

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES



**Performance Year 3 - 5 (PY3 – PY5) Delivery System Reform Incentive
Payment (DSRIP) Flexible Services (FS) Program Guidance Document
for MassHealth Accountable Care Organizations and MassHealth
Community Partners**

Version 3.0

Last revised on: August 4, 2021

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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 (DSRIP) 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 highly encouraged to design and implement programs in partnership with Community Partners (CPs) and Social Service Organizations (SSOs). Additionally, EOHHS is implementing a data-driven approach to health equity within the FS programs to identify any disparities in access to FS and begin to address these concerns (Section 6.4).

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.

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,

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.

substitute, or duplicate existing benefits or State/Federal social service programs but to supplement where appropriate.

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. Sections 6 and 7 provide information on ongoing reporting requirements as well as a deliverable timeline. Sections 8 – 10 detail the questions that ACOs must answer regarding their overall and individual FS programs as well as the criteria EOHHS will use to review such programs. Sections 11 and 12 explain the Full Participation Plan (FPP) and Preparation Period submission process. Sections 13 and 14 detail ongoing EOHHS engagement and the process of updating FS programs. Section 15 describes expectations and requirements for ending a program or partnership.

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 individual FS programs as part of the FS section of the FPP. Additionally, ACOs 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.

Section 0. Summary of Updates Implemented for PY5

For convenience, EOHHS has summarized below changes made to this updated release of the Flexible Services (FS) Guidance Document, when compared to Version 2.2 dated April 27, 2021. Please refer to the relevant sections referenced in the list below for more details.

- **Section 3. FS Funding & Allocation**
 - **3.2 FS Funding Rollover**
 - EOHHS has updated the guidance to clarify that any unspent funding from PY3, whether allocated or unallocated, will not be rolled over into PY5. Unspent PY3 funding that has been received from EOHHS will be accounted for when determining the new payment amount an ACO will receive in PY5.
 - **3.3.1 ACO Administrative Costs**
 - For PY5, the Flexible Services Admin Cap is 15%.
 - EOHHS has clarified the guidance for administrative costs of SSOs delivering services, including post-delivery of services by SSO staff, one-time set up costs for new PY5 partnerships, and ongoing maintenance (e.g., technology).
- **Section 4. Roles of ACOs, CPs, and SSOs**
 - **4.6 Entities Delivering FS: Organizational Qualifications**
 - EOHHS has made updates to the “experience and demonstrated success delivering services” qualification requirement and is now requiring further specification for FS Delivery Entities which provide nutrition assistance for medically tailored meals, including dietitian requirements. Such updates apply to newly proposed programs.
- **Section 5. FS Process Flow**
 - **5.4.2.2 Allowable Screening Tools to Verify FS Eligibility**
 - ACOs must use a tool or combination of tools to screen members that comply with Section 5.4.2.2. For PY5, EOHHS will not require the submission or approval of a screening tool.
- **Section 6. FS Data Collection Requirements & Required Programmatic Updates**
 - **Section 6.4 Semiannual and Annual Progress Reports**
 - For PY4 SPR, ACOs will be expected to provide Semiannual Admin Expenditures.
 - For PY4 APR, ACOs will be expected to provide Annual Admin Expenditures.
 - EOHHS removed two questions from the SPR: (1) the question on how ACOs are connecting members to SNAP; and (2) the question on the outcomes of the COVID-19 Response Programs.
 - **Section 6.5 Health Equity**
 - For PY4 APR, ACOs will be expected to include outcomes analysis to analyze potential disparities in outcomes from Flexible Services.
- **Section 7. FS Timeline**
 - **Section 7 FS Timeline**
 - EOHHS has updated the timeline to clarify that at this time, MassHealth anticipates no additional program submissions for PY5.
- **Section 8. FS Full Participation Plan**
 - **Section 8.3.D FS Program Milestones**
 - EOHHS has revised Program Milestones to include an updated timeline.
 - **Sections 8.4.C.a Services and Goods; and 8.4.C.d Program Operating Model**

- EOHHS has made updates to include questions for newly proposed programs providing medically tailored meals.
 - **Section 8.4.C.e Individual Program Milestones**
 - EOHHS has made updates to include timelines for existing and new programs.
 - **Section 8.4.F Ending a Program or Partnership**
 - EOHHS has added questions for ACOs ending a program or partnership.
- **Section 9. PY5 FS Budget & Budget Narrative**
 - **Section 9.2.2.1 PY5 Additional Details Tab**
 - EOHHS has added a new worksheet to the PY5 Budget Expenditure. In addition to reporting the line-item budget in the PY5 Budget-Expenditures tab, ACOs must provide additional details in the PY5 Additional Details tab regarding the expected average cost of goods per member and additional details regarding program staff salaries.
 - **Section 9.2.2.2 PY5 FS Admin Tab**
 - ACOs are expected to provide Semiannual Admin Expenditures in their PY5 Semiannual Progress Report, and Annual Admin Expenditures in their PY5 Annual Progress Report.
- **Section 12. FS Preparation Period**
 - **12.2 Screening Tool Submission**
 - ACOs are expected to have screening questions or tool(s) that meet EOHHS criteria as described in Section 5.4.2.2. For PY5, EOHHS will not require the submission or approval of screening questions or tool(s).
 - **12.5 Contract and Partnership Agreement Attestation**
 - ACOs are expected to have agreements with SSOs and CPs that they work with. For PY5, EOHHS will not require ACOs to submit the ACO-SSO Agreement Attestation Template or the ACO-CP Partnership Agreement Attestation Template.
 - **12.6 Program Integrity**
 - ACO FS programs that plan on using gift cards, passes, or vouchers for transportation or nutrition must have a program integrity plan to ensure that such items are being used appropriately on referred services. For PY5, EOHHS will not require ACOs to submit the Program Integrity Plan Template.
- **Section 15. Ending an Individual Program or Partnership**
 - **15.1 Before Ending a Program or Partnership**
 - EOHHS has added policies surrounding the ending of a program or partnership. ACOs must notify their Flexible Services point of contact of concerns in advance of ending a program or partnership.
 - ACOs must proactively work with their partners to problem-solve and course correct collaboratively.
 - **15.2 Requirements for Ending Individual Program or Partnership**
 - ACOs must notify their Flexible Services point of contact in writing of an intent to end a program or partnership.
 - For ACOs that decide to end an individual program or partnership, they must address the relevant questions in the FPP and BBN.

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.² Verification is the process by which an ACO uses results from an already-conducted screening or claims data analysis to verify FS programmatic eligibility, which should be linked to the ACO's target population. If such prior information is not available or applicable, ACOs are required to screen members (See Section 5.4).

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

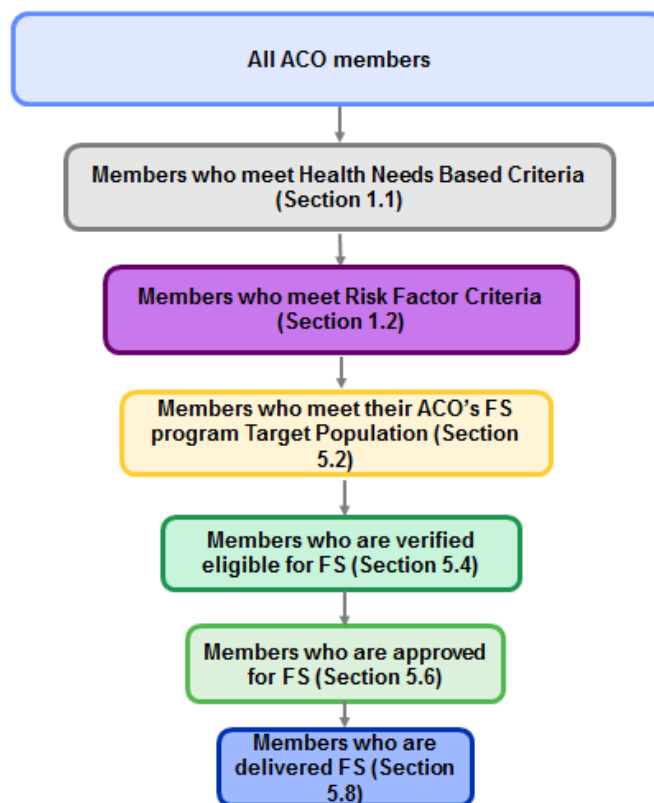
Social Services Organization (SSO): Community-based Organizations that provide services to individuals to address their social needs (e.g., housing insecurity; See Section 4.6 for qualifications).

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.

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.

Figure 1. 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:

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.

1.2 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:

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 boxes.

A. An individual³ 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
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.*

³ Individual members assisted with FS can be part of a family unit being assisted by an SSO.

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

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

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

- ☐ Rodents
- ☐ Water Leaks
- ☐ Mold
- ☐ Plumbing problems

Do you have the resources to fix it?

- ☐ Yes
- ☐ No

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

limited to, lack of running hot or cold water, lack of a working toilet, and exposed wiring (<https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a4.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

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 uncertain⁵ 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.

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).

Sample Question for "At Risk for Nutritional Deficiency or Nutritional Imbalance due to Food Insecurity"

Risk Factor⁴:

"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.*

⁴ Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics*, 126(1), 26-32. doi:10.1542/peds.2009-3146.

⁵ "Limited or Uncertain" is defined as: (1) reduced quality, variety, or desirability of diet with little or no indication of reduced food intake; or (2) multiple indications of disrupted eating patterns and reduced food intake.

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
- (4) Home Modifications.

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 incurred during the transition period, including but not limited to:
 - First and last month's rent
 - Security deposit
 - Back utilities
 - Utility deposits (e.g., electricity, gas, heating fuel, water, sewer)
 - Costs for filing applications
 - Obtaining and correcting needed documentation
 - Purchase of household furnishings needed to establish community-based tenancy

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
- Remediation of mold
- Refrigerators for medicine such as insulin
- HEPA filters
- Vacuum cleaners
- Pest management supplies and services
- Air conditioner units
- Hypoallergenic mattresses and pillow covers
- Traction or non-skid strips
- Night lights
- Training to use such supplies and modifications correctly

2.1.2.4 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.
 - SNAP enrollment support services under certain circumstances; see Section 2.1.3.1 for disallowable uses. This includes assisting the member in completing the public facing Department of Transitional Assistance (DTA) Connect Portal application and continued support throughout the application process, including obtaining DTA Connect Portal access from DTA for ongoing tracking and updating members' SNAP applications and recertifications.
 - ACOs or their designees may use this service to determine 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 including kitchen cleaning and sanitation supplies
- 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 (e.g., groceries, nutrition vouchers, etc.)
- 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).
- CPs working with FS referred members in any capacity (e.g., CP Partnership or acting as an SSO to deliver FS) may not use FS funds for SNAP enrollment support for FS-referred members who are enrolled with their CP. CPs providing SNAP enrollment support to their enrollees should bill this work as a Qualifying Activity. CPs acting as SSOs with contracts to deliver FS to members *beyond* those enrolled in their CP may use FS funds to provide SNAP enrollment supports to those members *not* enrolled in their CP.
- ACOs may make referrals to DTA SNAP Outreach Partners (<https://www.mass.gov/service-details/snap-outreach-for-partners>) to assist FS members with SNAP enrollment if such organizations are available and have capacity to receive referrals. However, the ACO may not provide FS funds to DTA Outreach Partners to pay for activities supporting FS members' SNAP enrollment.

2.1.4 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 or transportation related vouchers, gift cards, 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
 - 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). 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).
- An ACO develops a program to address food insecurity. Some of the FS members in the target population are identified as eligible for SNAP but are not enrolled. Partial federal funding for SNAP enrollment support is available to a specific set of SNAP Outreach Partner organizations via DTA. The ACO attempts to establish a referral relationship with the DTA SNAP Outreach Partner(s) in the ACO's service area and determines the DTA SNAP Outreach Partner(s) do not have the capacity to support the entire volume of their FS program's SNAP enrollment referrals. Therefore, it would be supplemental and not duplicative for the ACO or its SSO partners to use FS funds to provide SNAP enrollment support to members, *as long as* the ACO or its SSO partners are not DTA SNAP Outreach Partners.

Section 3. FS Funding & Payment

Section 2 provided an overview of the allowable and disallowable uses of FS funding. This section 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 that 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 for a given PY will be made in January or February of that year and will continue on a quarterly basis. Ongoing payments are contingent on the submission of Quarterly Tracking

⁶ ACOs that opt out of FS will not receive funding for FS.

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 4 into PY5. Any unspent funding from PY3, allocated or unallocated, will not be rolled over. Unspent PY3 funding that has been received from EOHHS will be accounted for when determining the new payment amount an ACO will receive in PY5. All unspent FS funding remaining at the end of PY5 must be returned to EOHHS. Details regarding the process of returning funds will be provided during PY5.

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 services⁸
- **Infrastructure Costs**
 - May include, but are not limited to: costs for developing electronic data exchange platform, cellphones, office equipment, purchase of storage space for goods, and training staff on applicable privacy laws

Section 1. Allowable Funding Types

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

⁷ A Performance Year is equivalent to a calendar year.

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 use FS funding to cover member navigation costs as part of the ACO's Administrative Rate.

- 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, one-time set up costs for new PY5 partnerships, and ongoing maintenance (e.g., technology)**
- Administrative costs of ACOs delivering services, including pre- and post-delivery of services activities conducted by ACO Staff (Section 3.3.1.1)
- Costs of FS goods

3.3.1 ACO Administrative Costs

ACOs that include administrative costs in their Flexible Services budget must ensure they do not exceed the Flexible Services Admin Cap for that specific PY (Table 1).

