs must provide members access to their grievance process as outlined in their contracts. Members may also utilize the Ombudsman Program. FS is not an entitlement program and not all members who are programmatically eligible will receive FS. Further information on member facing materials and communications more generally will be provided at a later date.

5.7 FS Notification and Navigation
Following the decision of whether to approve the FS Plan, ACOs must notify members regardless of if the plan was approved or denied (either verbally or in writing), and, if approved, navigate members to the appropriate entity to receive their FS.

5.7.1 ACO-CP Partnership Model for FS – FS Notification and Navigation

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14 See Section 2.12 of the Accountable Care Partnership Plans Contract; Section 2.8.G.1 of the Primary Care ACO Contract; Section 2.6.A of the MCO-Administered ACO Contract
In the ACO-CP Partnership Model for FS, ACOs must delegate the responsibilities of CP member notification and navigation to CPs.

5.8 FS Delivery
Entities delivering FS provide the goods and services to members. Entities that perform the screening, verification, or FS planning may also deliver the FS as long as they take appropriate steps to avoid conflict of interest (See Section 4.4).

5.9 Feedback Loop
ACOs must coordinate with entities delivering FS to ensure that, at a minimum, FS delivery has occurred (also known as the Feedback Loop). After services are delivered, entities delivering FS must complete the VPR Follow-up Form Section (See Section 5.3) and send it back to the ACO. It is at the discretion of the ACO if the entity delivering FS 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:
- Member Name, MassHealth ID, and Date of Birth
- Entity delivering FS
- Date that the FS Plan was created
- FS completed
- Member Status (e.g., experiencing homelessness)
- Goals Achieved
- Requests for additional FS

Entities delivering FS who wish to request additional services 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. 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 be able to contact the member).

5.9.1 ACO-CP Partnership Model for FS – Feedback Loop
In the ACO-CP Partnership Model for FS, entities delivering FS must send the VPR Form to CPs, who are then required to send the information to the ACOs.

Section 6. FS Data Collection Requirements & Required Programmatic Updates

6.1 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 entities delivering FS to collect requisite data for submission to EOHHS.

ACOs will be required to report the following data either in the QTR, Semi-Annual Progress Report, or Annual Progress Report:
Table 2: Data Collection Points per Deliverable

<table>
<thead>
<tr>
<th>Data</th>
<th>QTR</th>
<th>Semi-Annual Progress Report</th>
<th>Annual Progress Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly lists of members receiving FS by FS category (e.g., Tenancy Sustaining Supports)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Quarterly expenditures by FS Category (Q1)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Quarterly expenditures by FS Category (Q2)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Quarterly expenditures by FS Category (Q3)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Quarterly expenditures by FS Category (Q4)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Semi-Annual expenditures per FS line item (combined Q1 and Q2)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Annual expenditures per FS line item (combined Q1 through Q4)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Aggregate number of members screened as eligible for FS by Risk Factor (i.e., homelessness, risk of homelessness, and/or risk of nutritional deficiency or imbalance) (Semi-Annual: combined Q1 and Q2, Annual: combined Q1 – Q4)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Total number of members approved for FS that were then referred to receive FS, by FS category (Semi-Annual: combined Q1 and Q2, Annual: combined Q1 – Q4)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

6.2 FS Quarterly Tracking Reports

6.2.1 Requirement Overview

ACOs are responsible for collecting and aggregating from each entity delivering FS: (1) the lists of members who have received FS on a quarterly basis; and (2) the aggregate costs associated with each of those lists. These deliverables will be submitted in their QTRs. ACOs must use the member list template provided by EOHHS and will update the “PY3 Aggregate Costs” tab in their budget templates for aggregate costs. The aggregate member lists and costs must be divided into five categories of FS:

- Pre-Tenancy – Individual Supports (abbreviated as PTI)
- Pre-Tenancy – Transitional Supports (PTT)
- Tenancy Sustaining Supports (TSS)
- Home Modifications (HM)
- Nutritional Sustaining Supports (NSS)

The data must be compiled into one QTR submission consisting of the member list and budget template and submitted to EOHHS on a quarterly basis. ACOs must follow the QTR submission dates in Appendix – Section 3 Table 2.

ACOs working with external entities delivering FS must work with the delivery entities to obtain member lists by category utilizing the Member List template. It is at the discretion of the ACO and SSO as to how...
they exchange aggregate cost by category information. EOHHS will release the Member List template at a later date. Initial associated specifications can be found in Appendix – Section 2.

6.3 Semi-Annual and Annual Progress Reports

6.3.1 Overview and Purpose
ACOs are required to submit two progress reports pertaining to each performance year:

- **Semi-Annual Progress Report**
  - Anticipated due date: August 31 of each Performance Year
  - Reporting period: January 1-June 30 of the current Performance Year (i.e., Q1 and Q2)
  - Purpose: Provide EOHHS with an update on the ACO’s FS program as it pertains to the goals of the FS portion of the FPP for the first half of the Performance Year

- **Annual Progress Report**
  - Anticipated due date: March 31 of the following Performance Year
  - Reporting period: January 1-December 31 of the Performance Year (i.e., Q1 through Q4)
  - Purpose: Provide EOHHS with a comprehensive report and evaluation of the ACO’s FS program as it relates to the goals of the FS portion of the FPP during the entire Performance Year

The Semi-Annual and Annual Progress Reports may include, but are not limited to:

- The progress of each individual FS program including updates on metrics and milestones outlined in the FPP
- Descriptions of successes and challenges
- Plans to address challenges
- Next steps for programs
- Expenditure Reports (See Appendix – Section 4)

EOHHS intends to release future guidance, reporting instructions, and templates for the data, narrative, and financial elements of the Semi-Annual and Annual Progress Reports.

Please see Appendix – Section 3 Table 2 for anticipated reporting cadence of QTRs, Semi-Annual Progress Reports, and Annual Progress Reports.

