

Flexible Services Program Frequently Asked Questions (FAQs)

As of 02/07/2020

Purpose: This document provides answers to frequently asked questions from ACOs and answers to questions related to the development of Flexible Services (FS) Full Participation Plans (FPPs) and Budget and Budget Narratives (BBNs) in preparation for the next submission of programs to MassHealth.

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1. Tenancy Preservation Supports Domain

Renting vs. Buying

- **Q:** Is renting storage space or buying allowable under FS Admin?
 - **A:** *ACOs may not use FS dollars to fund FS Admin expenses. However, if an SSO is seeking to rent storage space to hold Flexible Service goods (e.g., vacuum cleaners, air conditioners), that cost could be folded into the administrative rate of the good. If the storage space was purchased, this would not be an allowable use of administrative dollars.*

Landlord Responsibilities

- **Q:** What are examples of housing adaptations that would normally be considered landlord responsibilities?
 - **A:** *ACOs should consult the appropriate state and local law to determine landlord responsibilities.*

Examples of Allowable Home Modifications

- **Q:** What are some example goods under home modifications?
 - **A:** *Some examples of allowable home modifications include refrigerators for storing insulin, grab bars, traction or non-skid strips, remediation of mold, and HEPA filters. An additional list can be found in Section 2.1.2.3 of the PY3 FS Guidance Document (Version 1.0). While these goods are allowable under the home modifications category, ACOs will still need to get any proposed goods or services approved by MassHealth before they can be offered to members.*

Pre-Tenancy Supports Eligibility

- **Q:** Do members need to already be experiencing homelessness in order to be eligible for pre-tenancy supports or could they be at-risk of homelessness?
 - **A:** *Members do not need to be experiencing homelessness in order to receive pre-tenancy supports – individual supports. They may be at-risk of homelessness to receive these supports. However, the member does need to be experiencing homelessness, based on the definition provided in **Section 1.2.1** of the PY3 FS Guidance Document (Version 1.0), to receive pre-tenancy transitional services (e.g. first/last rent, moving expenses, etc.).*
- **Q:** Who is eligible for Emergency Assistance (EA)? Can members living in EA shelters receive Flexible Services pre-tenancy supports to help them obtain and move into housing?
 - **A:** *[Emergency Assistance Shelters or EA](https://www.mass.gov/how-to/find-emergency-family-shelter) is the shelter system for certain eligible families in Massachusetts. Members receiving EA services are not eligible for FS pre-tenancy or transitional supports because they are duplicative with FS. Please visit the EA website to learn more information: <https://www.mass.gov/how-to/find-emergency-family-shelter>*

- **Q:** Are individuals 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) be eligible for Flexible Services?
 - **A:** *Members living in a public or privately-operated temporary shelter meet the experiencing homelessness eligibility criteria according to **Section 1.2.1** of the PY3 FS Guidance Document (Version 1.0). However, Flexible Services may not duplicate existing services provided and paid for in any temporary shelter system, including the full range of pre-tenancy supports, and tenancy sustaining services provided by the EA Shelter system. Funds could be used to pay for pre-tenancy and tenancy sustaining services for members who are in non-EA shelters that do not provide these services.*

Documenting Non-Duplication in the FS Full Participation Plan (FPP) and Emergency Assistance (EA):

- **Q:** How should ACOs address non-duplication in regard to EA?
 - **A:** *If ACOs are planning to support families who are experiencing homelessness, they should first confirm that such families are not eligible for EA. ACOs should document this in the "Non-Duplication of Services" section of the FPP. Additionally, ACOs should include the process by which they confirm members are not EA eligible (e.g., SSO partner will confirm ineligibility prior to delivering FS).*

2. Nutrition Sustaining Supports Domain

Nutrition Vouchers:

- **Q:** Can an ACO pay for a member's groceries through Flexible Services?
 - **A:** *Groceries are an allowable use of FS dollars. However, ACOs cannot reimburse a member's grocery bills (or any bills). Rather, an ACO should use vouchers or other non-cash systems to provide groceries.*

Documenting Non-Duplication in the FS Full Participation Plan (FPP) and SNAP Referrals:

- **Q:** How should ACOs address non-duplication in regard to SNAP referrals?
 - **A:** *ACOs should document this information in the "Non-Duplication of Services" section of the FPP. For programs providing nutrition goods or services, an ACO must explain how it is referring members to SNAP, and if they are partnering with another entity for SNAP outreach and enrollment, and identify who that partner entity is, in the non-duplication section.*

Payment for SNAP/WIC under Flexible Services

- **Q:** What can FS funds cover in regard to SNAP and WIC?
 - **A:** *ACOs may not use FS funds to cover referrals or navigation of members to agencies for SNAP or WIC for initial enrollment. However, FS funds may cover services related to the ongoing monitoring of SNAP and/or WIC enrollment. FS funds may also be used to supplement SNAP or WIC. For example, an ACO could use Flexible Services to provide the member with the additional food needed to eliminate or further reduce nutritional deficiencies. SSOs may use FS funds to cover referrals or navigation to agencies for SNAP or WIC enrollment. FS dollars may not be used by any entity to support the completion of SNAP or WIC enrollment applications.*

Allowable Nutrition Services and Goods

- **Q:** What are some examples of allowable nutrition services/goods?
 - **A:** *Some examples of allowable nutrition services and goods include medically tailored meals, individualized nutrition assessments and counseling, and nutrition education*

classes to promote management or improvement of diabetes or other diet related chronic illness.