Table 1. Anticipated PY3 - PY5 Flexible Services Admin Rate Cap

Year	PY3	PY4	PY5
ACO Admin Rate Cap	15%	15%	15%

ACOs may use Flexible Services funding to cover administrative costs associated with the following:

- Salaries for individuals to oversee the administration of ACO's FS Programs;
- Costs of pre-delivery and post-delivery activities including identifying, screening, planning, navigating, collecting, and collating data;
 - ACOs may choose to provide administrative funding to CPs in the ACO/CP Partnership Model or SSOs who are performing these functions on behalf of the ACO. However, ACOs must ensure non-duplication.
 - If an ACO contracts with an SSO to perform *pre-delivery* administrative functions, the expenses would not count as SSO administrative costs, but rather ACO administrative costs counting against the ACO administrative rate cap.
- Development of workflows and programs;
- Overhead costs such as prorated costs of office space rent and utilities, insurance, and related office supplies.
- ACOs should consider the following when determining their FS ACO Admin Costs:
 - To calculate the ACO administrative rates that will be compared against the ACO administrative rate cap, EOHHS will use:
 - Approved ACO FS administrative costs as the **numerator** of the percentage
 - Approved ACO FS budgets, *not* ACO total allocated funds, as the **denominator** of the percentage
- ACOs that included FS administrative costs in their Delivery System Reform Incentive Payment (DSRIP) Program Start-up and Ongoing Budgets may supplement that funding with Flexible Services funding but must ensure non-duplication in their FS FPP (Section 8.4).

- ACOs must ensure non-duplication in funding for responsibilities that have been delegated to CP(s) or SSO(s).

3.3.2 Disallowable Funding Types

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

- **Infrastructure costs of the ACO or SSO**
 - ACOs may use DSRIP ACO Start-up and Ongoing funding or other non-DSRIP funding sources for their infrastructure costs
 - SSOs were eligible to receive infrastructure funding through the SSO FS Preparation Fund (Prep Fund) administered by the Massachusetts Department of Public Health in partnership with MassHealth.
 - SSOs should spend all FS Prep Fund dollars first before utilizing Flexible Services funding for one-time set up costs or costs for ongoing maintenance.
 - CPs, acting as SSOs, were *not* eligible for the Prep Fund cannot use Flexible Services funding for one time set up costs or costs for ongoing maintenance.

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

The table below (Table 2) 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 2. 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)	CPs (acting as CPs)
Infrastructure Costs	Updates to data exchange platforms, communications technology, EHR system updates	DSRIP ACO Start-up and Ongoing funding; ACO administrative payments	No cost extension of SSO FS Preparation Fund; DSRIP ACO Start-up and Ongoing Funding; ACO administrative payments	DSRIP CP Infrastructure Funding; DSRIP ACO Start-up and Ongoing Funding; ACO administrative payments
Pre-delivery Administrative Costs	FS screening and planning, approval of FS plans	DSRIP ACO Start-up and Ongoing funding; ACO administrative payments; Flexible Services Funding	DSRIP ACO Start-up and Ongoing Funding and ACO administrative payments (if ACOs contract with SSOs to perform these tasks); Flexible Services Funding	DSRIP CP Infrastructure or Care Coordination Funding for tasks specified in the CP Contract; DSRIP ACO Start-up and Ongoing Funding and ACO administrative payments for tasks not specified in the CP contract*; Flexible Services Funding*
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	n/a
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	Flexible Services Funding (built into the FS rate)	n/a
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	Flexible Services Funding (built into the FS rate)	DSRIP CP Infrastructure or Care Coordination Funding for tasks specified in the CP contract; DSRIP ACO Start-up and Ongoing Funding and ACO administrative payments for tasks not specified in the CP contract*; Flexible Services Funding*
* If an ACO and CP choose to implement an ACO - CP Partnership Model				

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 (FFS)** – 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 SSOs upon delivery of FS must be made within 45 calendar days of an ACO receiving the invoice. If an ACO and SSO choose to use prospective payments or pay for goods up front before members are identified, ACOs will only report expenditures for the funds used to provide goods and services to the members. ACOs will be responsible for reconciling prospective payments that did not pay for members' goods or services during the 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 or rolling over the cost of unused vacuums into PY4). 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

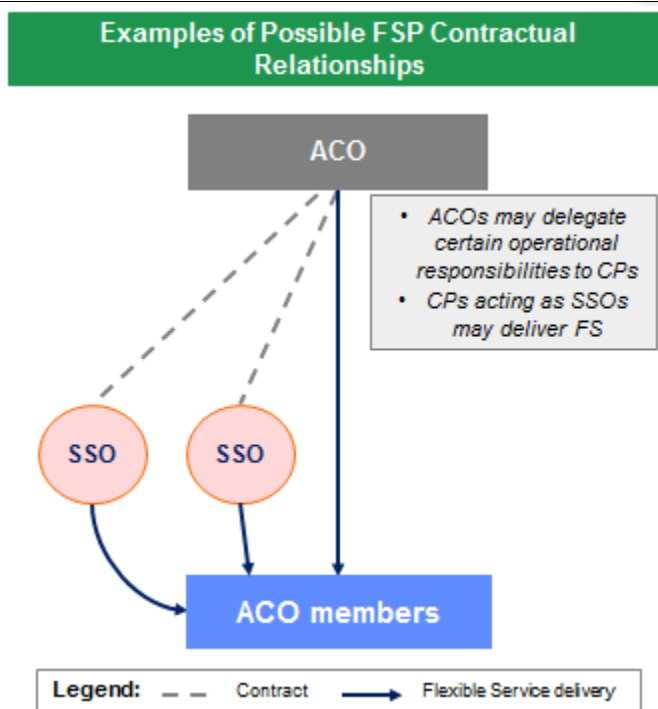
person. If the ACO prospectively provides funding and delivery is not rendered, the ACO must roll over that funding into PY5. For example, if an ACO budget includes costs associated with 100 hours of housing search and placement but only utilizes 80 hours of housing search and placement, the funding associated with the additional 20 hours of services should be rolled over into PY5.

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 PY5 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 highly encouraged to partner with SSOs and CPs as they design and implement FS programs for their members (Figure 2). 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.

Figure 2. Examples of Possible FSP Contractual Relationships



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 (Figure 3). 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).

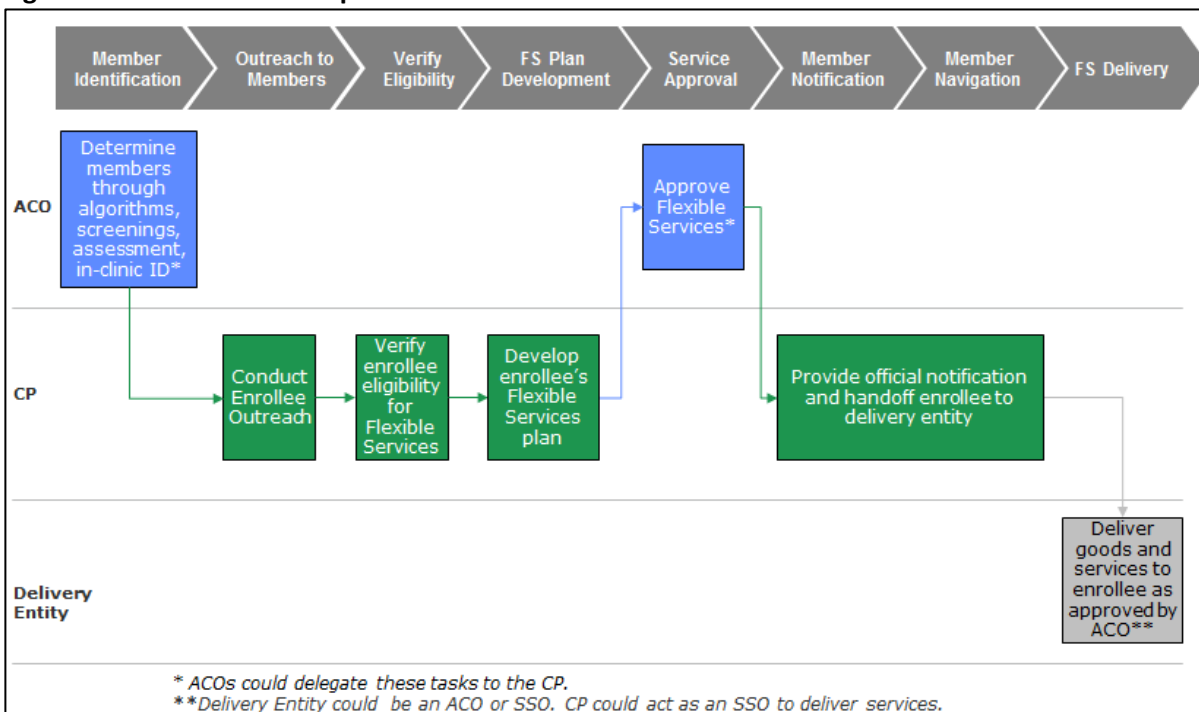
ACOs have the discretion to delegate the following functions:

- **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).

Figure 3. ACO-CP Partnership Model for FS



4.2 Delivery of FS

ACOs and SSOs (including CPs functioning as SSOs) can both 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 4.6). ACOs must share the portions of the “Individual Programs Section” of their FPP relevant to their partner SSO with that SSO prior to submission to EOHHS and upon final approval. ACOs do not need to share any information pertaining to other SSOs.

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 highly encouraged 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). ACOs that choose to expand internal capacity to deliver FS services and goods by ACO staff will need to demonstrate that they have engaged the community-based SSOs regarding Flexible Services and determined lack of capability, capacity for, or interest in delivering those services and goods. In addition to demonstrating engagement with community providers, the proposed internal FS delivery entity will need to meet the same high level of qualifications and experience as an SSO, described below.

When considering entities to partner with, ACOs must not only consider the below factors, but also the capacity for entities to systematically scale the program(s) over time. EOHHS will account for circumstances whereby entities may not meet qualifications, but are still appropriate partners (e.g., geographic limitations). EOHHS will also consider entities 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. EOHHS will evaluate ACOs choice of partner in the FPP (See Section 8.4). ACOs will be able to partner with any delivery entity that meets the qualifications below. ACOs proposing to deliver FS services and goods using ACO staff must demonstrate that they meet 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
 - FS Delivery Entities providing medically tailored meals must be shown to meet the following requirements in the FPP:

- Have on staff a credentialed dietitian or have consulted with a credentialed dietitian to ensure that the nutrition assistance provided meets the Federal Dietary Guidelines for Americans.⁹
 - Demonstrate that the meal tracks for specific medical conditions meet dietary standards (e.g., maximum grams of carbohydrates for diabetic meals), as certified by a staff credentialed dietitian or consultant dietitian.
- **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

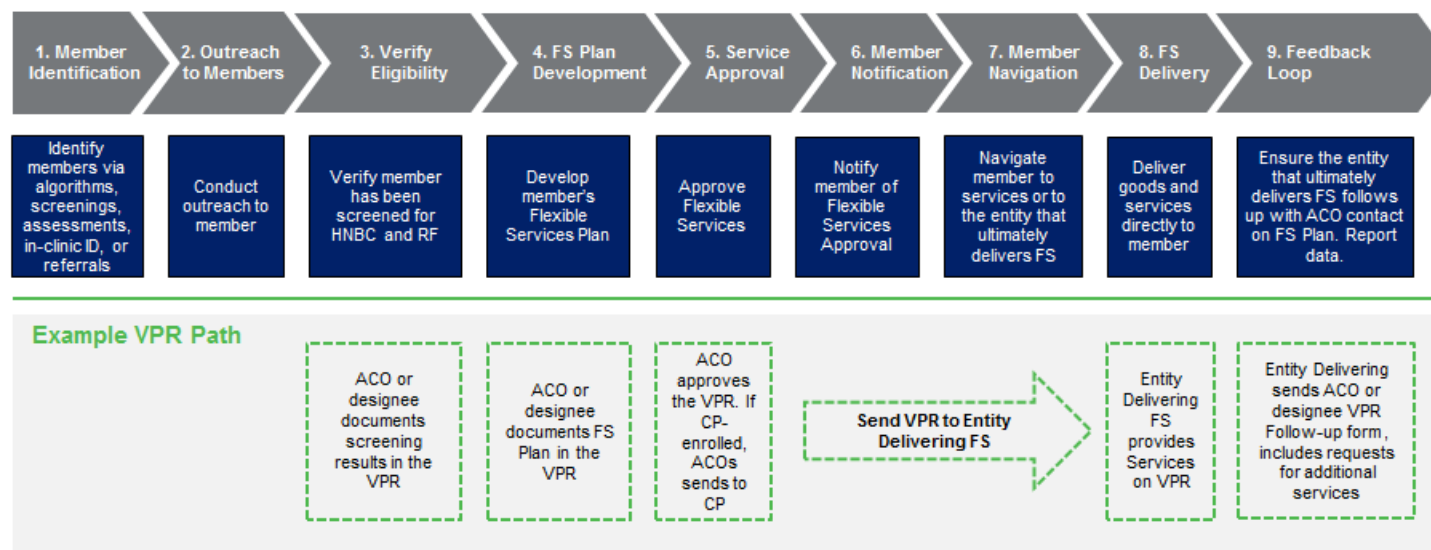
⁹ (https://www.dietaryguidelines.gov/sites/default/files/2021-03/Dietary_Guidelines_for_Americans-2020-2025.pdf).

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



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

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 the individual FS programs they are providing. ACOs must update their FS Program template to describe their FS programs to CPs during the Preparation Period (Section 12.4).

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;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.

The VPR Form includes 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. Please see the VPR Form and the MassHealth Flexible Services VPR Form Instructions for more specific guidance on completing the form (Attachments S and T).

¹⁰ An SSO could be involved in this process if an ACO utilizes an SSO as its designee.

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 the individual 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.