Section 7. FS Timeline

EOHHS anticipates launching the FSP in January 2020. Throughout PY2, ACOs are expected to develop FPPs and create workflows to build successful programs. ACOs must submit FS FPPs and BBNs to FlexibleServices@massmail.state.ma.us by September 20, 2019. For ACOs that meet criteria for programmatic approval, EOHHS intends to approve FPPs and BBNs in December 2019 so that funds can be disbursed and ACOs can launch their programs as soon as possible. EOHHS expects ACOs to ramp up in a reasonable, conservative timeframe, taking into consideration ACO, CP, and SSO starting points and operational considerations. Therefore, EOHHS may approve ACOs to move forward with certain programs, but not others. Below is a high-level anticipated FSP Timeline.
Table 3: Anticipated FS Timeline

<table>
<thead>
<tr>
<th>Anticipated Date</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>August 2019</td>
<td>• FS Guidance Release</td>
</tr>
</tbody>
</table>
| September 2019 (ACO Submission)  | • ACOs create and submit FS PY3 FPP  
• ACOs create and submit FS PY3 BBN  
• MassHealth FS Eligibility Screening Tool and Guidance Release  
• MassHealth FS VPR Form Release |
| November 2019                    | • ACOs submit Screening Tools to EOHHS                                                             |
| December 2019                    | • EOHHS approves ACOs’ FPPs and BBNs                                                               |
| December 2019 - onward (Preparation Period – ACO Submission) | • ACOs sign contracts with entities to deliver FS and establish workflows with such entities and CPs, as applicable  
• ACOs submit member-facing materials to EOHHS  
• EOHHS approves ACO Screening Tools  
• EOHHS approves member-facing materials  
• EOHHS approves ACO programs for launch |
| January 2020                     | • FSP Launch (i.e., services and goods may begin)                                                    |
| January/February 2020            | • FS funds disbursed to approved programs                                                           |

Section 8. FS Full Participation Plan (To be completed by ACOs)

8.1 Document Naming Conventions

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

    ACO Name_Attachment Code_Performance Year_Version_Date

Example: ACOName APR_PY3 R0 20190919

FPPs and BBNs must follow the same naming convention but will use FS codes. Below are the codes for the specific sections.
Table 4: ACO FS Deliverable Naming Conventions

<table>
<thead>
<tr>
<th>Element</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACO Name</td>
<td>ACOs must use the normal abbreviations that they use for their ACO.</td>
</tr>
<tr>
<td>Attachment Code</td>
<td>Instructions</td>
</tr>
<tr>
<td>Full Participation Plan (Flexible Services)</td>
<td>FPP_H_FS</td>
</tr>
<tr>
<td>Budget &amp; Expenditure Spreadsheet (Flexible Services)</td>
<td>BE_I_FS</td>
</tr>
<tr>
<td>Budget &amp; Expenditure Narrative (Flexible Services)</td>
<td>BE_I_FS</td>
</tr>
<tr>
<td>Performance Year</td>
<td>Instructions</td>
</tr>
<tr>
<td>Performance Year 3</td>
<td>PY3</td>
</tr>
<tr>
<td>Performance Year 4</td>
<td>PY4</td>
</tr>
<tr>
<td>Performance Year 5</td>
<td>PY5</td>
</tr>
<tr>
<td>No specific year (e.g., FPP)</td>
<td>(skip this section)</td>
</tr>
<tr>
<td>Version</td>
<td>Instructions</td>
</tr>
<tr>
<td>Initial submission</td>
<td>R0</td>
</tr>
<tr>
<td>Initial revision</td>
<td>R1</td>
</tr>
<tr>
<td>Subsequent revisions</td>
<td>R2, R3…</td>
</tr>
<tr>
<td>Submission Date</td>
<td>Instructions</td>
</tr>
<tr>
<td>Please use the following format:</td>
<td>YYYYMMDD</td>
</tr>
</tbody>
</table>

8.2 Overview and Purpose

All ACOs must submit their FS section of their FPPs with the specified information about their overall FS program and each individual FS program they intend to implement throughout PY3 – PY5 as currently known. The FS portion of the FPPs will be Attachment H. EOHHS will review the FPPs as described in Section 10 to determine whether the plans may be approved. If an individual FS program does not have the detail necessary for approval, the ACO may still be able to proceed with those programs that are approved. ACOs will be able to amend/modify Participation Plans throughout the three years of the FSP to account for additional information and programs as well as changes to existing programs.

8.3 FS Full Participation Plans: FS Overview

Context: The FSP tests whether ACOs can reduce TCOC and improve or prevent the worsening of members’ health outcomes by implementing targeted evidenced based programs. Each ACO participating in the FSP must propose an overall FS program that seeks to meet the overarching goals of reducing TCOC and either (1) improving members’ health outcomes or (2) preventing the worsening of members’ health outcomes. ACOs must be able to clearly delineate how these goals will be tracked and measured.

In this section, ACOs must answer the following questions:

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15 ACOs will be required to update their overall Executive Summary for their entire FPP to include information on FS, as applicable. Updated Executive Summaries may be submitted with the DSRIP PY2 Annual Progress Reports. Submission date forthcoming.
A. **ACO Flexible Service Goals**: What are the overarching goals of the ACO’s overall FS program? Please provide a rationale for your goals.

*Additional Instructions:*
- ACO must provide a high-level overview that includes the goal(s) of their overall FS program.
- ACO must number the goal(s) and place them in Section 1.A of Attachment H.
- At least one goal must be to reduce TCOC
- At least one goal must be to prevent worsening or to improve health outcomes
- ACO must describe how it plans to evaluate the success of their overall FS program, including how they plan to evaluate their progress towards their overall FS goal(s).
- When discussing the individual FS programs – those programs that make up the ACO’s overall FS program – below, the ACO will also need to identify individual program goals. The ACO may choose to identify more than one individual goal for each individual program (See Section 8.4.D).
  - The individual program goals must link to at least one of the overall FS program’s goals. The ACO must have concrete goals, but they may be updated over time as needed.

![Figure 6: Example Order of Goals](image)

B. **ACO FS Operating/Governance Model**: What will be the ACO’s FS overall operating/governance model for FS?

1. If the ACO is an Accountable Care Partnership Plan, how will the Contractor and the ACO Partner manage leadership and oversight of the program? Will it differ from program to program?
2. Is the ACO planning to work with any CPs in the Partnership Model? If known, which ones?