Funding Existing Programs with Flexible Services Funding

- **Q:** If a nutrition education class already exists, can FS dollars be used to fund a spot in the class versus expanding with new spots overall?
 - **A:** *ACOs may propose funding open spots in the existing nutrition education class, or creating additional, new spots in the class.*

3. Full Participation Plans

Full Participation Plan (FPP) Organization

- **Q:** How should ACOs organize their Full Participation Plans (FPPs) when proposing multiple FS programs?
 - **A:** *An ACO has only one FPP for Flexible Services 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 2 housing programs and 2 nutrition programs, it would have one FPP that had four separate "Individual Programs" sections.*
 - *If an ACO is providing the same service through multiple SSOs, the ACO should still have separate Individual Program sections for each SSO. For example, if ACO A contracts with SSO 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.*
- **Q:** If the ACO is delivering some or all of an FS program internally, do they need to complete the Program Operating Model Qualifications section?
 - **A:** *Yes, the ACO must complete Program Operating Model qualifications section, responding to all relevant sub-questions in **Section 8.4.C.d** of the PY3 FS Guidance Document (Version 1.0) detailing the ACO or sub-internal organization's experience and capacity delivering the outlined services and working with the target population.*
- **Q:** Does the ACO need to complete the Program Operating Model section for every SSO providing FS goods or services?
 - **A:** *The ACO should complete the Program Operating Model - qualifications section for every SSO that is providing FS goods or services even if the ACO does not contract directly with a given SSO. The exception to this is if the entity delivering a good is acting in a vendor capacity. For example, if an SSO is providing a home assessment for home modifications and determines the member needs a wheelchair ramp, the SSO may have a vendor install the wheel chair ramp and that vendor would not need to be included in the qualifications section.*

Sharing Relevant FPP Sections with SSO partners

- **Q:** Do ACOs have to share the relevant sections of their FPP with their SSO partners prior to submission and after approval?
 - **A:** *ACOs working with external SSO partners must share the portions of the "Individual Programs Section" of their FPP relevant to a particular SSO with that SSO prior to submission to MassHealth for review and upon final approval. ACOs do not need to include any information pertaining to other SSOs.*

Including Flexible Services in the overall DSRIP Full Participation Plan (FPP)

- **Q:** How will the Flexible Services sections of the (DSRIP) Full Participation Plan, Budget, and Budget Narrative, be included in the overall DSRIP FPP?
 - **A:** *The Flexible Services section of the FPP, Budget, and Budget Narrative is considered a part of an ACO's overall FPP submission (Attachments H, I, and J).*

However, it is currently submitted to the Executive Office of Health and Human Services on a different timeline.

4. Budget and Budget Narrative (BBN)

Budget Development

- **Q:** Should ACOs submit one budget line item for services provided by multiple SSOs?
 - **A:** *When developing budgets for ACO FS programs, each SSO delivering Flexible Services and their associated expenditures should have a separate line item in the budget.*

Budget Narrative

- **Q:** Should each line item include its own administrative rate?
 - **A:** *No. ACOs should include an overall admin rate for each program rather than an administrative rate for each line item. Note that this administrative rate should only be included in the Budget Narrative, and should not be included in the Budget spreadsheet.*

Definition of Units

- **Q:** What constitutes a unit when describing goods and services?
 - **A:** *As detailed in **Section 5.5.2** of the PY3 FS Guidance Document (Version 1.0), ACOs are required to provide units of services and goods associated with a member's Flexible Services plan in the Verification, Planning, and Referral (VPR) Form. ACOs and SSOs may work together to determine the type of units that are appropriate for the overall services and goods as well as for a particular member. Units may be measured in several ways including, but not limited to: time (e.g., three months of housing stabilization, six months of medically tailored meals), amount of services (e.g., five cooking classes), dollars (voucher equivalent to \$20 for produce), or bundles (e.g., high touch housing search and stabilization package). In determining how to set units, ACOs may think about what information an SSO would need to provide goods and services to a member and bill the ACO appropriately.*

