

# Health Related Social Needs (HRSN) November Stakeholder Meeting

November 2023

# Goals for November Stakeholder Meeting



## Today's Goals

- Provide a refresher on Specialized Community Support Program (CSP) and the Flexible Services Program (FSP), and an outline of anticipated housing and nutrition services as MassHealth implements Specialized CSP and FSP under the Health-Related Social Needs (HRSN) framework in January 2025.
- Describe MassHealth managed care and how HRSN Services integrate into this model including payment arrangements
- Describe key program updates and information on the anticipated timeline for next steps and further engagement leading up to the launch of HRSN Services in January 2025.
- Answer stakeholder questions on HRSN Implementation and receive feedback to inform decisions for HRSN Services.

# Guidance for Participants for Virtual Meetings



- ✓ This meeting is open to the public.
- ✓ You are welcome to share comments or questions using the “**Chat**” feature.
- ✓ For the first portion of the session, your microphone will be disabled. Please hold your questions and comments until the facilitator opens the meeting for participation.
- ✓ Towards the end of the session, we will open it up for comments and questions.
- ✓ Slides will be posted after the meeting. Link will be sent following the meeting.



# ***Refresher: Flexible Services and Specialized CSP*** **Background and Context**



# Health Related Social Needs (HRSN) Framework Goals



- 1** Seek to improve health outcomes and reduce long term total cost of care (TCOC).
- 2** Ensure whole person coordinated care for members by connecting and providing members with the most appropriate healthcare and social services at the right time.
- 3** Reduce health disparities in the Commonwealth.

# Specialized CSP Background and Context



- As of **April 1, 2023**, MassHealth implemented three Specialized Community Supports Programs (Specialized CSPs) addressing homelessness, housing instability, and justice involvement. Services are provided to eligible managed care and MassHealth Fee-for-Service members with BH diagnoses.
  - **Specialized CSP for Homeless Individuals (CSP-HI)**: pre-tenancy and tenancy sustaining services for members who are (1) chronically homeless; or (2) homeless and frequent users of acute MassHealth services.
    - Specialized CSP-HI is an expansion of the previous Specialized CSP for Chronically Homeless Individuals (CSP-CHI), also known as CSPECH
  - **Specialized CSP Tenancy Preservation Program (CSP-TPP)**: tenancy sustaining services for members who are facing eviction due to behavior related to a disability
  - **Specialized CSP for Individuals with Justice Involvement (CSP-JI)**: community supports to eligible members after release from incarceration or detention and for individuals on probation or parole who are experiencing barriers to accessing or consistently using medical and behavioral health services.

# Flexible Services Program (FSP) Background and Context



- FSP launched in 2020 under the previous 1115 demonstration waiver as a focused, voluntary program through which MassHealth Accountable Care Organizations (ACOs) piloted targeted evidence-based programs to address certain eligible members' HRSNs.
- FSP supports MassHealth members experiencing nutrition insecurity, members who are at risk of homelessness, or members experiencing homelessness by providing **nutrition** and **housing services**. **ACOs partner with Social Service Organizations (SSOs)**, which include nutrition and housing community-based organizations, to provide these services.
  - **Nutrition Services include** (but are not limited to): medically tailored meals, food prescriptions, nutrition education and counseling, and kitchen supplies.
  - **Housing Services include** (but are not limited to): housing search, tenancy sustaining supports, transitional goods (e.g., first month's rent, moving costs, utility arrears).
  - **From January 2020 to March 2023, FSP provided nearly 82,000 goods and services to almost 30,000 unique members.**
    - **Nutrition – 23,900 members**
    - **Housing – 9,438 members**
- **Between April 1, 2023 – December 31, 2024**, FSP will continue to operate as it did during the previous 1115 demonstration waiver (i.e., grant-based approach) with **increased programmatic expectations for ACOs**. MassHealth now **requires ACOs to participate and to offer** at least one nutrition and one housing program as well as serve minimum numbers of members and children.