C. **FS Program Milestones**: Provide an overarching, broad timeline of when the ACO plans to launch each individual FS program and broad milestones.

1. As is currently known, approximately how many programs does the ACO anticipate launching over the course of the FSP?
2. Approximately how many members does the ACO anticipate serving over the course of the FSP?
c. Approximately what percent of its FS target population does the ACO expect to be CP enrollees?

8.4 **FS Full Participation Plans: Individual Programs**

*Every individual program included here must have program identifiers that exactly match with the Budget and Budget Narrative.*

In this section, the ACO must describe the individual programs it plans to implement as part of its overall FS program and the individual goal(s) associated with that program. For each individual program, the ACO must provide the following:

A. **Program Identifier:** The program identifiers allow EOHHS to link programs from the ACO’s FS Budget to those in the FPP and ensure that all documents align. Each individual program must have a unique program identifier associated with it. They must exactly match the program identifiers in the ACO’s FS PY3 Budget.

B. **Individual Program:** The ACO must include a brief but descriptive name/phrase to describe the program (e.g., Pre-Tenancy Support Intervention for those who are experiencing homelessness). These must match the individual programs descriptors listed in the ACO’s FS PY3 BBN, and must correspond to the correct program identifier in both the FPP and the PY3 BBN.

C. **Program Description:** The ACO must provide a clear narrative description of each program, including answers to the following questions:

   a. **Services and Goods:** What are the services and goods that make up this program (e.g., services and goods that would be provided)? Provide a detailed description of goods and services that make up the individual program being paid for by FS.

      Additional Instructions:

      o ACO must explain how FS are integrated into the overall health and/or social goals for members, as expressed in members’ treatment or care plans.

      o ACO must describe how it plans to support members’ 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).

   b. **Target Population:** What is the ACO’s target population? Please provide rationale for choosing this population, including evidence such as literature, analysis based on claims, community, or neighborhood level data, or expertise from organizations or staff working in the community.

      i. How does the ACO plan to identify members in this population?

      ii. What geographic region(s) will the ACO serve for this individual program (i.e., Greater Boston, Northeast, Southeast, Central, Western)?

      iii. If known, how will the program be distributed (e.g., one vs. multiple provider sites, certain municipalities)?

      iv. What is the rationale for these decisions on the FS program's parameters (e.g., start small and expand to neighboring regions in Performance Year 4)?
c. **Non-Duplication of Services:** The ACO must describe what elements of this program might duplicate existing services and the steps it will take to ensure non-duplication.

i. What elements of this program may potentially duplicate existing state or federally funded services? Please describe how this individual FS Program will not duplicate existing services (e.g., a nutrition program to provide individuals with medically tailored meals does not duplicate SNAP or WIC as shown through literature review showing that SNAP or WIC cannot provide sufficient funding for medically tailored meals, thus the FS Program will supplement what SNAP or WIC cannot provide).

d. **Program Operating Model:**

i. Will the ACO build this program internally or partner externally?
   1. If partnering externally, who is the ACO partnering or considering partnering with?
   2. If building internally, describe why partnering externally was not an option (e.g., lack of availability, limited experience, or limited capacity of existing external partners in the region). Then, explain the ACO’s expertise to handle this program in-house in the questions below.

ii. Whether building within the ACO or partnering with an SSO, provide the following information to ensure your SSO partner meets the qualifications to deliver FS.
   1. Explain the experience and demonstrated success of the entity delivering services (ACO or SSO). Include successful experiences with:
      a. Target population (including any overlap of current clientele of this population);
      b. Providing such services and goods (and demonstrating that services are evidence-based);
      c. State and Federal contracts (please list applicable state contracts including amount, type, and state agency); and
      d. Managing complex contracts and funding streams.
   2. Explain how the entity delivering services will maintain high levels of cultural competence and have adequate resourcing to address the needs of a diverse population (e.g., bilingual staff).
      a. If the entity cannot currently, describe how it plans to be able to do so.
   3. Explain whether the entity delivering services can currently accommodate the increased number of referrals expected from this individual FS program.
      a. If the entity cannot currently accommodate the increased case load, describe how it plans to accommodate it by launch.
      b. Explain the ability to scale the program over time including the areas of the State the entity serves today and plans to expand as needed.
   4. Explain how well-positioned the entity delivering services is to work with MassHealth on evaluations of the program, including evidence
regarding the ability to collect data (e.g., social outcomes) of members served, existence of contracts with the state, and a history of participation in rigorous evaluations.

a. If the entity cannot currently, describe how it plans to be able to do so.

5. If partnering externally, please answer the following additional questions:
   a. Explain whether the SSO delivering services has the capacity to partner with the ACO, including evidence of experience with cross-sector partnerships, ability to communicate and exchange data with ACOs, ability to adhere to data privacy requirements, and ability to manage complex contracts and funding streams.
      i. If the SSO does not have the current capacity, explain how it will acquire such capacity (e.g., funding through ACO Startup and Ongoing funds or external grants).
   b. Will the SSO partners be involved in program development? If so, how?

6. Attest that staff providing FS meet the minimum education/experience and skills qualifications set forth in the guidance document (See Section 4.5).
   iii. If known, what type of delivery model will the ACO and partner use (e.g., partner staff physically located at the ACO delivering services)?

   e. Individual Program Milestones: Please provide a timeline for standing up this individual FS program, including milestones that the ACO will work towards to meet goals of implementation for the program (please note: EOHHS anticipates utilizing milestones as one means of reviewing progress with the ACO throughout program implementation).
      i. Timeline must include the following milestones:
         1. Finalize contracts with external partner if applicable;
         2. Begin identifying and outreaching to members;
         3. Begin screening members; and
         4. Begin providing services.
      ii. For each program, the ACO must also provide a realistic estimate of the number of members it anticipates serving in PY3.