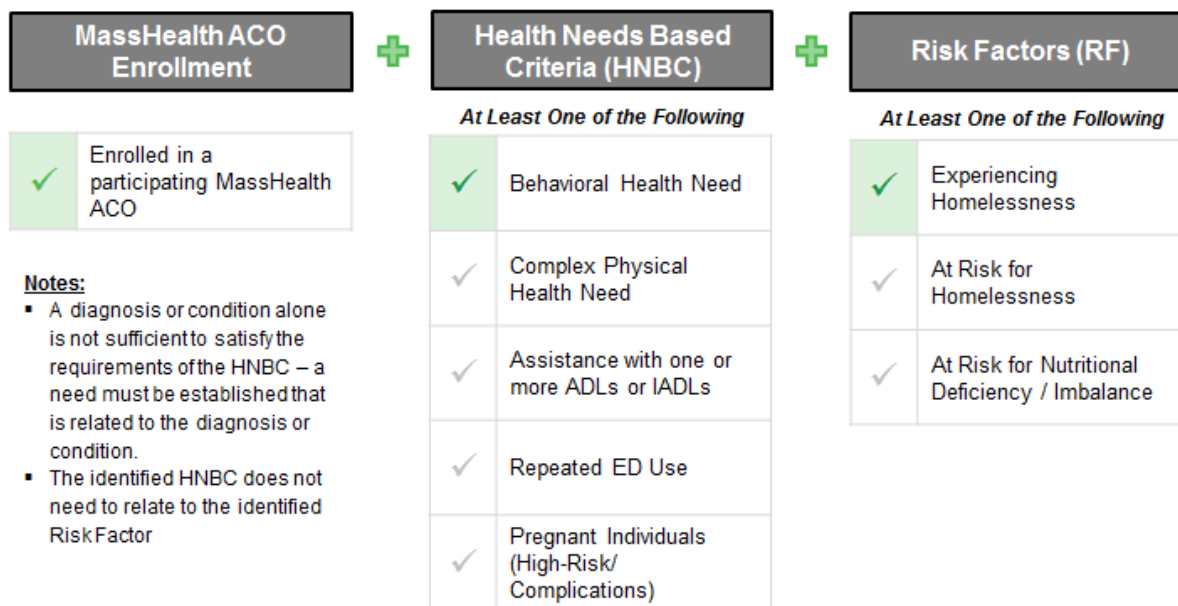
5.3.3 ACO-CP Partnership Model for FS - Completing the FS VPR Form

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).

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 a screening tool or questions. Figure 5 illustrates an example of identified qualifications that verifies a member's FS eligibility.

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 results¹¹; and
- On the first day of the FS episode of care¹²; 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

ACOs must verify that members are programmatically eligible for FS using screening results. 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 except when otherwise directed by EOHHS (see, e.g., Section 5.5.1). 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 utilizing a tool or combination of tools that adequately assesses 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)

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)

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 who are eligible based on the risk factors of homelessness and food insecurity would be eligible for services in either domain. Screening questions do not require validation and can be based on member attestation (e.g., if a member answers a question indicating they are experiencing homelessness, they do not need supporting documentation). Historical administrative and clinical data may be used in lieu of or in conjunction with a screening tool to determine a member’s eligibility, if such data meets all requirements detailed in Section 5.4.2.2.

ACOs must use a tool or combination of tools to screen members. For PY5, EOHHS will not require the submission or approval of tools. The tool or combination of tools must comply with Section 5.4. EOHHS has released 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 (Attachment U).

5.4.2.3 Screenings Prior to FS Launch

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

- Complies with Section 5.4.2.2;
- 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 includes:

- Member’s HNBC (check the box);
- Member’s Risk Factor(s) (check the box);
- 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 will be held to the same standards as discussed in Section 5.4.2.2.

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
 - During a state of emergency declared by the federal or state government, EOHHS may temporarily suspend this in-person meeting requirement for the duration of the state of emergency.
- FS Plans are valid for up to one year following the date of ACO approval 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 the following standardized fields:

- Date of Service
- Goals of the FS Service
- Flexible Services Category(s) (e.g., Home Modifications)
- Recommended services (e.g., assist in housing search and placement)
- Units of each service (e.g., hours, weeks, # of goods, episodes of care, bundles. This field will be defined by the ACO)
 - Examples may include:
 - 10 hours of tenancy supports, 12 weeks of home delivered meals, High Touch Pre-Tenancy Support Bundle, 1 HEPA Vacuum cleaner, 3 months of housing stabilization, \$20 of produce
- Entity delivering FS
- Steps for obtaining the service(s) or goods

- ACO Follow-up plan upon completion of services or goods
- Identifying Receipt of Other Public benefits (e.g., SNAP, WIC, CSP for Chronically Homeless Individuals).

The FS Plan must be documented in the VPR. ACOs may determine how best to complete this section of the VPR (e.g., in conjunction with partners) and ensure information is made available to those administering the plan. The VPR Form, which includes a standardized template for the FS Plan, and a companion instruction guide can be found in Attachments S and T.

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.¹³ 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 can be found in Section 12.3.

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

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:

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

¹³ 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

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

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 (Table 3) either in the QTR, Semi-Annual Progress Report, or Annual Progress Report:

Table 3. Data Collection Points per Deliverable

Data	Deliverables		
	QTR	Semi-Annual Report	Annual Report
Quarterly lists of members receiving FS by FS category (e.g., Tenancy Sustaining Supports), including Health Needs-Based Criteria (HNBC) and Risk Factor	X		
Quarterly expenditures by FS Category (Q1)	X		
Quarterly expenditures by FS Category (Q2)		X	
Quarterly expenditures by FS Category (Q3)	X		
Quarterly expenditures by FS Category (Q4)			X
Annual list of members who were screened and verified as eligible for FS, but did not receive services (i.e., the Comparison Group)			X
Semi-Annual expenditures per FS line item (combined Q1 and Q2)		X	
Annual expenditures per FS line item (combined Q1 through Q4)			X
Aggregate number of members screened and verified 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)		X	X
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)		X	X

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 QTR Member List Template (Attachment R) provided by EOHHS and will update the applicable “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
- Pre-Tenancy – Transitional Supports
- Tenancy Sustaining Supports

- Home Modifications
- Nutritional Sustaining Supports

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 3. To support more comprehensive evaluation analyses, ACOs must resubmit their PY3 Q1- Q4 member list reports along with their PY4 Q2 QTR submission. These resubmissions will provide additional information (i.e., HNBC and Risk Factor) that was not previously collected about members who received FS during PY3. To submit this report, ACOs should transfer their PY3 data into the updated member template with the additional information. See Appendix Section 4 for further information.

ACOs working with external entities delivering FS must work with the delivery entities to obtain member lists by category utilizing the Member List template (Attachment R). It is at the discretion of the ACO and SSO as to how they exchange aggregate cost by category information. QTR specifications can be found in Appendix – Section 2.

6.3 Flexible Services Comparison Group

ACOs are responsible for collecting and aggregating, on an annual basis, lists of members who were screened and verified as eligible for FS in a given Performance Year (i.e., members for which a VPR was partially or fully completed) but did not receive services (i.e., the “Comparison Group”), either in that same Performance Year or up to 45 calendar days following the end of the Performance Year. As an example, a member who was screened and verified as eligible for FS in January 2021 and did not receive services between January 2021 and 45 calendar days after the end of PY4 (i.e., February 14, 2022) would be included in this Comparison Group.

The data must be included in the Comparison_Group Tab in the QTR Member List Template (Attachment R) and submitted to EOHHS on an annual basis with the ACO’s Annual Progress Report. Additional details on reporting cadence can be found in Appendix – Section 3, Table 3.

6.4 Semi-Annual and Annual Progress Reports

6.4.1 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.
 - August 31, 2021 for PY4 Semi-Annual Progress Report
 - 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

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

The progress reports also provide a channel for the ACOs to provide updates to EOHHS on different areas of FS program implementation. ACO responses will be aggregated across reports and analyzed. Results will help inform any additional support or program changes that may be needed.

6.4.2 PY4 Semi-Annual Progress Report Instructions

The PY4 Semi-Annual Progress Report consists of three components:

- 1. FS Progress Report Template (Attachment W)**
 - a. Aggregate Process Measures Tab
 - b. Health Equity Data Tab
 - c. PY4 SPR Program Update Tab
 - d. Individual Program Evaluation Tab
- 2. Budget and Expenditures Template (Attachment I)**
 - a. PY4 Semi-Annual Expenditures Column
 - b. PY4 Aggregate Costs Tab
 - c. PY4 FS Admin Rate Tab – PY4 Semiannual Admin Expenditure Column
- 3. Q2 QTR Member List Template (Attachment R)**

A brief summary of the FS Progress Report Template (Attachment W) follows:

- **Aggregate Process Measures Tab:** ACOs must provide updates on process measures for PY4 Q1 – Q2 as well as answer a question about program and spending ramp up (question located at the bottom of the tab).
- **Health Equity Data Tab:** ACOs must provide a comparative analysis of the demographic breakdown of their FS programs, described in more detail in Section 6.4. ACOs must update their data to include race/ethnicity data for members that received services during PY4 Q1 – Q2.
- **PY4 SPR Program Update Tab:** This tab asks questions about the ACO's overall and individual FS programs launched during PY4 Q1- Q2. The ACO must complete the "PY4 SPR Program Update" Tab. The "PY4 SPR Program Update" Tab contains two types of questions – Likert scale questions and open-ended narrative questions. The narrative questions are intended to elicit responses on challenges and successes the ACO has experienced implementing their FS programs. Program Update tabs from previous reports remain in the Excel template for your records but do not need to be resubmitted.
- **Individual Program Evaluation Tab:** ACOs must provide updates on the progress towards the evaluation metrics designated for each program in the ACO's FPP. ACOs should have identified baselines and targets for all measures and provide metric values of actual performance for each

measure. For programs that have been approved before March 1, 2021, actual performance data for the metric value of each measure are expected to be reported.

The **Budget and Expenditures Template** should be updated to report on the ACO's PY4 semi-annual expenditures and Q2 aggregate costs as specified below.

- **PY4 Budget-Expenditures Tab:** PY4 Semi-Annual Expenditures
- **PY4 Aggregate Costs Tab:** Q2 Aggregate Costs by Category (Appendix Section 2.1). ACOs should ensure that the line items costs, submitted semiannually, and the sum of aggregate costs submitted quarterly, as part of the QTR, are equal
- **PY4 FS Admin Rate Tab:** PY4 Semiannual Admin Expenditure Column: ACOs should include all PY4 FS Funding spent on administrative expenditures by program identifier from 1/1/21 – 6/30/21. This should include both program-specific administrative expenses and those shared across programs.
- **PY4 FS Admin Rate Tab:** PY4 Anticipated Annual Admin Expenditure Column: ACOs should estimate all PY4 FS Funding anticipated to be spent on administrative expenditures by program identifier from 1/1/21 – 12/31/21. This should include both program specific administrative expenses and those shared across programs.

Lastly, ACOs must also submit the Q2 QTR Member List Template (submitted via OnBase).

6.4.3 PY4 Annual Progress Report Summary

The Annual Progress Report consists of three components:

1. **FS Progress Report Template (Attachment W)**
 - a. Aggregate Process Measures Tab
 - b. Health Equity Data Tab
 - c. PY4 APR Program Update Tab
 - d. Individual Program Evaluation Tab
2. **Budget and Expenditures Template (Attachment I)**
 - a. PY4 FS Budget-Expenditures Tab – PY4 Actual Annual Expenditures Column
 - b. PY4 Aggregate Costs Tab
 - c. PY4 Costs Analysis Tab
 - d. PY5 FS Budget – Expenditures Tab – Final PY5 Budget Column
 - e. PY4 FS Admin Rate Tab – PY4 Annual Admin Expenditure Column
3. **Q4 QTR Member List Template and Comparison List Tab (Attachment R)**

A brief summary of the FS Progress Report Template (Attachment W) follows:

- **Aggregate Process Measures Tab:** ACOs must provide updates on process measures for the entirety of PY4 as well as answer a question about program and spending ramp up (question located at the bottom of the tab).

- **Health Equity Data Tab:** ACOs must provide a comparative analysis of the demographic breakdown of their FS programs, described in more detail in Section 6.4. ACOs must update their data to include race/ethnicity data for members that received services during PY4 Q1 – Q4. ACOs that did not complete this analysis during the Semi-Annual Progress Report or only partially completed the analysis (e.g., an ACO only had one program that launched in Q1 and Q2 but has subsequently launched additional programs) must complete a comparative analysis of the demographic breakdown for all their PY4 FS programs, as described in more detail in Section 6.4.
- **PY4 APR Program Update:** This tab asks questions about the ACO’s overall and individual FS programs launched during PY4. The ACO must complete the “PY4 APR Program Update” Tab, which is structured similarly to the “PY4 SPR Program Update” Tab. The “PY4 APR Program Update” Tab contains two types of questions – Likert scale questions and open-ended narrative questions. The narrative questions are intended to elicit responses on challenges and successes the ACO has experienced implementing their FS programs. Program Update tabs from previous reports remain in the Excel template for your records but do not need to be resubmitted.
- **Individual Program Evaluation Tab:** ACOs must provide updates on the progress towards the evaluation metrics designated for each program in the ACO’s FPP. ACOs should have identified baselines and targets for all measures and provide metric values of actual performance for each measure. For programs that have been approved before March 1, 2021, actual performance data for the metric value of each measure are expected to be reported.

The **Budget and Expenditures Template** should be updated to report on the ACO’s PY4 annual expenditures and corresponding budget updates as specified below.

- **PY4 Budget-Expenditures Tab:** PY4 Actual Annual Expenditures
- **PY4 Aggregate Costs Tab:** Q4 Aggregate Costs by Category (Appendix Section 2.1)
- **PY4 APR Cost Analysis Tab**
- **PY5 Budget-Expenditures Tab, Column M:** Final PY5 Budget
- **PY4 FS Admin Rate Tab:** PY4 Actual Annual Admin Expenditure Column: ACOs should include all PY4 FS Funding spent administrative expenditures by program identifier from 1/1/21 – 12/31/21. This should include both program-specific administrative expenses and those shared across programs.

In the PY4 Budget-Expenditures Tab, ACOs must submit their actual annual expenses at the line item level. ACOs must ensure that their PY4 line items costs, submitted annually, and the sum of aggregate costs, submitted quarterly, as part of the QTR, are equal (Appendix Section 4). Once completed, ACOs must update their Final PY5 Budget in the PY5 Budget-Expenditures Tab, ensuring the “Final PY5 Budget” total (M11) is less than or equal to the PY5 Final Funding total (H11), which will automatically update after the PY4 Actual Annual Expenditures have been entered into the PY4 Budget-Expenditures Tab. ACOs may find that they do not need to adjust their budget and can instead copy and paste the previously approved amounts into the “Final PY5 Budget” column (i.e., Column M).