# Overview of the Anticipated Framework for HRSN Services for ACOs





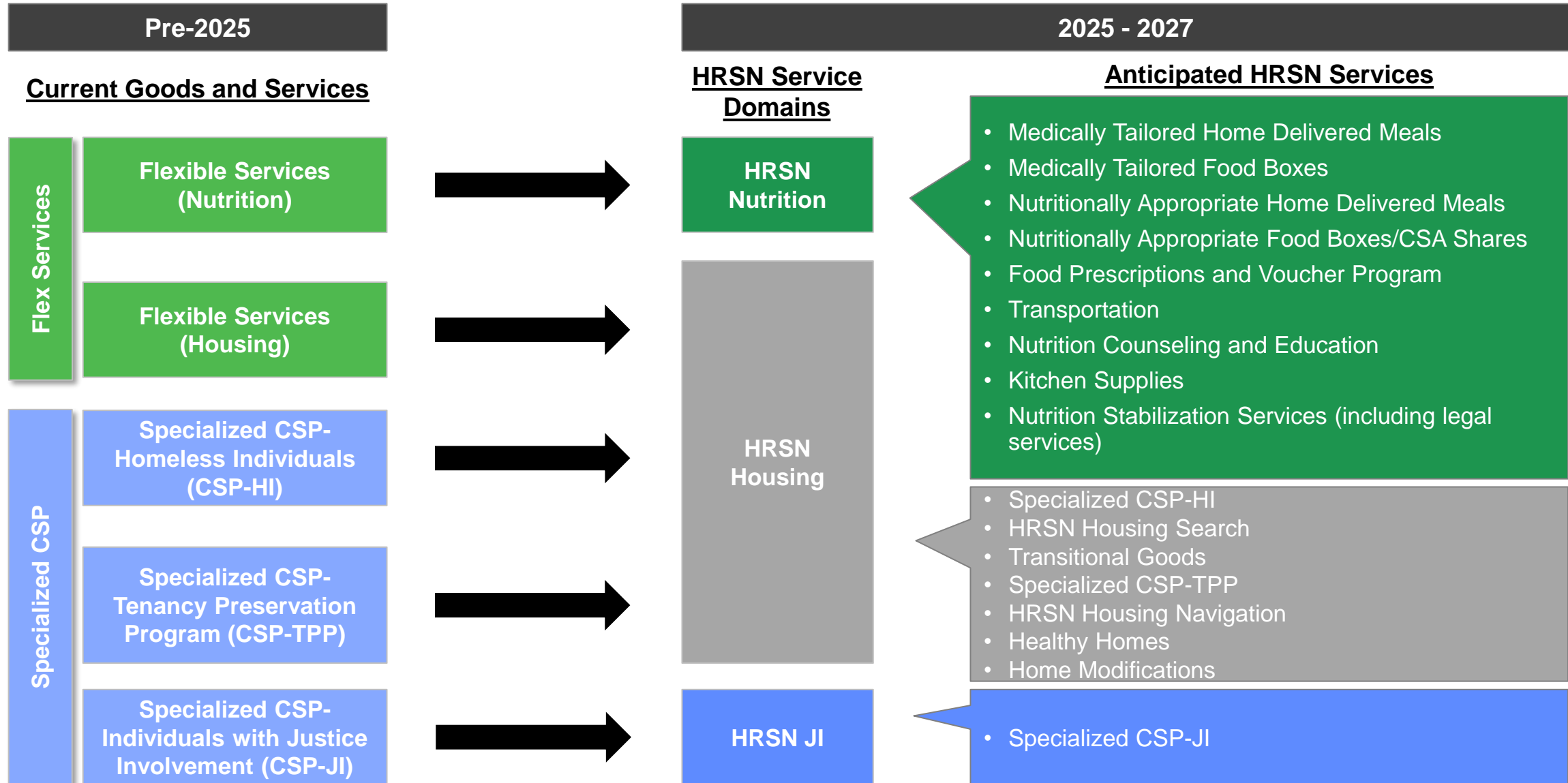
# HRSN Services Framework in 2025 and Beyond



- In September 2022, CMS approved MassHealth’s 1115 demonstration waiver renewal, which included re-authorization and changes to both FSP and Specialized CSP services.
  - As part of this approval, CMS required MassHealth to implement FSP through the **managed care delivery system starting in 2025**.
- As of January 1, 2025, MassHealth anticipates that Specialized CSP-HI, Specialized CSP-TPP, Specialized CSP-JI, and FSP will be combined into a **new HRSN Services framework** (i.e., HRSN Housing, HRSN Nutrition, HRSN JI).
- Under the **HRSN Services framework**, MassHealth anticipates providing a **standard list of services**. MassHealth will set standards for these services (e.g., rates, member eligibility, provider qualifications).
  - **HRSN JI** will encompass **Specialized CSP-JI** as currently provided.
  - **HRSN Housing** will encompass the following services:
    - **Specialized CSP-HI and Specialized CSP-TPP** as currently provided.
    - **Supplemental HRSN Housing Services** for eligible ACO members that were previously available under FSP. ACOs will be required to provide at least one supplemental HRSN Housing Service to eligible members.
      - Note: ACO provision of supplemental HRSN Housing Services will be subject to funding availability, among other considerations.
  - **HRSN Nutrition** will encompass **supplemental HRSN Nutrition Services** for eligible ACO members that were previously available under FSP. ACOs will be required to provide at least one supplemental HRSN Nutrition Service to eligible members.
    - Note: ACO provision of supplemental HRSN Nutrition Services will be subject to funding availability, among other considerations.



# Overview of the Anticipated Framework for HRSN Services for ACOs





# Required vs. Supplemental ACO HRSN Services

Beginning in 2025, MassHealth will classify each ACO HRSN Service as one of two “service types”:

## ACO HRSN Required Services

ACOs must provide this service to all eligible members.