D. Program Goal: As noted in Section 8.3, ACOs must identify individual program goal(s) and provide a rationale for these goal(s). The ACO may choose to identify more than one goal for each individual FS program.
   a. What are the individual programs goals and how do they link to the overall program goals, including reducing TCOC or improving or preventing the worsening of health outcomes?
   b. Why does the ACO believe that the individual FS program will help achieve the specified individual program goal (evidence may include replicating a program that has been shown to work elsewhere, creating a new program based on earlier programs, literature reviews, experience)?
c. Why does the ACO believe that the individual FS program will help to achieve the overall FS goal(s) of reduction in TCOC and improvement or prevention of worsening of health outcomes (evidence may include replicating a program that has been shown to work elsewhere, creating a new program based on earlier programs, literature reviews, experience)?

E. **Evaluation Plan:** The ACO must describe its evaluation plan for each individual FS program to measure and track the success of the program towards the individual FS program goals and the overall FS program. The evaluation plan must include:

   a. At least one outcome measure that evaluates the individual FS program’s impact on cost or utilization (e.g., $X return on investment from program, Y% reduction in quarterly ED utilizations, Z reduction in TCOC);

   b. At least one health outcome measure that evaluates the FS individual program’s impact on clinical markers (e.g., X% reductions in hemoglobin A1C); and

   c. At least one measure that evaluates the individual FS program’s impact on the member’s risk factor or monitors the implementation of the program. The measure may be either a:

      i. Social outcome measure (e.g., % of housed clients who maintain housing stability after 6 months, % reduction in members served reporting food insecurity); or

      ii. Process measure (e.g., number of members engaged in housing search and placement, number of members placed in housing, number of medically tailored meals delivered, number of members enrolled in SNAP).

**Additional instructions:**

- While individual program goal(s) do not need to be cost or health outcomes, ACOs must track health and cost outcome measures to establish connection with overall FS program goal(s) of reducing TCOC and improving health outcomes or preventing the worsening of health outcomes. Individual program goal(s) may relate to housing and/or nutrition outcomes (e.g., reduce homelessness among members with behavioral health needs).
- The ACO is encouraged to identify numerical targets for their measures at this time, recognizing that this requires knowledge of the baseline condition and that these targets are likely to change. If targets are currently unknown, ACOs are not required to include them for this submission. ACOs will be asked to set targets at a future date.
- The ACO may choose to identify additional measures in the FPP (e.g., process measures, outcome measures, specific performance measures, cost measures, and performance management strategies) or add them to their evaluation plan as part of the Preparation Period.
**Section 9. PY3 FS Budget & Budget Narrative (To be completed by ACOs)**

**9.1 Overview**

The PY3 FS BBN deliverables show how each ACO proposes to spend its allocated FS funding over the course of PY3.

**9.1.1 Submission**

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

- **PY3 Flexible Services Budget and Expenditure Spreadsheet** (Attachment I – Excel document)
- **PY3 Flexible Services Budget and Expenditure Narrative** (Attachment J – Word document)

The ACO must complete and submit both attachments in their original formats to EOHHS by **September 20, 2019**.

**9.1.2 Key Considerations**

The following instructions must be utilized while completing the BBN:

- The ACO must budget to the amount it anticipates spending within its allocated PY3 FS funding, as described in the ACO’s PY3 FS Funding Notification letter.
  - Budgeting over the ACO’s FS funding allocation is disallowable and will result in required revisions.
  - If EOHHS approves budgets that amount to less than an ACO’s FS funding allocation, EOHHS will hold any unapproved funding until additional budget approvals are granted.
- Every individual program in the PY3 FS BBN must be included in ACO’s FPP, and must have exactly the same program identifier across the BBN and FPP.
- In the PY3 FS Budget, the ACO must completely 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, program category, and individual program filled out.
- Ensure that all investments are allowable per the guidance in Section 2.

**9.2 PY3 FS Budget and Expenditure Spreadsheet Instructions**

**STEP 1: Fill out ACO contact information.**

- Open the PY3 Flexible Services Budget and Expenditure Spreadsheet (“ACO Name_BE_FS_PY3_R0”).
- The top table includes spaces for ACO contact information. Please fill out this table.

**STEP 2: Review ACO’s PY3 FS Funding.** EOHHS prepopulated cell C11 with the amount of FS funding available to your ACO for PY3.

- If you believe that the prepopulated information does not correspond to the amount in your ACO’s PY3 Flexible Services Funding Notification letter, please reach out to FlexibleServices@massmail.state.ma.us immediately to determine next steps.
STEP 3: Add ACO’s PY3 FS programs. Please add the individual programs and corresponding line items that the ACO intends to support with FS funding during PY3. Ensure that all programs and corresponding line items are allowable (See Section 2 for allowable and disallowable uses of FS funding and Section 3.3.3 for infrastructure and administrative uses).

- **Budget line number:** The budget line numbers will serve as a reference point for the ACO when completing the Budget Narrative, as the ACO will be expected to state the budget line number followed by a description of that line item. Please ensure each line has a unique budget line number.

- **Program identifier:** The program identifiers allow EOHHS to link programs from the ACO’s Budgets to those in the FPP to ensure continuity between the BBN and FPP. The ACO must include the unique program identifier code for each individual program, which must then be applied to every line item within a given individual program. These program identifiers must be identical to those listed in the FPP.

- **Program domain:** The program domain designations allow EOHHS to review the ACO’s allocation of FS funding by domain. The ACO must identify the program domains of its specific programs by selecting the programs from the drop-down lists provided on the Budget & Expenditure Spreadsheet, and then apply this program domain to every line item within a given individual program. The ACO must **not** create its own program domains. Please utilize the following definitions to appropriately categorize your programs:
  - **Tenancy:** This domain must be applied to programs that assist eligible members who are experiencing homelessness or at risk of experiencing homelessness through the provision of pre-tenancy and/or tenancy sustaining supports, as defined in Section 2.1.2.
  - **Nutrition:** This domain must be applied to programs that aim to address eligible members’ nutritional deficiencies or nutritional imbalances that arise from food insecurity, as defined in Section 2.1.3.
  - **Tenancy and Nutrition:** This domain must be applied to programs that contain elements of both tenancy support services and nutrition support services.

- **Individual Program:** The ACO must include a brief but descriptive name/phrase to describe the program planned for FS expenditure in PY3. An “individual program” refers to a program, project, or initiative that is generally comprised of related and smaller components, which are referred to as “line items.” Every individual program listed here must be included in the “FS programs” section of the ACO’s FPPs, and must correspond to the correct program identifier in both the FPPs and the PY3 BBNs.