In addition to reporting the line item expenditures in the PY4 Budget-Expenditures Tab, ACOs must provide additional detail in the PY4 APR Cost Analysis Tab about the cost of providing member services. In this tab, the ACO's program identifiers and corresponding domains will prepopulate in Columns A and B. For each FS program, ACOs must report the number of members that finished their FS plan as documented in their VPR (Column C) and the average cost per member that finished their FS plan as documented in their VPR (Column D). For programs that are labeled as "Tenancy" or "Tenancy & Nutrition" in Column B, ACOs must complete the following information in Columns E through N:

- First and Last Month's Rent and Security Deposit (combined)
 - Number of members that received this good in PY4
 - Lowest amount spent on an individual member in PY4
 - Average amount spent per member in PY4
 - Highest amount spent per member in PY4
- Moving Costs
 - Number of members that received this good in PY4
 - Average amount spent per member in PY4
- Household Furniture
 - Number of members that received this good in PY4
 - Average amount spent per member in PY4
- Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
 - Number of members that received this good in PY4
 - Average amount spent per member in PY4

For programs that are labeled as "Nutrition" or "Tenancy & Nutrition" in column B, ACOs must complete the following information in Columns M through V:

- Kitchen Appliances over \$500
 - Number of members that received this good in PY4
 - Average amount spent per member in PY4
- Medically Tailored Meals
 - Number of members that received this good in PY4
 - Average amount spent per member per week (maximum 10 meals)
- Food Boxes (e.g., CSAs, Grocery Bags)
 - Number of members that received this good in PY4
 - Average amount spent per member per month in PY4
- Food Vouchers (Total \$ received by the member in food vouchers)
 - Number of members that received this good in PY4
 - Average amount spent per member per month in PY4
- Transportation
 - Number of members that received this good in PY4

- Average amount spent per member in PY4

ACOs should only enter costs per member for goods that were provided to 1 or more members in PY4. If the ACO enters “0” in a column associated with the number of members that received a particular good, the corresponding “amount spent per member” cell will be colored light gray. If the ACO enters any number other than “0”, the corresponding “amount spent per member” cell will turn white and should be filled in. Programs labeled “Tenancy” in Column B will have cells in the nutrition goods columns grayed out and ACOs should not enter values in these cells. Programs labeled “Nutrition” in Column B will have cells in the Tenancy goods columns grayed out and ACOs should not enter values in these cells.

Lastly, ACOs must also submit the Q4 QTR Member List Template (submitted via OnBase).

6.5 FS and Health Equity

As part of ensuring health equity¹⁴ principles are applied to Flexible Services, EOHHS has implemented a data-driven approach to address potential disparities in access to Flexible Services. Implementing a strategy to achieve a more equitable distribution of Flexible Services and addressing member’s HRSN may lead to better health outcomes for those members and ultimately assist with EOHHS’s efforts to advance Health Equity. To that end, as set forth in Appendix – Section 2, ACOs are required to collect and report demographic data (i.e., race/ethnicity, language, gender/gender identity, sexual orientation, education, and employment) for all members receiving Flexible Services. ACOs must then use this data to identify and address disparities as outlined below.

Health Disparities: Significant differences in health outcomes between populations

Health Inequities: The unjust distribution of resources and power between populations which manifests in disparities

Health Equity: Ensuring that all people have the opportunity to attain (and maintain) their full health potential

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ACOs will be required to compare race and ethnicity data for their cumulative Flexible Services data for at least two or 25% of their FS programs (whichever is greater)¹⁵ against an alternative source of data to identify and analyze potential disparities in access to FS. These data will be reported in ACOs’ Semi-Annual and Annual Progress Reports. For PY4 APR, ACOs will be expected to include an outcomes analysis to examine potential disparities in outcomes from Flexible Services. Additional guidance will be provided at a later date.

¹⁴ The WHO describes these disparities as “unnecessary and avoidable as well as unjust and unfair”

Source: Massachusetts DPH, WHO, Robert Wood Johnson Foundation, “Communities in Action: Pathways to Health Equity” (2017)

¹⁵ ACOs with only one FS program will be required to do this analysis for their one program.

Though not required, ACOs are encouraged to look at the breakdown of their other demographic data points. EOHHS recognizes that there may not be a perfect one-to-one comparison group for an ACO's FS population but encourages ACOs to work to identify potential disparities in access to FS. The ideal comparison population would be one that exhibits similar characteristics to the FS population including, but not limited to, being enrolled in MassHealth, experiencing the same risk factor and HBNC, and being in a similar geographic area. ACOs may look to multiple resources to find a comparable population (e.g., an ACO's internal demographic dataset, community level demographic data). Table 4 provides a list of potential data sources to be used for a comparative analysis. EOHHS anticipates providing information in the future to help ACOs compare their data against data from these other data sources. Though these approaches are recommended by EOHHS, ACOs may determine they have an alternative strategy to analyze race and ethnicity data from their selected FS programs. ACOs are not required to conduct an analysis for each source of data listed below.

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ACOs shall update their FPP with proposed targeted interventions to address potential disparities found in their most recent APR and SPR health equity analysis in at least two or 25% of FS programs (whichever is greater). Targeted interventions may include, but is not limited to, increased outreach efforts, additional training for staff conducting screening and planning, or additional navigation support. ACOs are expected to think critically about the data comparison and data source in determining whether there may be disproportionate access to and outcomes for that program. Examples of potential data sources for this analysis can be found in Table 4 below. ACOs that do not yet have sufficient FS data to perform this analysis will need to explain how they will work to ensure equity in member access to FS. Inability to perform analysis may be due to limited data only (i.e., ACO has served a limited number of members). ACOs will be required to provide updates in the Semi-Annual and Annual Progress Reports, as relevant.

ACOs shall include their data comparison in their PY4 Semi-Annual Progress Report on August 31, 2021, and their plan to address disparities in their FPP on September 17, 2021. ACOs will provide updates on this information with each Semi-Annual and Annual Progress Report submission.

Table 4. Potential Data Sources for FS Equity in Access Analysis

Data Description	Potential Sources
Option 1: Demographic stratification of <u>ACO's MassHealth members with same HNBC and RF as FS-receiving members in a similar geographic region</u>	ACO's member database, EHR, or databases for grant-funded SDOH programs, ACO's FS Comparison Group as described in Section 6.3
Option 2: Demographic stratification of <u>regional population with same HNBC or RF as FS-receiving members</u>	Census-based reports released by city or state, CDC surveys, CHNAs, Neighborhood Atlas
Option 3: Demographic stratification of <u>ACO's MassHealth members</u>	ACO's EHR
Option 4: Demographic stratification of <u>regional population</u>	Census data for ACO's service areas

Section 7. FS Timeline

ACOs must submit their proposed FS FPPs and BBNs to FlexibleServices@massmail.state.ma.us. EOHHS anticipates that FPPs and BBNs will be due by September 17, 2021. For ACOs that meet criteria for programmatic approval, EOHHS intends to approve FPPs and BBNs in December 2021 so that funds can be disbursed, and ACOs can launch or continue programs in January/February 2022. For new programs, 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 5).

Table 5. Anticipated FS Timeline

Anticipated Date	Task
June 30, 2021	<ul style="list-style-type: none"> • PY4 Q1 Quarterly Tracking Report Deadline
August 4, 2021	<ul style="list-style-type: none"> • FS Guidance Release
August 12, 2021	<ul style="list-style-type: none"> • FS Guidance Office Hours
August 31, 2021	<ul style="list-style-type: none"> • Semi-Annual Progress Report Deadline • Updated PY3 Q1-Q4 QTRs, PY4 Q1 QTR
September 17, 2021 (ACO Submission)	<ul style="list-style-type: none"> • ACOs update and submit FS PY5 FPP • ACOs update and submit FS PY5 BBN
December 2021	<ul style="list-style-type: none"> • EOHHS begins to approve ACOs' FPPs and BBNs
December 31, 2021	<ul style="list-style-type: none"> • PY4 Q3 Quarterly Tracking Report Deadline
January 2022 - onward (Preparation Period – ACO Submission)	<ul style="list-style-type: none"> • ACOs sign contracts with entities to deliver FS and establish workflows with such entities and CPs, as applicable • ACOs submit member-facing materials for new or updated programs to EOHHS • EOHHS approves new or updated member-facing materials • EOHHS approves ACO programs for launch
January/February 2022	<ul style="list-style-type: none"> • FSP Launch or continuation (i.e., 2022 services and goods may begin) • FS funds disbursed to approved programs

At this time, MassHealth anticipates no additional program submissions for PY5.

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_PY4_R0_20200901

FPPs and BBNs must follow the same naming convention but will use FS codes. Below are the codes for the specific sections (Table 6).

Table 6. ACO FS Deliverable Naming Conventions

Element			Instructions
ACO Name		ACOs must use the normal abbreviations that they use for their ACO.	
Attachment Code	Attachment	Code	
	Full Participation Plan (Flexible Services)	FPP_H_FS	
	Budget & Expenditure Spreadsheet (Flexible Services)	BE_I_FS	
	Budget & Expenditure Narrative (Flexible Services)	BE_J_FS	
	Member Facing Materials (Flexible Services)	MFM_M_FS	
	ACO FS Program Summary Template	PST_N_FS	
	ACO-SSO Agreement Attestation Template	Attestation_SSO_O_FS	
	ACO-CP Partnership Attestation Template	Attestation_CP_P_FS	
	Program Integrity Plan Template	PIP_Q_FS	
	Semi-Annual Progress Report	SPR_W_FS	
Performance Year	Performance Year 3	PY3	
	Performance Year 4	PY4	
	Performance Year 5	PY5	
	No specific year (e.g., FPP)	(skip this section)	
Version	Initial submission	R0	
	Initial revision	R1	
	Subsequent revisions	R2, R3...	
Submission Date	Please use the following format:		YYYYMMDD

8.2 Overview and Purpose¹⁶

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. An ACO has only one FPP for FS but may have multiple programs within that FPP. Each individual program should receive its own separate section under the “Individual Programs” section. For example, if an ACO had two housing programs and two nutrition programs, it would have one FPP that has four separate “Individual Programs” sections. If an ACO is providing the same service through multiple SSOs, the ACO should still have separate Individual

¹⁶ 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 PY4 Annual Progress Reports. Submission date forthcoming.

Program sections for each SSO. For example, if ACO A contracts with SSOs B and C to provide medically tailored meals, then it would have one FPP with distinct program sections for SSO B and SSO C. If SSOs are working together on one program (e.g., one SSO provides nutrition education and the other provides medically tailored meals), both SSOs may be included as one Individual Program.

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 FPPs throughout the three years of the FSP to account for additional information and programs as well as changes to existing programs. More information about amendment and modifications to the FPP and BBN can be found in Section 14.

When submitting new programs or modifications to existing programs, ACOs must update the most recently approved FPP and BBN using track changes. The ACO must also provide a brief summary of these programs, at the beginning of the FPP, as well as currently approved programs (i.e., previously approved programs that are not being modified). ACOs must provide the summary in chart format and include all fields indicated below (Table 7). An ACO may choose to utilize the sample chart in Table 7 or something similar. Descriptions of existing or modified PY4 programs may be submitted for PY5 in their current format and are required to incorporate responses to the new or revised FPP questions (Section 8.3.D FS Program Milestones; Section 8.3.E Health Equity; 8.4.C.d Program Operating Model; Section 8.4.C.e Individual Program Milestones; Section 8.4.F Ending a Program or Partnership). Existing or modified PY4 programs must update their evaluation metrics to align with the Semi-Annual Progress Report or most recent measures, whichever is the most up to date. New program submissions must use the updated FPP and BBN templates.

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:

A. Summary:

Please fill out the chart in the FPP template providing the following information:

Table 7. Summary Table for FPP Template

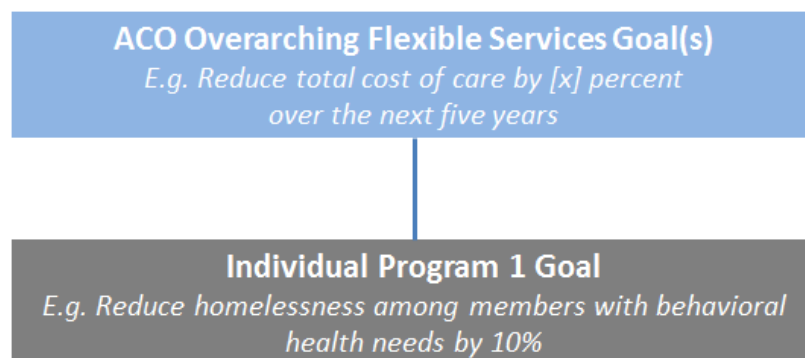
Program Name	Identifier	Description (including proposed changes, if modified)	Delivery entity	# of members expected to be served in PY3	# of members expected to be served in PY4	# of Members expected to be served in PY5	# of members expected to be served in total

B. 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.B 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
- 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 (Figure 6). The ACO may choose to identify more than one individual goal for each individual program (See Section 8.4.D).
 - i. The individual program goals must link to at least one of the overall FS program's goals. The ACO must have concrete goals, and they may be updated over time as needed.