Flexible Services Funding Reconciliation

- **Q:** MassHealth used ACO member counts as of January 1, 2019 (i.e. the first day of Performance Year 2) to calculate ACO Flexible Services funding allocation for PY3 (i.e., CY2020). How will MassHealth account for the potentially substantive differences between the member counts as of 1/1/2019 and the actual member counts during CY2020?
 - **A:** *MassHealth will reconcile the PY3 ACO member counts during its funding allocation process for PY4. Please see the ACO's PY3 Flexible Services Funding Notification Letter for more details (Section II.2).*

Flexible Services Funding Allocation Timeline

- **Q:** Once an ACO's PY3 FS budget is approved, how will the funding be distributed? If the ACO's PY3 FS budget includes costs for a program that will launch in Q2 PY3, will the ACO's Q1 payment account for the program launching in Q2?
 - **A:** *In general, the ACO's Q1 payment will account for the program launching in Q2. MassHealth's approval of the ACO's PY3 FS budget is for the entire year, and MassHealth expects the ACO to appropriately manage its expenses within the quarterly payment schedule, regardless of when programs are set to launch. Furthermore, if an ACO were to seek and obtain approval to increase its budget during the year, an ACO would see that increase reflected in the quarterly payments following approval. The timing and distribution of payments are subject to change based on a variety of factors including approval of plans. For more information on this topic, please refer to **Section 3** of the PY3 FS Guidance Document (Version 1.0).*

5. Member Eligibility Screening and Use of Verification, Planning, and Referral (VPR) Forms **VPR Form Transmission**

- **Q:** How often do VPR forms need to be sent to MassHealth?

- **A:** VPRs do not need to be sent to MassHealth but MassHealth reserves the right to audit VPR forms. See Section 5.3 of the PY3 FS Guidance Document (Version 1.0) for more information.
- **Q:** How often do ACOs and SSOs need to complete the VPR form and VPR Follow-Up Form?
 - **A:** In terms of transmission of the VPR form, an ACO should send a VPR to an SSO each time it refers a member for a service. However, in order to reduce the administrative burden of frequently producing VPR forms, MassHealth will not require transmission of the VPR Follow-Up Form each time an individual service has been delivered (e.g. meals, nutrition education, home modifications), since this would be a frequent occurrence (e.g. on a daily or weekly basis). The VPR Follow-Up Form should be completed by the SSO and sent to the ACO at the end of the Flexible Services delivery period. For example, if an SSO is delivering medically-tailored meals (MTM) to members as part of a 6-month nutrition intervention program, the SSO may complete and send the VPR Follow-Up Form to the ACO once at the end of the 6-month MTM delivery period. ACOs and/or CPs must keep VPR forms or records in a central location accessible to the individuals managing the member's FS care.

Integration of VPR Form into Electronic Systems

- **Q:** Can ACOs build the VPR form into existing electronic systems? Does it need to be identical to the VPR?
 - **A:** For ACOs that prefer to build the VPR form into their own dashboard or electronic system, ACOs must maintain the same language of the questions listed in the form and use the questions provided in the same order as they appear in the VPR form. ACOs should contact their Flexible Service Point of Contact for questions or concerns.
- **Q:** Does the VPR form need to display non-applicable options for questions such as the health needs-based criteria or risk factor? For example, if the target population of an FS program is not screening for behavior health need, does that need to be included?
 - **A:** No, non-relevant options for questions may be removed from the form.

6. Preparation Period

Attestation Requirements for ACO-CP and SSO-ACO Partnerships

- **Q:** If an ACO is contracting with a CP for purposes of an ACO-CP Partnership as well as an SSO, does the ACO need to fill out both attestation forms?
 - **A:** Not necessarily. If an ACO and CP/SSO are utilizing one contract, they can submit one attestation and indicate that they have one combined contract.

Program Integrity Requirements

- **Q:** What information should an ACO include in its program integrity plan submission(s) related to vouchers/gift cards/passes that a member could receive for nutrition support services or transportation to a Flexible Service?
 - **A:** If an ACO is directly providing a voucher to a member that could potentially be inappropriately used (e.g., selling a transportation voucher or Charlie Card to somebody else), the ACO must submit a program integrity plan that includes both a plan to prospectively ensure appropriate usage of the voucher, gift card, or pass (e.g., indicating the destination on a transportation voucher) and retrospectively validating that the voucher was used appropriately on transportation to FS (e.g. conducting an audit to ensure members attended appointments for which the voucher was provided).

Member-Facing Materials

- **Q:** What kind of materials should be submitted to MassHealth for review?
 - **A:** New materials about the program that are either FS-specific or general description of services that FS members will receive as well as existing materials that were repurposed/altered for FS. There are two types of member-facing materials. Materials that are used as part of the Flexible Services intervention itself (e.g., heating instructions for meals, delivery information, etc.) do not need to be

reviewed/approved by MassHealth. However, member-facing materials that are inherently programmatic and intended to inform ACO members about the program (i.e., Flexible Services Program welcome letter, informational materials such as pamphlets, call scripts used for outreach and/or to respond to member inquiries, etc.) must be reviewed/approved by MassHealth prior to program launch, during the Preparation Period, whether developed by ACOs, CPs, or SSOs.