- **Line Item:** The ACO must include line item breakouts for each individual program. Below is information on how to report line item expenditures:
  - An individual program may have multiple budget line numbers and line items associated with it.
  - Each row of the ACO’s budget in the Budget Template must contain a unique line item that is specifically services or goods. Transportation is a separate line item and considered a good.
The ACO must not include different line item types (i.e., services and goods) in the same budget line (e.g., housing search and placement services (service) and transportation (good) should not be grouped together in one budget line).

The ACO 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 Supports (e.g., addressing barriers to housing [service #1] and locating housing [service #2]) could group them together as a “Housing Search and Placement Services” line item. However, the ACO would not be able to group locating housing (a Pre-Tenancy Support) with assistance with budgeting (a Tenancy Sustaining Support).

Staffing costs (associated either with an internal staff member or external partner) should be reflected in the ACO’s proposed budget line items. If the staff person is employed by the ACO, these costs must only reflect the percent of time spent on service delivery and the corresponding fringe costs, and not program administrative costs. If the staff person is employed by the SSO, costs for this person can reflect the percent of time spent on service delivery and corresponding fringe costs, as well as any associated administrative costs (See Section 3.3). Any staffing costs (internal or external staff) and associated fringe that are not used for services during the year but which have already been paid for must be rolled over into the following year or reallocated within the existing year to pay for allowable FS uses.

Transportation should be included as its own line item as a good.

- **Line Item Category:** These must be selected from the drop down list provided. The ACO must not create its own line item categories. See Section 2.1 for more details on each of the categories.
  - Nutrition Sustaining Support
  - Pre-Tenancy – Individual
  - Pre-Tenancy – Transitional
  - Tenancy Sustaining – Individual
  - Home Modification

- **Line Item Expense Type:** These must be selected in the drop down list provided. The ACO must not create its own line item expense types. The ACO must select one of the following:
  - Services
  - Goods

- **Line Item Status:** For each line item, the ACO must indicate whether the line item is a new, existing, or expanded initiative or expense for the purposes of the individual FS program.
  - **New:** A line item that did not exist prior to the individual FS program.
  - **Existing:** A line item that existed prior to the individual FS program, and which has not been expanded in scope or scale as part of the individual FS program.
  - **Expanded:** An existing line item for which an ACO expanded the scope or scale as part of their individual FS program. For example, an ACO may use FS funding to expand an existing housing search and placement program as a means of increasing access to FS-eligible members who were previously not part of the target population. Note: program may not be both listed as an existing and expanded program.
• **Full-Time Employees (FTEs):** For each line item expense type that is indicated to be a “service,” the ACO must indicate in the budget how many FTEs will be used to deliver the services. In the FTE column of the budget template provided 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)

• **Entity Delivering FS:** For each line item, the ACO must indicate the entity(ies) delivering the FS. For the purposes of this category, the ACO must select the entity that receives payment for the delivery of the FS. If both an SSO and an ACO are delivering a FS, a line item must be included for each. Detailed narrative descriptions of the entity delivering FS and processes for each program (i.e., specific program) and the line items contained within it must be included in the FPP and must correspond to the option selected in the PY3 FS Budget. Options are as follows:
  - **ACO:** The ACO provides the FS.
  - **SSO:** SSO provides the FS (ACOs may provide administrative support, FS approval, and other input, but relies on SSOs to deliver the FS).

• **Payment Mechanism:** For each line item, the ACO must indicate the payment mechanism to the entity delivering FS, including if the entity is the ACO itself. Detailed narrative descriptions of the payment mechanism for each program (i.e., individual program) and the line items contained within it must be included in the Budget Narrative and must correspond to the option selected in the PY3 FS Budget. In all payment options, the ACO will be responsible for ensuring funds were appropriately spent on allowable goods and services. Options provided in the drop-down menu are as follows:
  - **ACO-Delivered:** The ACO uses FS funding to provide FS goods and services directly to eligible members. The ACO may only use FS funding to pay for allowable expenses (See Section 2).
  - **FFS (Fee For Service):** The ACO pays entity delivering FS on a per service and good basis
  - **Prospective Lump Sum:** The ACO may provide a prospective amount of funding to an entity delivering FS. This could be a lump sum meant to cover all services over a period of time or prospective FFS.
  - **Bundle:** The ACO may designate an array of services (i.e., a “bundle”) and pays entities that are delivering FS as a bundle per eligible member or group of eligible members.
  - **Other:** This option must only be selected if the former options do not apply (e.g., a combination of FFS and prospective lump sum). ACOs must provide a detailed explanation of the payment mechanism in the BBN.

**STEP 4: Budget for PY3 FS programs.** In Column M, input the amount that ACOs plan to spend on each line item during PY3. Please note, budgets must provide sufficient funding for SSOs to deliver the services 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 PY3 FS Budget total (Cell M11) exactly matches or is less than the PY3 FS Funding amount (Cell C11).**
  - If the amounts match or cell M11 is less than cell C11, cell M11 will turn green.
  - If the amounts do not match, cell M11 will turn red.
Please note, columns P and Q will be completed with the submission of the Semi-Annual Progress Report (see Section 6.3).

9.3 PY3 FS Budget and Expenditure Narrative Instructions

STEP 1: Fill out ACO contact information.
- Open the PY3 Budget and Expenditure Narrative (“ACO Name_BE_FS_PY3_R0”)
- The cover page includes a table for ACO contact information. Please fill out this table.