Figure 6. Example Order of Goals



- C. **ACO FS Operating/Governance Model:** What will be the ACO's FS overall operating/governance model for FS?
- 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?
 - Is the ACO planning to work with any CPs in the Partnership Model? If known, which ones?
- D. **FS Program Milestones:** Provide an overarching, broad timeline of when the ACO plans to launch each individual FS program and broad milestones.
- Approximately what percent of its FS target population does the ACO expect to be CP enrollees?
- E. **Health Equity:** Utilizing the data reported in the Semi-Annual Progress Report, Annual Progress Report, and QTR, please identify either 2 or 25% of the ACO's FS programs¹⁷ (whichever is greater) and answer the questions below for each program regarding equitable access to FS (See Section 6.4 for guidance). For new programs that were approved after March 1, 2021, and that have insufficient FS data (i.e., ACO has served a limited number of members), please skip to Part d below.
- Please identify what stratifications (e.g., risk factor, HNBC, geography) the ACO was able to use to analyze their FS data.
 - Looking at the ACO's overall FS Race and Ethnicity Data over the course of the most recent progress reports, what types of patterns has the ACO identified in the demographics of members served and how has it changed? How does this compare to the demographic distribution of the ACO's identified comparison data source?
 - Has the ACO identified potential areas of inequity in access to FS?
 - Have previous intervention(s) to address the ACO's identified potential areas of inequity in access to FS improved the distribution? (Please describe).
 - How will the ACO plan to address the potential disparity in access to FS services moving forward (e.g., targeted outreach strategies, training)?
 - What are the goals and timeframe of this intervention? Metrics to track progress towards this progress should be included in table form in the FPP template (Attachment H). Please note ACOs will be required to track progress towards these goals in their future Semi-Annual and Annual Progress Reports.

¹⁷ For ACOs with only one program, this exercise should be completed for that one program.

- iii. What steps will the ACO implement/continue to implement to ensure an equitable distribution of FS? Has your ACO begun looking for disparities in other demographic fields?
 - d. For a program approved after March 1, 2021, if the ACO's FS program data is insufficient to conduct a robust analysis, how will the ACO ensure equity in access to FS?
- F. **Sustainability:** Describe the ACO's plan to sustain its integration of social services achieved through FS.
 - a. Which metrics will the ACO use to assess which FS programs the ACO will sustain after FS funding concludes?
 - b. What process will the ACO use to determine which elements of its FS programs and partnerships the ACO will sustain after the waiver period concludes (e.g., discussions with partners)?
 - i. Who will be involved in this decision and planning process and how will these partners and the ACO collaborate to sustain the integrated services?

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 PY5 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 PY5 BBN and must correspond to the correct program identifier in both the FPP and the PY5 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 funded by FS.

Additional Instructions:

- 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.
- 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).
- For newly proposed programs providing medically tailored meals: ACOs must describe the meals for each of the diagnoses identified in the target population section and provide all dietary nutrient specifications that ensure that the meals are tailored to the specific nutritional needs and standards of those individuals (e.g., maximum grams carbohydrates for diabetic meals).
- b. **Target Population:** What is the ACO's target population? If relevant, please describe how you chose to narrow the scope of the population (e.g., by region, health condition diagnoses, utilization, provider site, or other factors).
- 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)?
- 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, including but not limited to:
 - 1. For nutrition programs, please describe how the FS nutrition program will interact with and not duplicate relevant state and federally funded nutrition programs (including but not limited to SNAP and WIC).
 - a. Please describe how members identified to be potentially eligible for SNAP and WIC but not currently enrolled will be referred for enrollment. Include at least one of the following for both SNAP and WIC:
 - i. Which steps the ACO, SSO, or CP will take to assist the member's enrollment (e.g., completion of the DTA Connect Portal);
 - ii. Which application support services will be provided to members; or
 - iii. Which organization the members will be referred in order to ensure successful enrollment in SNAP and WIC.
 - b. How many members do you anticipate referring to SNAP and WIC? Please specify by program.
 - 2. For housing programs, please describe how the FS housing program will interact with and not duplicate relevant state and federally funded housing programs (including but not limited RAFT, TPP, the Emergency Assistance shelter system, home modification loan program, etc.).

3. If relevant, please describe how the services provided will not duplicate any existing MassHealth benefits (including but not limited to CSP for Chronically Homeless Individuals, Medical Nutrition Therapy, Diabetes Self-Management Training, etc.)
4. Non-Duplication of ACO administrative expenses:
 - a. For ACOs that are planning to utilize DSRIP Start-up and Ongoing funding to pay for FS administrative costs, please describe how this funding will supplement and not duplicate the FS administrative funding for ACOs.
 - b. For ACOs that have delegated pre-delivery or post-delivery tasks to a CP in the ACO-CP Partnership Model or pre-delivery tasks to their SSO partner and are using other DSRIP Start-up and Ongoing funding sources to support those entities, please describe how this funding will supplement and not duplicate the administrative ACO FS funding.

d. Program Operating Model:

- i. Will the ACO build this program internally or partner with an SSO?
 1. If partnering with an SSO, provide the name(s) and contact information of the SSO(s) with which the ACO is partnering or planning to partner.
 2. If building internally, please describe the specific rationale for proposing to deliver these FS services and goods internally and how the ACO determined that SSOs lack the capability to, capacity to, or interest in delivering such services and goods.
 - a. Who in the community (i.e., Regional Continuums of Care, SSOs) did you speak with before deciding to propose this program to be delivered internally and what was the perspective from those entities?
 - b. Please complete Section 8.4.C.d.ii to explain the ACO's expertise and ability to handle this program in-house.
 3. For programs that are being jointly delivered by internal ACO staff and an SSO, please describe how the organizations will collaborate, including information on which types of members each organization will serve, what services they will be providing, and how they will coordinate with each other to best address the members' HRSN.
- ii. Provide the following information to ensure the delivery entity (whether it be the ACO or SSO) meets the qualifications to deliver FS.
 1. **For newly proposed programs** providing medically tailored meals, explain specific experience(s) and demonstrated success(es) of the delivery entity in providing the proposed services and goods to the target population.
 - a. Organizations that are providing medically tailored meals:

- i. Provide all relevant organizational experience designing, preparing, and delivering nutrition assistance to similar target populations.
 - ii. List the appropriately credentialed dietitian at, or consulted by, the FS delivery entity in the development of the meals. Please list the name and qualifications of the dietitian responsible for meeting meal requirements.
 - iii. How does the ACO ensure the meals meet dietary and nutritional requirements?
- 2. List applicable State and Federal contracts
 - a. For state contracts please include amount, type of contract, and state agency.
 - b. If the delivery entity does not have significant State or Federal Contract examples, please list other complex contracts and funding streams.
- 3. 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 (e.g., scheduled trainings or intended hiring for which resources exist).
- 4. Explain whether the entity delivering services can currently accommodate the increased number of referrals expected from this individual FS program (e.g., what is the maximum case load ratio that the entity can accommodate, and what is the entity's current case load ratio).
 - 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.
- 5. Explain how well-positioned the entity delivering services is to work with MassHealth on evaluations of the program. Please provide evidence regarding the entity's ability to collect data on members served (e.g., social outcomes) and a history of participation in rigorous evaluations.
 - a. If the entity cannot currently, describe how it plans to be able to do so.
- 6. If partnering with an SSO, please answer the following additional questions:
 - a. Explain whether the SSO has the capacity to partner with the ACO. 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). Please include evidence of the SSO's experience with:

- i. Cross-sector partnerships;
 - ii. Communicating and exchanging data with ACOs
 - iii. Adhering to data privacy requirements; and
 - b. Will the SSO be involved in program development? If so, how?
7. 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 SSO use (e.g., SSO 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. For existing programs, the timeline must be updated to reflect actual program milestones.
 - ii. For new programs, the timeline must include the following milestones:
 1. Finalize contracts with SSO if applicable;
 2. Begin identifying and outreaching to members;
 3. Begin screening members; and
 4. Begin providing services.
- D. **Program Goal:** As noted in Section 8.3, ACOs must identify individual program goal(s) and provide a rationale for these goal(s). Evidence should include rationale behind target population and services. The ACO may choose to identify more than one goal for each individual FS program.
 - a. What are the individual programs goals?
 - 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), including 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).
- For existing measures of current programs, ACOs must include in this FPP their baseline data, targets, and metric values of actual performance that align with their PY4 Semi-Annual Progress Report submission.
- For new programs or existing programs that will add new metrics, the ACO is encouraged to identify numerical targets for their new measures at this time, recognizing that this requires knowledge of the baseline condition and that targets are likely to change. If targets are currently unknown, ACOs are not required to include them for this FPP submission. ACOs will be asked to set baselines, targets, and metric values in the March 2022 Annual Progress Report.
- 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.

F. Ending a Program or Partnership

- a. The ACO must provide rationale for why it is ending a program and/or partnership.
- b. The ACO must provide a timeline for ending the program and/or partnership that will allow all members to transition appropriately from the program and/or partnership that is ending.

Section 9. PY5 FS Budget & Budget Narrative (To be completed by ACOs)

9.1 Overview

The PY5 FS BBN deliverables show how each ACO proposes to spend its allocated FS funding over the course of PY5 and how unspent funding will be rolled over from PY4 to PY5.

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*:

- **PY5 Flexible Services Budget and Expenditure Spreadsheet** (Attachment I – Excel document)
- **PY5 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 17, 2021**.

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 anticipated PY5 FS funding. The anticipated PY5 funding will include the ACO's PY5 FS Funding Allocation, as described in the ACO's PY5 FS Funding Notification letter, PY4 ACO-unallocated FS rollover, and PY4 ACO-allocated anticipated rollover.
 - Budgeting over the ACO's anticipated FS funding is disallowable and will result in required revisions.
 - If EOHHS approves budgets that amount to less than an ACO's anticipated FS funding, EOHHS will hold any unapproved funding until additional budget approvals are granted.
 - The ACO must update their PY5 Budget with the submission of the Annual Progress Report and the Final PY4 ACO-allocated rollover. The Final PY5 Budget total must be less than or equal to the Final PY5 FS Funding amount. The Final PY5 FS Funding amount will include the ACO's PY5 FS Funding Allocation, the PY4 ACO-unallocated FS rollover, and the PY4 ACO-allocated actual rollover.
- Every individual program in the PY5 FS BBN must be included in ACO's FPP and must have exactly the **same program identifier** across the BBN and FPP.
- In the PY5 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.
- The ACO must budget to what they realistically expect costs to be (e.g., average cost per member) as opposed to budgeting to the maximum amount possible per member.
- ACOs must provide additional details regarding goods and staffing in the PY5 Additional Details Tab of the PY5 FS Budget and Expenditure Template (as detailed in Section 9.2.2.1)

9.2 PY5 FS Budget & Expenditure Template Instructions

9.2.1 PY4 FS Budget-Expenditure Tab

STEP 1: Enter ACO's PY4 anticipated annual expenditures. For each line item in your approved PY4 budget, enter the anticipated annual expenditure in Column T. Once complete, the total of these

anticipated expenditures (T11) will be used to generate anticipated PY4 Rollover Funding, as detailed in the PY4 Rollover Table.

The PY4 Rollover Table (Y8:AA11) generates the Anticipated PY4 Rollover amounts, including:

- PY4 ACO Unallocated FS Rollover Funding (Column Y): This is funding allocated by MassHealth in PY4 and that was not allocated by the ACO in their PY4 budget and will rollover into PY5. The amount will be the difference between PY4 Final ACO FS Funding and Final Budget, or PY4 Flexible Services Funding, whichever is less.
- PY4 Anticipated Allocated Flexible Services (FS) Rollover Funding (Column Z): This is anticipated funding allocated by the ACO in PY4 that was unspent and will rollover into PY5. The amount will be the difference between the Final PY4 ACO Budget and PY4 Anticipated Annual Expenditures, or the portion of the Final PY4 ACO Budget that comes from PY4 MassHealth Allocated Funding.
- PY4 Final Allocated Flexible Services (FS) Rollover Funding (Column AA): This is final funding allocated by the ACO in PY4 that was unspent and will rollover into PY5. The amount will be the difference between the Final PY4 ACO Budget and PY4 Actual Annual Expenditures, or the portion of the PY4 budget that comes from PY4 MassHealth Allocated Funding.

The numbers in cells Y11, Z11, and AA11 on the PY4 SF Budget-Expenditure tab will generate the PY4 Unallocated FS Rollover Funding (cell D11), PY4 Anticipated Flexible Services Rollover (cell E11), and PY4 Final Flexible Services Rollover (cell G11), respectively, on the PY5 FS Budget-Expenditures tab.

Please note, remaining PY3 funding, allocated or unallocated, will not be included in this calculation, as PY3 funding cannot be rolled over into PY5. Unspent PY3 funding that has been received from EOHHS will be accounted for when determining the amount of new payments an ACO will receive in PY5.

9.2.2 PY5 FS Budget-Expenditure Tab

STEP 2: Fill out ACO contact information.

- Open the PY5 Flexible Services Budget-Expenditure Tab("ACO Name_BE_FS_PY5_R0").
- The top table includes spaces for ACO contact information. Please fill out this table.

STEP 3: Review ACO's PY5 FS Funding. EOHHS prepopulated cell C11 with the amount of FS funding allocated to your ACO for PY5 and preformulated cells D11 and E11 with the PY4 ACO-unallocated FS Rollover Funding and the PY4 ACO-allocated Rollover Funding. The ACO's PY5 Initial funding amount will include each amount and can be found in Cell G11.

- *If you believe that the prepopulated information does not correspond to the amount in your ACO's PY5 Flexible Services Funding Notification letter, or the preformulated cells do not add up to your expected rollover amounts, please reach out to FlexibleServices@massmail.state.ma.us immediately to determine next steps.*

STEP 4: Add ACO's PY5 FS programs. Please add the individual programs and corresponding line items that the ACO intends to support with FS funding during PY5. ACOs may use information previously

submitted for programs that are continuing (e.g., previously approved line items from the PY4 Budget-Expenditures Tab). 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 Tab, 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 PY5. 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 PY5 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 should **not** list the SSO or ACO's administrative costs as a separate line item in the Budget Template. Program level SSO and ACO administrative costs should be included in the totals of the line items that make up the program. SSO administrative costs should be described in the Budget Narrative. ACO administrative costs should be described in the PY4 FS Admin Tab.
- 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).
- If the ACO is partnering with multiple SSOs for the same program, within that program's line items **each SSO must have separate line items** for each category.
- 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 or SSO, these costs must only reflect the percent of time spent on service delivery, the corresponding fringe costs, and any relevant program administrative costs. Any 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
- **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). The total FTEs listed in the budget template should also reflect the pro-rated length of service over the course of the year. For example, if 0.5 FTEs will be delivering services for 50% of the budget's Performance Year, the budget template should reflect 0.25 FTEs.