- **Q:** Do ACO call center scripts need to be included as member-facing material?
 - **A:** Yes, call center scripts must be reviewed by MassHealth as member-facing materials. MassHealth's Customer Service Resource Center will be providing members who ask in-depth questions about Flexible Services with ACO phone numbers to obtain support on Flexible Services thus an appropriate call center script is important.

- **Q:** What phone number should ACOs include in member-facing materials?
 - **A:** Member-facing materials that are inherently programmatic and intended to inform targeted, potentially FS eligible ACO members and those screened eligible about the FS program should provide the ACO Call Center or other relevant referral number for the program. Materials that are developed to be distributed to a broader public audience, which could include non-ACO members or non-FS eligible members, must follow the marketing material guidelines in the ACO Contract, which includes the requirement to list the MassHealth Customer Service Center phone number among other requirements.

7. Other

Upcoming Submission Dates

- **Q:** When can ACOs submit new program proposals to MassHealth after Cycle 2 submissions on March 2, 2020?
 - **A:** Please note the following deadlines for future quarterly program submissions to MassHealth:
 - **2020 Programs Cycle 3: FS FPP and BBN due to MassHealth on June 1, 2020.**
 - **2021 Programs Cycle 1: FS FPP and BBN due to MassHealth on September 1, 2020.** All programs that ACOs intend to launch in January 2021 **must be submitted** by the 2021 Programs Cycle 1 deadline. In addition, any current programs that ACOs would like to continue in 2021 must be included in the re-submitted FPP and BBN on September 1, 2020 for review and approval by MassHealth. More information with detailed review and approval timelines will be released in advance of 2020 Cycle 3 and 2021 Cycle 1 submission deadlines. There will be **no Q4 2020 submission opportunity** for 2020 or 2021 FS programs as MassHealth will be reviewing all of CY 2021 plans and BBNs, both net new and current, during this period.

Transportation Guidance

- **Q:** Is coordinating and setting up transportation considered an allowable FS service for ACOs?
 - **A:** Coordinating and setting up transportation for a member is an allowable FS cost for ACOs and SSOs. It should be factored into the overall cost of providing transportation for the member to an allowable housing or nutrition service.

- **Q:** Is transportation considered a good or service? Is the provider of transportation a vendor or SSO?
 - **A:** Transportation is considered a good. The provider of transportation is a vendor.

Appeals Process

- **Q:** Do ACOs need to implement an appeals process for members who want to appeal a denial for receiving Flexible Services?

- **A:** No, ACOs are not required to implement an appeals process. However, members should have access to the ACO's contractually required grievance process.

Amending FPP/BBN following approval due to material / non-material changes to Flexible Services Program(s)

- **Q:** If an ACO is interested in making updates to their Flexible Services program following FPP and BBN approval (e.g. adding a new service or building onto an existing service), would a new FPP or BBN submission be required?
 - **A:** Depending on the nature of the programmatic change proposed, amendments to the FPP or BBN may be considered either non-material or material deviations. How an ACO goes about updating their FPP and BBN depends on the type of revision being made.
 - **No Pre-approval Required** – for some non-material deviations, an ACO will not be required to receive approval from MassHealth prior to making amendments. Instead, amendments should be submitted with the ACO's next Progress Report submission or formal modification request. Non-material deviations that require no pre-approval include:
 - Updating Program Milestones in the Full Participation Plan
 - Reallocating approved funding among approved line items up to \$100K
 - **Informal Approval** - Other non-material deviations will require an informal sign-off from MassHealth via email. Informal approval requests may be submitted on a rolling basis. Amendments that have received informal email sign-off from MassHealth should be made to the Full Participation Plan/BBN in the ACO's next Progress Report Submission or formal modification request. Non-material deviation requests that require informal pre-approval includes:
 - Changing Payment Mechanisms to the SSO (e.g., Fee For Service, Bundle); and
 - Reallocating approved budget amount among approved line items between \$100K and \$250K
 - **Formal Approval** – Material deviations will require formal approval from MassHealth and require a modification request. Modification requests may be submitted on a quarterly basis beginning on March 2, 2020 on the same cycle of the program submission cycle. Material deviation requests that require formal approval include:
 - Adding services or goods
 - Changing the target population
 - Adding an SSO
 - Changing Program Goals
 - Changing Evaluation Measures
 - Increasing or Decreasing the ACOs total PY3 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 or program
 - Please contact your Flexible Services Point of Contact if you are unsure if your proposed change is a material or non-material deviation.