STEP 2: Provide descriptions at the line item-level for PY3. ACOs must provide additional detail (as applicable) for every line item in their PY3 FS Budget. Please use the following guidelines:
- Provide narrative at the program level or line-item level as indicated below.
- An individual program may have multiple budget line numbers and line items associated with it.
- To the extent possible, do not include numerical figures for costs in the Budget Narrative unless explicitly asked for in the question. Instead, numerical figures must be included in the Line Item column of the PY3 FS Budget and Expenditure Spreadsheet.
- Include the following elements for each program:
  o Program Identifier
  o Administrative Cost Rate (%) and Description: For each program that the ACO is partnering with an SSO to deliver FS, the ACO must include the percentage of the entire program’s proposed budget allocation that is spent on administrative costs. ACOs are expected to pay SSOs for the cost of administering the FS program as part of their overall FS payments. Please provide this percentage, as well as a detailed description of what is being covered by the administrative costs (e.g., data collection, billing and finance, overall administration of services). See Section 3 for a description of allowable administrative costs.
  o Budget Line Number: Please provide corresponding budget line number.
    o Description of the Line Item: The ACO must describe the line item, including its purpose, function, and/or role in the individual program, and the description of services or goods included within the line item (e.g., assistance with budgeting)
    o Details about Services: Please provide a breakdown of the staff that will be providing services including:
      ▪ Positions (e.g., social worker)
      ▪ Estimated Yearly Salary(ies) and Fringe Rate: (e.g., $X + X% fringe)
    o Details about Goods: Please provide a description of goods that cost more than $500 per unit (e.g., 1st month’s rent), listing out each item individually. Note: The addition of further goods over $500 to the program after plan and budget approval will require a corresponding budget modification.
  ▪ Payment Mechanism: If the ACO classifies the payment mechanism as “other” on the Budget spreadsheet, the ACO must explain what this other mechanism is.
Section 10. FS Full Participation Plan and Budget/Budget Narrative Approval
Factors and Process

In reviewing FS deliverables for approval, EOHHS will look to ensure that ACOs have met the requirements set forth in this Guidance Document and their ACO contracts, and have appropriately and adequately responded to EOHHS requests for revisions and clarifications of FS submissions.

After receiving ACO submissions, EOHHS will provide preliminary feedback to ACOs to note significant or potentially significant concerns that may require additional information or edits. This will allow ACOs and EOHHS to discuss issues early and make adjustments as needed in order to move forward towards implementation. Preliminary feedback will, at a minimum, include comments or questions related to the ACO’s proposed SSO partners (see SSO criteria established in Section 4.6), and may also include, but is not limited to, comments or questions on potential disallowable uses.

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

- Incomplete submissions;
- Concerns about feasibility, implementation strategies, robust evidence base, or other matters related to proposed investments;
- Discrepancies between the ACO’s FS BBN and its approved FPP; and
- Inclusion of disallowable uses of DSRIP/FS funding, such as services that duplicate existing state or federal programs (see Section 2.2)

EOHHS may also propose changes or clarifications based on identified priorities for the ACO’s successful performance under the contract.

Should EOHHS request clarifications or changes, ACOs must follow the instructions in Section 11 of this Guidance Document and respond to the request in a timely fashion, as determined by EOHHS.

EOHHS has procured an Independent Assessor that reviews ACO submissions in parallel with EOHHS for compliance with the 1115 Waiver Special Terms and Conditions, the DSRIP 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. The ACO must ensure they answer all applicable questions for each of their individual FS programs.

EOHHS reserves the right to add or remove criteria when reviewing FPPs or BBNs. The ACO will be able to move into the Preparation Period following approval of its FPP and BBN or portions of those submissions (e.g., Program 1 is approved and moves into Preparation Period while Program 2 is still being reviewed).
Section 11. Submission and Approval of FS Full Participation Plans, Budgets, and Budget Narratives

11.1 Overview

All ACOs are expected to submit their updated FPPs and PY3 FS BBNs by September 20, 2019 to FlexibleServices@massmail.state.ma.us and the ACOs’ MassHealth ACO Contract Manager. Following EOHHS approval, ACOs may transition into the Preparation Period and continue with contract negotiations, development of workflows, and creation of member-facing FS materials.

ACOs may be able to move into Preparation Period for some of their individual FS programs that are approved even if other individual FS programs are not yet approved. For those programs that are not yet approved, ACOs may continue to work with EOHHS to gain approval. Additional guidance will be provided on the Preparation Period at a later date.

11.2 Cadence

All ACOs are expected to submit the initial version of their FS FPP and PY3 FS BBN by September 20, 2019. Late submission will result in a delay of approval or request for revisions.

- If EOHHS does not require any revisions, then the ACO’s deliverables are approved and the ACO does not need to submit anything in Review Cycle #2.
- If EOHHS requires the ACO to submit revisions, then the ACO must submit revised documents in Review Cycle #2. Dates of further review cycles will be released at a future time.

Section 12. FS Revisions and Amendments

12.1 Revisions Prior to Approval of FFP and BBN

Once ACOs submit their FPPs and BBNs, they will work with EOHHS to make revisions to these submissions as necessary (See Section 10). During the review process, ACOs may choose to schedule calls with EOHHS to discuss requested edits. ACOs may submit revisions to the proposed programs on an ad-hoc basis.

12.2 Amendments Following Approval of FFP and BBN

ACOs must send amendment requests, which by definition occur following FPP and BBN approval, to FlexibleServices@massmail.state.ma.us and the ACOs’ MassHealth ACO Contract Manager. ACOs must utilize the “Amending DSRIP Deliverables” Section of the “PY 1-5 Guidance Document for MassHealth ACOs” for guidance and definitions regarding amendments.

Amendments which are considered non-material deviations do not require modifications, and may be submitted on an ad-hoc basis. Amendments which are considered material deviations require modifications. For PY3, modification requests may be submitted on a quarterly basis beginning in or around January 2020 or at the discretion of EOHHS. EOHHS anticipates reviewing on a rolling basis during the first six months of PY3 given capacity limitations during launch.
<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Initial Anticipated Submission Date</th>
<th>Anticipated Approval Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY3 FPP and BBN Due</td>
<td>September 20, 2019</td>
<td>December 2019</td>
</tr>
<tr>
<td>PY3 FPP and BBN Revisions Prior to Approval</td>
<td>Ad hoc</td>
<td>Rolling</td>
</tr>
<tr>
<td>PY3 FPP and BBN Non-Material Deviations (e.g., add .5 FTE to approved program)</td>
<td>Ad hoc at EOHHS' discretion</td>
<td>Beginning with approval of FPP and BBN</td>
</tr>
<tr>
<td>PY3 FPP and BBN Material Deviations (e.g., adding a new FS program to FPP and BBN)</td>
<td>January/February 2020</td>
<td>Rolling basis</td>
</tr>
</tbody>
</table>
Appendices

Section 1. FS Operational Models

Figure 1: Standard Model for FS

Section 2. QTR Specifications

2.1 Member List File Format

ACOs are responsible for collecting and aggregating from each entity delivering FS the lists of members who have received FS on a quarterly basis as well as the aggregate costs associated with each of those lists in the QTR. Entities compiling the Member List must use the instructions below for each QTR submission. This section will review instructions for file exchange, file naming, spreadsheet tab naming, field naming, and formatting of content within fields.