- **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 PY5 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 PY5 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.
 - **FFS** 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 5: Initial Budget for PY5 FS programs. In Column L, input the amount that ACOs plan to spend on each line item during PY5 based on the ACO's Initial PY5 FS Budget (G11). 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 Initial PY5 FS Budget total (Cell L11) exactly matches or is less than the Initial PY5 FS Funding amount (Cell G11).**
 - If the amounts match or cell L11 is less than cell G11, cell L11 will turn green.
 - If the amounts do not match, cell L11 will turn red.

Please note, columns P and Q of the PY4 Budget-Expenditure tab should be completed with the submission of the Semi-Annual Progress Report (see Section 6.3) and therefore will be included in the PY5 budget submission.

9.2.2.1 PY5 Additional Details Tab

In addition to reporting the line item budget in the PY5 Budget-Expenditures Tab, ACOs must provide additional detail in the PY5 Additional Details Tab about the expected average cost of goods per member and additional details regarding program staff salaries. This tab contains two tables: “Goods – Additional Details” and “Program Staff Salary – Additional Details.”

For “Goods – Additional Details,” the ACO’s program identifiers and corresponding domains will prepopulate in Columns A and B. For each FS program, ACOs must report the number of members that are anticipated to be served (Column C) and the expected average cost per member that is expected to finish their FS plan as documented in their VPR (Column D). For programs that are labeled as “Tenancy” or “Tenancy & Nutrition” in Column B, ACOs must complete the following information in Columns E through L:

- First and Last Month’s Rent and Security Deposit (combined)
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Moving Costs
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Household Furniture
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Other Goods over \$500 (same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
 - Name of the other good
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5

For programs that are labeled as “Nutrition” or “Tenancy & Nutrition” in column B, ACOs must complete the following information in Columns M through T:

- Kitchen Appliances over \$500
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Medically Tailored Meals
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member per week (maximum 10 meals)
- Food Boxes (e.g., CSAs, Grocery Bags)
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Food Vouchers (Total \$ received by the member in food vouchers)
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Transportation (Same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5
- Other Goods over \$500 (same column to be completed for either Nutrition, Tenancy, or Tenancy & Nutrition programs)
 - Name of the other good
 - Anticipated number of members that will receive this good in PY5
 - Expected average spend per member in PY5

ACOs should only enter costs per member for goods that they anticipate will be provided to 1 or more members in PY5. If the ACO enters “0” in a column associated with the number of members that are anticipated to receive a particular good, the corresponding “amount spent per member” cell will be colored light gray. If the ACO enters any number other than “0,” the corresponding “expected average spend per member” cell will turn white and should be filled in. Programs labeled “Tenancy” in Column B will have cells in the nutrition goods columns grayed out and ACOs should not enter values in these cells. Programs labeled “Nutrition” in Column B will have cells in the Tenancy goods columns grayed out and ACOs should not enter values in these cells.

For “Program Staff Salary – Additional Details,” ACOs must complete the following information in Columns A-F:

- Program ID
 - Program identifiers that include staffing line items. These program identifiers must be identical to those listed in the FPP.
- Staff Position
 - Each staff position associated with the program identifier (e.g., Housing Specialist)

- Annual Salary (per staff)
 - Yearly salary for each staff position associated with the program identifier
- Fringe (percent)
 - Amount of fringe associated with each staff position

These details should reflect information previously provided in the Budget Narrative. ACOs may use multiple lines per program depending on the number of staff associated with the program. All information provided in the PY5 Additional Details Tab should tie back to information provided in the PY5 Budget-Expenditures Tab.

9.2.2.2 PY5 FS Admin Rate Tab

- ACOs should manually input information in the white cells in Columns D, E, and F in the PY5 FS Admin Rate Tab.
- EOHHS has “locked” the gray cells in Columns A, B, and C, as ACOs should not need to modify the formulas in those cells. Please reach out to your ACO FS Points of Contact if you believe you need to modify those formulas.
- Overall FS ACO Administrative Rate and Amount Calculations:
 - ACOs’ overall administrative rate must be less than or equal to 15% of the ACO’s approved PY5 Budget totals. The ACO administrative rate (%) and amount (\$) for their overall FS Program in the PY5 FS Admin Rate Tab of their Budget Template will automatically generate in cells A5 and B5, respectively. These numbers are based on (1) the total amount of administrative dollars allocated per program (Cell B5), and (2) the total FS dollars allocated by ACOs (Cell A5). This rate should include both program-specific administrative expenses and those shared across programs.
- Individual FS Program Administrative Rate, Amount, and Descriptions
 - Column A, “Individual Program Identifier,” will automatically generate based on the Individual Program Identifiers included in the PY5 FS Budget-Expenditures Tab (Column B). Regardless of how many line items a specific FS program has, the Program Identifier for that program should appear just once in Column A of the PY5 FS Admin Rate Tab, as long as the Program Identifier is consistently applied.
 - If an ACO sees multiple instances of the same Program Identifier in this table, please make sure that there are no extra spaces included in Column B of the “PY5 FS Budget-Expenditures” tab.
 - For each individual Flexible Services program, ACOs should include the ACO administrative amount (\$) in Column D for the corresponding program identifier. This will automatically generate the ACO administrative rate (Column B) for that specific program using the total of all line items associated with that program identifier in Column C. If an ACO is not including administrative dollars for a particular program, the ACOs should enter the number 0 in Column D for that program.
 - In Column E, please describe administrative activities that are program-specific (expenses that differ from program to program – e.g., ACO administrative costs associated with goods

and service in the specific program). If an ACO does not have such administrative activities for a specific program, they should include “N/A” for the specific cell.

- In Column F, please describe administrative activities that are shared across all programs (e.g., Screening, VPR completion).
 - ACOs should only include expenses in the “Description of Shared Admin Expenses (Across Programs)” column *if* the expenses are shared across all of the ACO’s approved-FS programs. If administrative expenses are shared across some but not all programs, they should be included in Column E for each applicable individual program.
- ACOs should indicate if they will be providing CPs participating in the ACO-CP Partnership, assisting with pre or post-delivery activities (e.g., member identification), with administrative funding in Column E (individual program administrative cost) or F (shared administrative expense), as appropriate.
- ACOs should also indicate if they will be providing their SSO Partners assisting with pre-delivery activities with administrative funding in Column E (individual program administrative costs)
- PY5 FS Admin Rate Tab:
 - The Overall ACO administrative rate (%) located in cell A5 of the PY5 FS Admin Rate Tab will be automatically generated based on the total FS ACO admin in Cell B5 and the total FS budget allocated by ACO in Cell A5.
 - If the Overall PY5 ACO Admin Rate (Cell A5) is less than or equal to the allowed 15%, Cell A5 will turn green. If the PY5 ACO Admin Rate total is greater than the allowed 15%, Cell A5 will turn red.
 - For the PY5 Semiannual Progress Report, ACOs will be asked to complete the PY5 Semiannual Admin Expenditure column (Column G). ACOs should include all PY4 FS Funding spent on administrative expenditures by program identifier from 1/1/22 – 6/30/22. This should include both program-specific administrative expenses and those shared across programs.
 - For the PY5 Annual Progress Report, ACOs will be asked to complete the PY5 Annual Admin Expenditure column (Column H). ACOs should include all PY4 FS Funding spent on administrative expenditures by program identifier from 1/1/22 – 12/31/22. This should include both program-specific administrative expenses and those shared across programs.

ACOs should not submit their updated Budget Template to EOHHS until the Overall ACO Admin Rate Cell (Cell A5) in the PY5 FS Admin Rate Tab, and the corresponding PY5 Budget Update Cell (Cell M11, N11, O11, or P11) in the PY5 FS Budget-Expenditures Tab are both green.

9.3 PY5 FS Budget and Expenditure Narrative Instructions

STEP 1: Fill out ACO contact information.

- Open the PY5 Budget and Expenditure Narrative (“ACO Name_BE_FS_PY5_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 PY5. ACOs must provide additional detail (as applicable) for every line item in their PY5 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 PY5 FS Budget-Expenditures Tab.
- Include the following elements for each program:
 - **Program Identifier**
 - **SSO 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 **for each SSO**. This percentage should be calculated for each SSO by dividing that program’s SSO administrative costs by the total program expenses allocated for that SSO. 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 3.3 for a description of allowable administrative costs.
 - **Budget Line Number:** Please provide corresponding budget line number.
 - **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).
 - **Details about Services:** Please provide a breakdown of the staff that will be providing services including:
 - **Positions** (e.g., social worker): Additional details, including salary and fringe, should be provided in the PY5 Additional Details Tab (See Section 9.2.2.1).
 - **Details about Goods:** Please note if there are goods that cost more than \$500 per unit (e.g., 1st month’s rent), listing out **each item individually**. Additional details, including costs, regarding those goods should be provided in the PY5 Additional Details Tab (see Section 9.2.2.1). Note: The addition of further goods over \$500 to the program after plan and budget approval will require a corresponding budget modification.

- **Payment Mechanism:** Please provide a short description of how the listed payment mechanism between the ACO and the FS delivery entity will be operationalized (e.g., fee-for-service billing will be tracked by SSO and invoices sent to ACO at the end of each month, what invoicing or billing platform is being used, etc.) Please provide for existing approved programs. If not known for new programs, please provide your current hypothesis. 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. ACOs must have must 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 including any concerns that may require additional information or edits. This will allow ACOs and EOHHS to discuss issues early and adjust as needed to move towards implementation. Preliminary feedback 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 it answers 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 updated FPPs and PY5 FS BBNs by September 17, 2021, to FlexibleServices@massmail.state.ma.us, the ACOs' MassHealth ACO Contract Manager, and the ACOs' Flexible Services point of contact. 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.

ACO may be able to move into Preparation Period or program continuation 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. If a program was previously approved for launch in PY4 but not yet approved to continue in PY5 prior to January 1, 2022, ACOs may choose to use their rollover funding on the program at their own risk until approved.

11.2 Cadence

All ACOs are expected to submit the updated versions of their FS FPPs and PY5 FS BBNs by September 17, 2021. Late submissions will result in 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 any documents in Review Round #2.
- If EOHHS requires revisions, then the ACO must submit revised documents in Review Round #2. Dates of further review rounds will be released separately.

Section 12. FS Preparation Period

12.1 Overview

ACO that have received approval for their FPPs and BBNs for a FSP may move into the Preparation Period. During this phase, EOHHS will review additional materials required before ACOs can launch their specific FS programs. Each separate proposed FS program will have its own Preparation Period following FPP and BBN approval. ACOs should use this section to guide their responses to Preparation Period requirements.

EOHHS anticipates that programs approved in PY5 will only need to update or provide additional Preparation Period materials if changes to the existing program impact the previously approved Preparation Period submissions (e.g., additional services require ACOs to update their Program Summary Charts to include the new services). ACOs are responsible for determining if a change is required to any previously approved FS Preparation Period Materials.

EOHHS anticipates that new or updated programs that progress through the FPP and BBN review process without major revisions that require iteration or resubmission will enter the Preparation Period in January. The deliverable due dates in this document apply to plans that receive FPP and BBN approval in the first wave in December with the goal of a **February program launch**. Plans that require revisions or significant modifications to FPP and BBN for approval will enter the Preparation Period in subsequent waves with later deliverable submission dates and anticipated launch or continuation timelines.

Once the necessary deliverables and program updates in the Preparation Period have been completed and approved, programs may officially launch. ACOs should follow guidance for each specific deliverable as indicated below on continuing previously approved programs prior to submission and approval of updated Preparation Period materials. Plans approved for official launch may subsequently begin outreaching to members, screening, planning, and delivering services.

The following section describes the instructions and processes for submitting the necessary PY5 Preparation Period deliverables to EOHHS, which include:

- Member-Facing Materials Template (Section 12.3) Attachment M
- ACO FS Program Summary Template (Section 12.4) Attachment N

12.2 Screening Tool Submission

All screening questions and administrative or clinical data must meet the criteria as described in Section 5.4.2.2. For PY5, EOHHS will not require the submission or approval of screening questions or tool(s).

12.3 Member-Facing Materials

ACOs must submit all member-facing materials (including materials that their SSO or CP partners may distribute) regarding their FS programs for review and approval by EOHHS. This includes, but is not limited to:

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

Member-facing materials may include, but are not limited to, physical pamphlets, e-mails, and call center scripts or FAQs. At a minimum, each ACO is expected to include a call center script. Any member-facing communications must comply with the marketing and communication requirements in Section

2.11 of the *Accountable Care Partnership Plan and MCO Contracts*, Section 2.6 of the *Primary Care ACO Contract*, and Section 2.9 of the *MCO-Administered ACO Contract*.

In the Member Facing Materials Template (Attachment M), ACOs must also describe how they plan to distribute and utilize the proposed member-facing materials to outreach to, intake, or inform potentially eligible members in their selected target populations about the FS program or next steps to receiving services.

ACOs should begin planning their messaging strategy or working collaboratively with their SSO or CP partners as appropriate throughout the Fall for new FS programs. **For each distinct FS program, the ACO must submit materials in a separate Member-Facing Material Template** (Attachment M). For FS programs that have had Member Facing Materials approved, a new submission is only required if materials require updates by the ACO (e.g., updating a flyer to include additional services not previously included in the program). Submissions must be in Word document format with the FS Program Identifier indicated in the document name. ACOs will be required to submit their FS programs' Member-Facing Materials for review by EOHHS to the Flexible Services Mailbox (flexibleservices@massmail.state.ma.us). The anticipated submission date will be in January/February 2022.

ACOs that are submitting new or updated Member-Facing Materials for a previously approved program must continue to use their previously approved Member-Facing-Materials until new Member-Facing Materials are approved by EOHHS.