**FILE TYPE**

ACOs must compile all Member Lists collected from entities delivering FS and submit an aggregated version to EOHHS in the Excel format provided by EOHHS. ACOs that use a non-Excel-based database to collect and store submissions from entities delivering FS must export the Member List data into an Excel document and use the format and layout specifications detailed below.

The QTR file is anticipated to have 5 tabs labeled:

- PTI
- PTT
- TSS
- HM
- NSS
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.

**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#]_QE[YYYYMMDD].XLSX”
- Example: BMC-BACO_ML_R0_QE20180331.XLSX

RO = Initial Submission
R1 = Initial Revision
R2, R3 = Subsequent Submissions
QE = Quarter Ending
YYYY = year
MM = month
DD = day

**File Layout: Member List file**
On each tab of the Member List file, ACOs must submit information related to each member that has received the given type of FS during the past quarter. For instance,

- On the PTI tab, ACOs must include information on every member that has received any of the Pre-Tenancy – Individual Supports listed in Section 2.1.2.1
- On the PTT tab, ACOs must include information on every member that has received any of the Pre-Tenancy – Transitional Supports listed in Section 2.1.2.1

Members may receive multiple instances or units of goods and services per quarter. In these cases, ACOs must only include the member’s name once per quarter per category. Members that receive more than one category of FS during the quarter in question must be included on each tab that corresponds to the categories of services the member has received. For example, a member that has received both NSS and TSS in a quarter must be reported on both the TSS and NSS tabs.

Each tab must contain the same field layouts as described in Table 1 below. EOHHS expects that all files submitted to EOHHS will conform to the file layouts described in this document.
Table 1: QTR File Fields

<table>
<thead>
<tr>
<th>Field ID</th>
<th>Field Name</th>
<th>Size</th>
<th>Data Type</th>
<th>Format</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Medicaid_ID</td>
<td>12</td>
<td>Text</td>
<td>Text</td>
<td>Member's MassHealth ID</td>
</tr>
<tr>
<td>2</td>
<td>Member_Name_Last</td>
<td>100</td>
<td>Text</td>
<td>Text</td>
<td>Member's Last Name</td>
</tr>
<tr>
<td>3</td>
<td>Member_Name_First</td>
<td>100</td>
<td>Text</td>
<td>Text</td>
<td>Member's first name</td>
</tr>
<tr>
<td>4</td>
<td>Member_Middle_Initial</td>
<td>1</td>
<td>Text</td>
<td>Text</td>
<td>Member's middle initial</td>
</tr>
<tr>
<td>5</td>
<td>Member_Suffix</td>
<td>20</td>
<td>Text</td>
<td>Text</td>
<td>Member's suffix</td>
</tr>
<tr>
<td>6</td>
<td>Member_Date_of_Birth</td>
<td>10</td>
<td>Text</td>
<td>YYYYMMDD</td>
<td>Member's date of birth</td>
</tr>
<tr>
<td>7</td>
<td>ACO_Name</td>
<td>100</td>
<td>Text</td>
<td>Drop Down</td>
<td>ACO name as recorded in DW</td>
</tr>
<tr>
<td>8</td>
<td>Demo_Gender</td>
<td>N/A</td>
<td>Text</td>
<td>Drop Down</td>
<td>Member's Gender/Gender Identity(ies)</td>
</tr>
<tr>
<td>9</td>
<td>Demo_Race</td>
<td>N/A</td>
<td>Text</td>
<td>Drop Down</td>
<td>Member's Race(s)/Ethnicity(ies)</td>
</tr>
<tr>
<td>10</td>
<td>Demo_Language</td>
<td>N/A</td>
<td>Text</td>
<td>Drop Down</td>
<td>Member's Primary Language</td>
</tr>
</tbody>
</table>

**FILE LAYOUT: BUDGET TEMPLATE: PY3 AGGREGATE COSTS TAB**

ACOs must submit aggregate quarterly costs for each FS category as part of their QTR submissions. The form used to submit these aggregate quarterly costs is located in the PY3 Aggregate Costs tab of the FS Budget and Expenditures Template (See Attachment I). This placement is to ensure that the aggregate costs submitted on a quarterly basis will align with the FS expenditure summary reports submitted on a semi-annual basis, which also will be submitted in the FS Budget and Expenditures Template. Quarter 2 aggregate costs will be submitted at the same time as the PY3 Semi-Annual Progress Report. ACOs should ensure that the sum of the Semi-Annual Progress Report expenditures (located in the PY3 FS Budget-Expenditures tab) by line item for each category are equal to the sum of the Quarters 1 and 2 aggregate costs per category. The ACO FS Budget and Expenditures Template include a check that will turn the cells in row 5 of the PY3 Aggregate Costs tab green if both sums are equal. Quarter 4 aggregate costs will be submitted at the same time as the PY3 Annual Progress Report. More details to be provided at a later date.

For Quarters 1 and 4, budgets do not need to be updated unless deemed necessary by the ACO or EOHHS.

**2.2 Submitting File to EOHHS**

ACOs will submit QTRs to EOHHS via the EOHHS-hosted SFTP site. Once files are placed in the folder they cannot be deleted, although they may be modified.

After receiving the QTR, EOHHS may request that an ACO resubmit their QTR if updates are needed. In that case, an ACO must submit a corrected file to EOHHS within 30 days of EOHHS’ request. This updated file must be a complete file that contains all data, including the corrected data as necessary.