12.4 ACO FS Program Summary Template

The ACO FS Program Summary Template is used to provide EOHHS and CPs with a comprehensive list of programs an ACO is offering at a given time, along with important information about each program. ACOs must fill out the document (Attachment N) and include the following details:

- Name of the Flexible Services program
 - *Example: Housing Search and Placement Program with SSO XYZ*
- Flexible Service Program Identifier
 - *Example: FS2*
- Anticipated Launch Date
 - *Example: When the program plans to launch or will be starting to accept referrals from CPs.*
- Program Description – brief overview (one to two sentences)
 - *Example: The Housing Search and Placement Program seeks to help members who are experiencing homelessness and multiple complex medical conditions in the Boston area. The program will work to house the target population with the help of SSO XYZ.*
- Explanation of Eligibility Requirements
 - *Example:*

- *Health Needs-Based Criteria: two or more chronic medical conditions for which there is a need for treatment or care*
 - *Risk Factor: Experiencing homelessness*
- List of Services
 - *Example: Services include: (1) Assessing and documenting the member's preferences related to the tenancy the member seeks; (2) assisting the member with budgeting for tenancy; (3) assisting the member with obtaining, completing, and filing application for community-based tenancy and (4) assisting the member with understanding their rights and obligations as tenants*
- Description of units of services as they will be described in the ACO's VPR
 - *Example: a member will receive a bundle of services based on need*
 - *High need (four or more 15 minute session per week), or*
 - *Low need (three or fewer 15 minute sessions per week).*
- Approval and Notification Process
 - *Example: Please submit requests for approval to XYZ e-mail address. Decisions will be provided to the member within X days.*
- Contact information (phone and email) for the contact at the ACO best suited to address CP questions

As new programs are approved, ACOs must update the ACO FS Program Summary Template to include those new programs and submit them to EOHHS during the subsequent Preparation Period. For programs previously approved in PY3 or PY4, Program Summary Templates will only need to be resubmitted if changes to the existing program alter any previously submitted information (e.g., new services, expanded target geography). EOHHS will distribute an updated list to CPs on a semi-annual basis. If there are changes to program information that occur more frequently, the ACO should update their CP and SSO partners. These changes must also be sent to the ACO's MassHealth FS point of contact and will be reflected in the semi-annual updates.

Please note, EOHHS also releases a public list of the ACOs with FS programs approved for launch to date, including the program domain, sub-domain, and SSO partner. This information is also provided to organizations interested in contacting ACOs to potentially partner with them on FS. The Flexible Services team will update this list on a yearly basis.

To complete the Preparation Period for their initial wave of new PY5 FS programs, ACOs will be required to submit the ACO FS Program Template to the Flexible Services Mailbox

(flexibleservices@massmail.state.ma.us) The anticipated submission date will be in January/February 2022.

12.5 Contract and Partnership Agreement Attestations

ACOs must have agreements with SSOs and CPs that they work with. For PY5, ACOs that work with SSO partners to deliver FS or with CPs via the ACO-CP Partnership model to administer their FS programs are

not required to submit attestations that contracts or partnership agreements with their partner agencies have been signed.

12.6 Program Integrity

ACO FS programs that plan on using gift cards, passes, or vouchers for transportation or nutrition must ensure that such items are being used appropriately on referred services. ACOs must put in place strategies for prospectively ensuring appropriate usage of these items (e.g., member education, digital tracking of gift cards to SSO grocery store), as well as retrospectively validating whether those prospective strategies have been successful (e.g., conducting audits). The only programs that require Program Integrity Plans are those that provide vouchers or gift cards directly to the member. For example, grocery delivery services or transportation administered centrally by the ACO or SSO such that members are not given vouchers or gift cards directly do not need a program integrity plan. For PY5, EOHHS will not require the submission of the Program Integrity Plan Template (Attachment Q). EOHHS reserves the right to collect or audit ACOs' Program Integrity Plans.

Section 13. Ongoing EOHHS Engagement

Once an ACO has completed the Preparation Period requirements for a FS program and has been approved for launch, the ACO is expected to maintain engagement with their MassHealth FS point of contact to make FPP and BBN changes or modifications as needed (Section 14), complete the QTR test submission process, provide operational program updates, track progress towards evaluation metrics, and submit the Semi-Annual and Annual Progress Reports (Section 6.3), among other requirements.

13.1 Program Management

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

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

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

Section 14. FS Revisions and Amendments

14.1 Revisions Prior to Approval of FFP and BBN

Once ACOs submit their FPPs and BBNs, they will work with EOHHS to revise 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.

14.2 Amendments Following Approval of FFP and BBN

ACOs must send amendment requests, which by definition occur following FFP and BBN approval, to FlexibleServices@massmail.state.ma.us, the ACOs' MassHealth ACO Contract Manager, and the ACOs' Flexible Services point of contact. Depending on the nature of the programmatic change proposed, amendments to the FFP or BBN may be considered non-material or material deviations (Table 8). The anticipated timeline for revisions and amendments can be found in Table 9.

Table 8. Flexible Services Amendment Categories

Flexible Services Amendment Categorizations			
Amendment Type	Approval Type	Requirements	Timeline
Non-material deviations: <ul style="list-style-type: none"> Updating Program Milestones in the Full Participation Plan Reallocating approved funding among approved line items up to \$100K 	No Pre-approval Required	An ACO will not be required to receive approval from EOHHS prior to making these amendments. Instead, amendments should be submitted with the ACO's next Progress Report submission or formal modification request.	Ad Hoc
Non-material deviations: <ul style="list-style-type: none"> Changing Payment Mechanisms to the SSO (e.g., FFS, Bundle) Reallocating approved budget amount among approved line items between \$100K and \$250K 	Informal Approval	An ACO will be required to receive informal sign-off from EOHHS via email. Amendments that have received informal email sign-off from EOHHS should be made to the FPP/BBN in the ACO's next Progress Report Submission or formal modification request.	Ad Hoc
Material Deviations: <ul style="list-style-type: none"> Adding services or goods Changing the target population Adding an SSO 	Formal Approval	An ACO will be required to receive formal approval from EOHHS and require a modification request. Modification requests should include the submission of the	Ad hoc

<ul style="list-style-type: none"> • Changing Program Goals • Changing Evaluation Measures • Increasing or Decreasing the ACOs total PY5 budget • Adding a new line item • Reallocating approved budget among approved line items by more than \$250K • Removal or complete de-funding of a line item, partnership, or program 		FPP/BBN with track changes for EOHHS review.	
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Please contact your Flexible Services point of contact if you are unsure if your proposed change is a material or non-material deviation.

Table 9. Anticipated Revision and Amendment Timeline

Anticipated Revision and Amendment Timeline		
Deliverable	Initial Anticipated Submission Date	Anticipated Approval Date
PY5 FPP and BBN Due	September 17, 2021	December 2021
PY5 FPP and BBN Revisions Prior to Approval	Ad hoc	Rolling basis
PY5 FPP and BBN Non-Material Deviations requiring informal signoff	Ad hoc at EOHHS' discretion	Beginning with approval of FPP and BBN
PY5 FPP and BBN Material Deviations*	Rolling basis	Rolling basis

*For PY5, the only material deviations allowed are those that adhere to the core program (e.g., increasing funding to serve more members), and do not significantly change the program (e.g., adding new SSOs, adding substantially different services or goods).

Section 15. Ending an Individual Program or Partnership

15.1 Before Ending a Program or Partnership

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

15.2 Requirements for Ending a Program or Partnership

ACOs must notify their Flexible Services point of contact, in writing, of an intent to end a program or partnership. ACOs ending a program will not receive PY5 FS funding for that program.

ACOs must allow enough time for both service delivery and service wind-down such that members receiving Flexible Services are able to transition appropriately. ACOs must, at a minimum, adhere to the contractual requirement¹⁸ to provide information and navigation to the member regarding identified HRSNs, as appropriate.

For ACOs that decide to end an individual program or partnership, they must address the relevant questions in the FPP and BBN for the program or partnership:

- Rationale for ending the program or partnership
- Timeline for ending the program or partnership

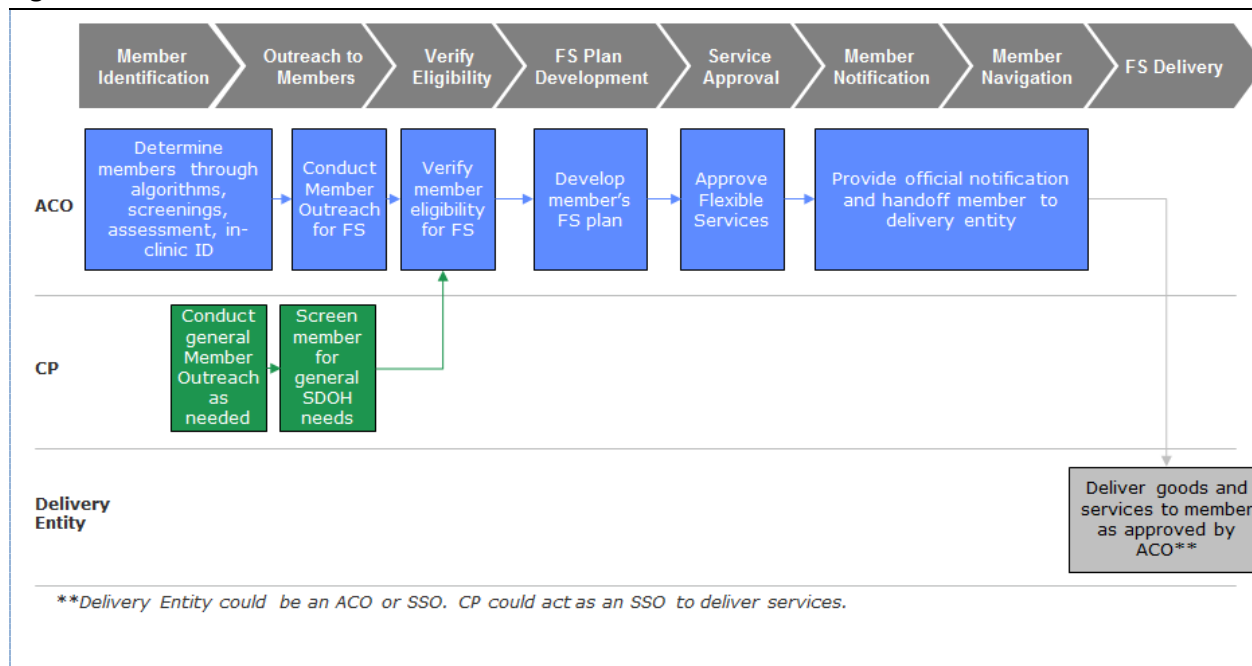
ACOs must also submit all final program data in the corresponding QTR submission as well as answer final questions in the subsequent APR.

¹⁸ MCO/ACO Contract Section 2.5(B)4

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: (1) lists of members who have received FS on a quarterly basis; (2) aggregate costs associated with each of those lists; and (3) lists of members who were screened and verified as eligible for FS (i.e., members for which a VPR was partially or fully completed) but did not receive services (i.e., the “Comparison Group”). 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 template provided by EOHHS (Attachment R). 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 6 tabs labeled:

- PRETENANCY_INDIVIDUAL
- PRETENANCY_TRANSITIONAL
- TENANCY_SUSTAINING
- HOME_MODIFICATIONS

- NUTRITION
- COMPARISON_GROUP

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

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_RO_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

In each of the five service category tabs in 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 PRETENANCY_INDIVIDUAL 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 PRETENANCY_TRANSITIONAL, 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 TSS and NSS in a quarter must be reported on both the TENANCY_SUSTAINING and NUTRITION tabs.

Each of these service category tabs must contain the same field layouts as described in Table 1 below. The Comparison Group Tab must contain the same field layouts as described in Table 2 below. EOHHS expects that all files submitted to EOHHS will conform to the file layouts described in this document. Where VPR forms are partially complete for the members in the Comparison Group, ACOs are expected

to provide as much data as possible. The Comparison_Group Tab will have an additional field for ACOs to indicate the reason(s) why the member did not receive services.

Table 1: QTR Service Category Tab Fields

QTR File Fields						
Field ID	Field Name	Size	Data Type	Format	Description	Additional Notes
1	Medicaid_ID	12	Text	12 digits	Member's MassHealth ID	
2	Member_Name_Last	100	Text		Member's Last Name	
3	Member_Name_First	100	Text		Member's first name	
4	Member_Middle_Initial	1	Text		Member's middle initial	
5	Member_Suffix	20	Text		Member's suffix	
6	Member_Date_of_Birth	10	Text	YYYYMMDD	Member's date of birth	
7	ACO_Name	100	Text	Drop Down	ACO name	Select one option from the drop down list
8	FS_Delivery_Entity	100	Text	Free Text	Entity(s) delivering Flexible Services	Please see the FS Delivery Entity Table released by MassHealth for the complete list of abbreviations to input in this column. The FS Delivery Entity Table will be re-released and updated as programs receive MassHealth approval for launch. In circumstances where a member receives Flexible Services from multiple entities within the same service category (e.g., Nutrition), please input the organization codes for both delivery entities separated by a comma (e.g., "SSOA, SSOB").
9	Transportation_Received	N/A	Text	Drop Down	Did member receive transportation services?	If a member receives Flexible Services-funded transportation to and/or from services within a service category during the quarter, please select the "Yes" option in Column I of that service category's Excel tab. If they did not receive transportation services, please select the "No" option.
10	Demo_Gender	N/A	Text	Drop Down	Member's Gender/Gender Identity(s)	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Prefer to self-describe" is selected, please indicate member response in Specify_Demo_Gender column
11	Specify_Demo_Gender	N/A	Text	Free Text	Member's Gender/Gender Identity(s)	Please input member self-description in this column to correlate with "Prefer to self-describe" when selected.
12	Demo_Sexual_Orientation	N/A	Text	Drop Down	Member's Sexual Orientation	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Prefer to self-describe" is selected, please indicate member response in Specify_Demo_Sexual_Orientation column. "N/A – Child" is appropriate for children 12 years and under.