EOHHS will provide more information about QTRs at a later date.
Section 3. FS Reporting Cadence

Table 2: FS Reporting Cadence

<table>
<thead>
<tr>
<th>Report</th>
<th>Dates of Services Covered</th>
<th>Anticipated Report Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>PY3 Q1 QTR</td>
<td>1/1/20 to 3/31/20</td>
<td>6/30/20 (3mo lag)</td>
</tr>
<tr>
<td>PY3 Q2 QTR (submitted with PY3 SAPR)</td>
<td>4/1/20 to 6/30/20</td>
<td>8/31/20 (2mo lag)</td>
</tr>
<tr>
<td>PY3 Q3 QTR</td>
<td>7/1/20 to 9/30/20</td>
<td>12/30/20 (3mo lag)</td>
</tr>
<tr>
<td>PY3 Q4 QTR (submitted with PY3 APR)</td>
<td>10/1/20 to 12/31/20</td>
<td>3/31/21 (3mo lag)</td>
</tr>
<tr>
<td>PY3 Semi-Annual Progress Report</td>
<td>1/1/20 to 6/30/20</td>
<td>8/31/20 (2mo lag)</td>
</tr>
<tr>
<td>PY3 Annual Progress Report</td>
<td>1/1/20 to 12/31/20</td>
<td>3/31/21 (3mo lag)</td>
</tr>
<tr>
<td>PY4 Q1 QTR (submitted with PY4 SAPR)</td>
<td>1/1/21 to 3/31/21</td>
<td>6/30/21 (3mo lag)</td>
</tr>
<tr>
<td>PY4 Q2 QTR</td>
<td>4/1/21 to 6/30/21</td>
<td>8/31/21 (2mo lag)</td>
</tr>
<tr>
<td>PY4 Q3 QTR (submitted with PY4 APR)</td>
<td>7/1/21 to 9/30/21</td>
<td>12/30/21 (3mo lag)</td>
</tr>
<tr>
<td>PY4 Q4 QTR</td>
<td>10/1/21 to 12/31/21</td>
<td>3/31/22 (3mo lag)</td>
</tr>
<tr>
<td>PY4 Semi-Annual Progress Report</td>
<td>1/1/21 to 6/30/21</td>
<td>8/31/21 (2mo lag)</td>
</tr>
<tr>
<td>PY4 Annual Progress Report</td>
<td>1/1/21 to 12/31/21</td>
<td>3/31/22 (3mo lag)</td>
</tr>
<tr>
<td>PY5 Q1 QTR</td>
<td>1/1/22 to 3/31/22</td>
<td>6/30/22 (3mo lag)</td>
</tr>
<tr>
<td>PY5 Q2 QTR (submitted with PY5 SAPR)</td>
<td>4/1/22 to 6/30/22</td>
<td>8/31/22 (2mo lag)</td>
</tr>
<tr>
<td>PY5 Q3 QTR</td>
<td>7/1/22 to 9/30/22</td>
<td>12/30/22 (3mo lag)</td>
</tr>
<tr>
<td>PY5 Q4 QTR (submitted with PY5 APR)</td>
<td>10/1/22 to 12/31/22</td>
<td>3/31/23 (3mo lag)</td>
</tr>
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<td>PY5 Semi-Annual Progress Report</td>
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</tr>
<tr>
<td>PY5 Annual Progress Report</td>
<td>1/1/22 to 12/31/22</td>
<td>3/31/23 (3mo lag)</td>
</tr>
</tbody>
</table>

Submission of Q2 QTRs will be two months after the end of the quarter to align with the submissions of the DSRIP Semi-Annual Progress Reports.

Section 4. FS Semi-Annual Progress Report: Expenditure Report

As part of the ACO’s Semi-Annual Progress Report, ACOs will be required to submit their semi-annual expenses at the line item level. ACOs should ensure that the line items costs submitted semiannually and the sum of aggregate costs submitted quarterly as part of the QTR exactly match on the FS Category level (i.e., Pre-Tenancy Individual, Pre-Tenancy Transitional, Tenancy Sustaining Individual, Home Modifications, Nutrition Sustaining Supports).

Budget and Expenditures Template Check

The Budgets and Expenditures Template will include an automated check to help ensure the total cost of line items by FS category on the semi-annual expenditure report is equal to the sum of the aggregate Q1 and Q2 aggregate costs by FS category. ACOs will enter their semi-annual expenditures in Column Q. Entries will be automatically totaled in the Semi-Annual Expenditures Check table (see underneath the main table, Columns Q through T) based on the FS Category selected in Column F for each line item. Quarterly aggregate costs per FS Category for Q1 and Q2 submitted in the “PY3 Aggregate Costs” Tab (as described in Appendix – Section 2.1) will automatically generate a half year total in the “PY3 FS Budget-Expenditures” Tab in the aforementioned Semi-Annual Expenditures Check table based on the FS category. If the totals of the Semi-Annual Expenditures reported at the line item level (on the “PY3 FS Budget-Expenditures” Tab) and at the category level (on the “PY3 Aggregate Costs” Tab) are exactly
equal, the “Total Match?” cells in Column T will turn green and display a “Y”. If the totals are not exactly equal, the “Total Match?” cell will turn red and display an “N”. ACOs should not submit their Semi-Annual expenditures to MassHealth until the “Total Match” cells are all green, displaying a “Y”.

Section 5. Glossary of Acronyms

ACO – Accountable Care Organization  
BBN – Budget and Expenditure and Budget Narrative  
BH – Behavioral Health  
CP - Community Partner  
CSP – Community Support Program  
DSRIP – Delivery System Reform Incentive Payment  
EOHHS – Executive Office of Health and Human Services  
FPP – Full Participation Plan  
FSP – Overall EOHHS Flexible Services Program  
FS – Flexible Services  
HRSN – Health Related Social Needs  
Individual FS program – Individual ACO Flexible Service program  
NSS – Nutrition Sustaining Supports  
Overall FS Program – Overall ACO Flexible Service program  
QTR – Quarterly Tracking Reports  
SDOH – Social Determinants of Health  
SNAP – The Supplemental Nutrition Assistance Program  
SSO - Social Service Organizations  
TPS – Tenancy Preservation Supports  
WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children