13	Specify_Demo_Sexual_Orientation	N/A	Text	Free Text	Member's Sexual Orientation	Please input member self-description in this column to correlate with "Prefer to self-describe" when selected.
14	Demo_Race	N/A	Text	Drop Down	Member's Race(s)/Ethnicity(ies)	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Some other race, ethnicity, or origin" is selected, please indicate member response in Specify_Demo_Race column
15	Specify_Demo_Race	N/A	Text	Free Text	Member's Race(s)/Ethnicity(ies)	Please input member race/ethnicity(ies) in this column to correlate with "Some other race, ethnicity, or origin" when selected.
16	Demo_Language	N/A	Text	Drop Down	Member's Primary Language	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Other" is selected, please indicate member response in Specify_Demo_Language column
17	Specify_Demo_Language	N/A	Text	Free Text	Member's Primary Language	Please input member language in this column to correlate with "Other" when selected.
18	Demo_Education	N/A	Text	Drop Down	Member's Education Level	Select one option from the drop down list. If "Other" is selected, please indicate member response in Specify_Demo_Education column
19	Specify_Demo_Education	N/A		Free Text	Member's Education Level	Please input member education level in this column to correlate with "Other" when selected.
20	Demo_Employment	N/A	Text	Drop Down	Member's Employment Status	May select multiple options from the drop down list if multiple responses were indicated by the member
22	Member_Health_Needs_Based_Criteria	N/A	Text	Drop Down	Member's eligibility criteria to receive Flexible Services	May select multiple options from the drop down list if multiple responses were indicated by the member
21	Member_Risk_Factor	N/A	Text	Drop Down	Member's eligibility criteria to receive Flexible Services	May select multiple options from the drop down list if multiple responses were indicated by the member

Table 2: QTR Comparison_Group Tab Fields

QTR Comparison Group Fields						
Field ID	Field Name	Size	Data Type	Format	Description	Additional Notes
1	Medicaid_ID	12	Text	12 digits	Member's MassHealth ID	
2	Member_Name_Last	100	Text		Member's Last Name	
3	Member_Name_First	100	Text		Member's first name	
4	Member_Middle_Initial	1	Text		Member's middle initial	
5	Member_Suffix	20	Text		Member's suffix	
6	Member_Date_of_Birth	10	Text	YYYYMMDD	Member's date of birth	
7	ACO_Name	100	Text	Drop Down	ACO name	Select one option from the drop down list

QTR Comparison Group Fields						
Field ID	Field Name	Size	Data Type	Format	Description	Additional Notes
10	Demo_Gender	N/A	Text	Drop Down	Member's Gender/Gender Identity(s)	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Prefer to self-describe" is selected, please indicate member response in Specify_Demo_Gender column
11	Specify_Demo_Gender	N/A	Text	Free Text	Member's Gender/Gender Identity(s)	Please input member self-description in this column to correlate with "Prefer to self-describe" when selected.
12	Demo_Sexual_Orientation	N/A	Text	Drop Down	Member's Sexual Orientation	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Prefer to self-describe" is selected, please indicate member response in Specify_Demo_Sexual_Orientation column. "N/A – Child" is appropriate for children 12 years and under.
13	Specify_Demo_Sexual_Orientation	N/A	Text	Free Text	Member's Sexual Orientation	Please input member self-description in this column to correlate with "Prefer to self-describe" when selected.
14	Demo_Race	N/A	Text	Drop Down	Member's Race(s)/Ethnicity(ies)	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Some other race, ethnicity, or origin" is selected, please indicate member response in Specify_Demo_Race column
15	Specify_Demo_race	N/A	Text	Free Text	Member's Race(s)/Ethnicity(ies)	Please input member race/ethnicity(ies) in this column to correlate with "Some other race, ethnicity, or origin" when selected.
16	Demo_Language	N/A	Text	Drop Down	Member's Primary Language	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Other" is selected, please indicate member response in Specify_Demo_Language column
17	Specify_Demo_Language	N/A	Text	Free Text	Member's Primary Language	Please input member language in this column to correlate with "Other" when selected.
18	Demo_Education	N/A	Text	Drop Down	Member's Education Level	Select one option from the drop down list. If "Other" is selected, please indicate member response in Specify_Demo_Education column
19	Specify_Demo_Education	N/A		Free Text	Member's Education Level	Please input member education level in this column to correlate with "Other" when selected.
20	Demo_Employment	N/A	Text	Drop Down	Member's Employment Status	May select multiple options from the drop down list if multiple responses were indicated by the member
22	Member_Health_Needs_Based Criteria	N/A	Text	Drop Down	Member's eligibility criteria to receive Flexible Services	May select multiple options from the drop down list if multiple responses were indicated by the member
21	Member_Risk_Factor	N/A	Text	Drop Down	Member's eligibility criteria to receive Flexible Services	May select multiple options from the drop down list if multiple responses were indicated by the member

QTR Comparison Group Fields						
Field ID	Field Name	Size	Data Type	Format	Description	Additional Notes
23	Reason_Not_Received	N/A	Text	Drop Down	Reason explaining why FS-eligible member did not receive services	May select multiple options from the drop down list if multiple responses were indicated by the member. If "Other" is selected, please indicate member response in Specify_Reason_Not_Received column
24	Specify_Reason_Not_Received	N/A	Text	Drop Down	Reason explaining why FS-eligible member did not receive services	Please input reason FS-eligible member did not receive services in this column to correlates with "Other" when selected.

File Layout: Budget Template: Corresponding PY 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 Aggregate Costs tab for that specific Performance Year of the FS Budget & Expenditures Spreadsheet (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 & Expenditures Spreadsheet. Quarter 2 aggregate costs will be submitted at the same time as the Semi-Annual Progress Report. ACOs should ensure that the sum of the Semi-Annual Progress Report expenditures (located in the corresponding PY 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 & Expenditures Spreadsheet includes a check that will turn the cells in row 5 of the corresponding PY Aggregate Costs Tab green if both sums are equal. Quarter 4 aggregate costs will be submitted at the same time as the Annual Progress Report (see Section 6.2).

For Quarters 1 and 3, 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 OnBase, the cloud-based Enterprise Content Management system used by EOHHS for administering reporting requirements by ACOs/MCOs for compliance and contract management. In PY3, EOHHS worked with ACOs to establish OnBase user accounts for FS program managers who would need access to the platform. ACOs should send an email to the FS mailbox (FlexibleServices@massmail.state.ma.us) to request modifications to their FS user access (e.g., add, edit, remove users) moving forward, as needed.

ACO FS users will upload QTRs to an OnBase folder labeled "Flexible Services" for the purpose of submitting the report to EOHHS. Please note, other folders may appear in your ACO's OnBase platform; please ensure you are uploading your report to the Flexible Services folder only. After submitting the QTR in OnBase, EOHHS may request that an ACO resubmit their QTR if updates are needed. Upon submission and review of the QTRs, EOHHS will upload a new file with feedback, if required, for ACOs to respond to. In that case, the ACO must submit a corrected file to EOHHS via OnBase within 15 business

days of EOHHS' request. This updated file must be a complete file that contains all data, including the corrected data as necessary.

For assistance with using OnBase, please refer to the user guide, “OnBase EAC Report Portal Guide PDF,” distributed by EOHHS in PY3 during the OnBase testing process. Contact EOHHS at (FlexibleServices@massmail.state.ma.us) should you have further technical questions.

Section 3. FS Reporting Cadence

Table 3: FS Reporting Cadence

Report	Dates of Services Covered	Anticipated Report Due Date
PY3 Q1 QTR	1/1/20 to 3/31/20	6/30/20 (3mo lag)
PY3 Q2 QTR <i>(submitted with PY3 SAPR)</i>	4/1/20 to 6/30/20	8/31/20 (2mo lag)
PY3 Q3 QTR	7/1/20 to 9/30/20	12/30/20 (3mo lag)
PY3 Q4 QTR <i>(submitted with PY3 APR)</i>	10/1/20 to 12/31/20	3/31/21 (3mo lag)
PY3 Semi-Annual Progress Report	1/1/20 to 6/30/20	8/31/20 (2mo lag)
PY3 Annual Progress Report	1/1/20 to 12/31/20	3/31/21 (3mo lag)
PY4 Q1 QTR <i>(begin using updated QTR template, include HNBC and Risk Factor for PY4 Q1 data collection)</i>	1/1/21 to 3/31/21	6/30/21 (3mo lag)
PY4 Q2 QTR <i>(include revised PY3 Q1-Q4 QTR member lists, inclusive of retrospective HNBC, Risk Factor, and Comparison Group information for PY3; submitted with PY4 SAPR)</i>	4/1/21 to 6/30/21	8/31/21 (2mo lag)
PY4 Q3 QTR	7/1/21 to 9/30/21	12/30/21 (3mo lag)
PY4 Q4 QTR <i>(include PY4 Comparison Group data; submitted with PY4 APR)</i>	10/1/21 to 12/31/21	3/31/22 (3mo lag)
PY4 Semi-Annual Progress Report	1/1/21 to 6/30/21	8/31/21 (2mo lag)
PY4 Annual Progress Report	1/1/21 to 12/31/21	3/31/22 (3mo lag)
PY5 Q1 QTR	1/1/22 to 3/31/22	6/30/22 (3mo lag)
PY5 Q2 QTR <i>(submitted with PY5 SAPR)</i>	4/1/22 to 6/30/22	8/31/22 (2mo lag)
PY5 Q3 QTR	7/1/22 to 9/30/22	12/30/22 (3mo lag)
PY5 Q4 QTR <i>(include PY5 Comparison Group data; submitted with PY5 APR)</i>	10/1/22 to 12/31/22	3/31/23 (3mo lag)
PY5 Semi-Annual Progress Report	1/1/22 to 6/30/22	8/31/22 (2mo lag)
PY5 Annual Progress Report	1/1/22 to 12/31/22	3/31/23 (3mo lag)

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. Submitting Additional PY3 Data to EOHHS

To support more comprehensive evaluation analyses, ACOs must resubmit PY3 Q1-Q4 QTR Member List reports along with their PY4 Q2 QTR submission. These resubmissions will provide additional information (i.e., HNBC and Risk Factor) about members who received FS during PY3. At the same time, ACOs must submit a one-time report of PY3 “Comparison Group” members. For these additional PY3 data reports, ACOs must make a good faith effort to obtain these data. However, where data are not available, the fields may be left blank. As these reports will be included in QTR submissions, ACOs will also submit these reports via OnBase, per Section 2.2 of this Appendix. ACOs must follow the file naming convention of subsequent submissions as specified in Section 2.1 of the Appendix. Going forward, after the additional PY3 data are submitted with the PY4 Q2 QTR submission, ACOs will submit HNBC and Risk Factor information for members on a quarterly basis, and Comparison Group member lists on an annual basis. See below (Table 4) for data deliverables by quarter.

Table 4: FS Data Deliverables

Data	Deliverables			
	PY4 Q1 QTR	PY4 Q2 QTR (SAPR)	PY4 Q3 QTR	PY4 Q4 QTR (APR)
HNBC and Risk Factors data of members served across all four quarters of PY3		X		
HNBC and Risk Factors data included in QTR member list	X	X	X	X
Comparison Group member list data of members screened and verified eligible for FS, but did not receive FS in PY3 or 45 calendar days thereafter		X		
PY4 and PY5 Comparison Group member lists submitted annually				X

Section 5. FS Semi-Annual and Annual Progress Reports: Expenditure Report

As part of the ACO’s Semi-Annual and Annual Progress Reports, ACOs will be required to submit their semi-annual and annual expenses at the line item level. ACOs should ensure that the line items costs submitted semiannually and annually, 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 & Expenditures Spreadsheet Check

The Budgets & Expenditures Spreadsheet will include an automated check to help ensure that (1) 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 and that (2) the total cost of line items by FS category on the annual expenditure report is equal to the sum of the Q1 through Q4 aggregate costs by

FS category. ACOs will enter their semi-annual expenditures in Column Q and their actual annual expenditures in Column U. Entries will be automatically totaled in the “Semi-Annual and Annual Expenditures Check” table (see underneath the main table, Columns Q through W) 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 PY4 Aggregate Costs Tab (as described in Appendix – Section 2.1) will automatically generate a half year total in the PY4 FS Budget-Expenditures Tab in the aforementioned “Semi-Annual and 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 PY4 FS Budget-Expenditures Tab) and at the category level (on the PY4 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 EOHHS until the “Total Match” cells are all green, displaying a “Y”. Similarly, quarterly aggregate costs per FS category for Q1 – Q4 submitted in the PY4 Aggregate Costs Tab will automatically generate a full year total in the PY4 FS Budget-Expenditures Tab in the “Semi-Annual and Annual Expenditures Check” table based on the FS category. If the totals of the Annual Expenditures reported at the line item level and at the category level are exactly equal, the “Total Match?” cells in Column W will turn green and display a “Y.” If the totals of the Annual Expenditures reported at the line item level and at the category level are not exactly equal, the “Total Match?” cells in Column W will turn red and display an “N.” ACOs should not submit their annual expenditures to EOHHS until all of the “Total Match” cells are green and contain the letter “Y”.

Section 6. 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

VPR Form – Verification, Planning, and Referral Form

WIC – The Special Supplemental Nutrition Program for Women, Infants, and Children

Section 7. List of Attachments

Table 5. List of FS Attachments

Attachment Letter	Attachment Name	Format	PY5 Required Submission
Attachment H	Full Participation Plan (FPP)	Word	✓
Attachment I	Budget & Expenditure Spreadsheet	Excel	✓
Attachment J	Budget & Expenditure Narrative	Word	✓
Attachment M	Member-Facing Materials Template	Word	✓
Attachment N	ACO FS Program Summary Template	Word	✓
Attachment O	ACO-SSO Agreement Attestation Template	Word	Removed
Attachment P	ACO-CP Partnership Agreement Attestation Template	Word	Removed
Attachment Q	Program Integrity Plan Template	Word	Removed
Attachment R	QTR Member List Template	Excel	✓
Attachment S	Verification, Planning, and Referral (VPR) Form	Word	✓
Attachment T	VPR Form Instructions	PDF	
Attachment U	MH FS Screening Tool	Word	
Attachment V	MH FS Screening Tool Instructions	PDF	
Attachment W	FS Semi-Annual and Annual Progress Report Template	Excel	✓