## ACO HRSN Supplemental Services

ACOs must offer at least two supplemental services (one housing, one nutrition). ACOs can decide which of the services they wish to offer. Once the ACO offers the service, it must be offered to all eligible members, **subject to funding availability**. If an ACO does not have enough funding to offer these services to all eligible members, they must maintain a waitlist.

# HRSN Nutrition Overview: Anticipated Future State of Services



## HRSN Nutrition Services 2025-2027:

- FSP nutrition services will be categorized under **HRSN Nutrition Services**.
- HRSN Nutrition Services are all supplemental services. ACOs will choose which **services to provide off a standard list of services**.
- ACOs must choose **at least one primary HRSN Nutrition Service** to provide all eligible members, subject to funding availability.
- Each **HRSN Nutrition Service** will be categorized as either a **primary or secondary Nutrition Service**. A member must be receiving a primary HRSN Nutrition Service to receive a secondary HRSN Nutrition Service.

## Anticipated MassHealth HRSN Nutrition Services

### PRIMARY NUTRITION SERVICES

#### Home Delivered Meals

Medically Tailored Home Delivered Meals

Nutritionally Appropriate Home Delivered Meals

#### Medically Tailored or Nutritionally Appropriate Food Prescriptions

Medically Tailored Food Boxes/CSA Shares

Nutritionally Appropriate Food Boxes/CSA Shares

Food Prescriptions and Voucher Program

#### Nutrition Stabilization Services

Application Assistance

### SECONDARY NUTRITION SERVICES

Kitchen Supplies

Nutrition Education

Transportation

# HRSN Housing Overview: Anticipated Future State of Services



## HRSN Housing Services 2025-2027:

- FSP housing services will **combine** with Specialized CSP-HI and Specialized CSP-TPP services under a new **HRSN Housing Services** domain. Specialized CSP-HI and CSP-TPP will be **required HRSN Housing Services**.
- ACOs **must provide all required HRSN Housing Services** to eligible members.
- ACOs must choose **at least one supplemental HRSN Housing Service** to provide eligible members, subject to funding availability.

## Anticipated MassHealth HRSN Housing Services

FOR MEMBERS EXPERIENCING HOMELESSNESS

FOR MEMBERS AT RISK OF HOMELESSNESS

FOR MEMBERS LIVING IN HOUSING THAT IS UNHEALTHY, INACCESSIBLE, OR UNSAFE



KEY:

Anticipated Required Service

Anticipated Supplemental Service

\*Healthy Homes services also support MassHealth's and the Commonwealth's commitment to mitigating the effects of climate change on the health of our members. For example, members that meet all eligibility criteria for a Healthy Homes service could receive environmental interventions to address a medical need, such as an air conditioner to help control asthma exacerbated by higher heat levels, or an air filter to help control asthma exacerbated by air polluted by wildfire smoke.

Note: The required or supplemental designation for a service is subject to change.



# Overview of MassHealth Accountable Care Organizations and Payment Arrangements



# Overview of MassHealth Managed Care and ACOs



**Managed Care is a health care delivery model that aims to manage health care costs, while improving quality and health outcomes for members. Accountable Care Organizations (ACOs) are a type of managed care organization.**

- ACOs are health care organizations that are rewarded for better **health outcomes, lower costs, and improved member experience.**
- **ACOs and the health care providers** they work with **are accountable for the quality and total cost of care (TCOC).**
  - ACOs share in savings generated (upside risk) or in losses (downside risk) **and are financially accountable** for performance on specific quality measures. Financial performance is determined relative to an annual TCOC benchmark.
  - ACOs are responsible for achieving higher quality care and lower costs through team-based care coordination. ACOs are also responsible for taking a **whole person view** of their members, including members' physical health, behavioral health, long-term care needs, and **health related social needs.**
- MassHealth ACOs serve members under 65 who are not also enrolled in Medicare or other insurance.
- MassHealth members in an ACO select, or are assigned to, a specific primary care provider and have access to networks of specialty providers (e.g., hospitals, specialists, behavioral health providers) that participate in their ACO's plan.
- ACOs represent a wide range of provider systems: Hospital-based and community primary care-based ACOs; large, statewide and regional ACOs; and provider-led and provider-health plan partnership ACOs.

# MassHealth ACO Models



MassHealth's ACO program has two different models – Accountable Care Partnership Plans and Primary Care ACOs.

Delivery System	Structure	Network	Payment/Risk	Responsibility for claims processing
<b>Accountable Care Partnership Plans (ACPPs or Model A)</b>	<ul style="list-style-type: none"> <li>Integrated partnership between a managed-care organization (MCO) and provider-led entity (ACO Partner)</li> </ul>	<ul style="list-style-type: none"> <li>Health plan (i.e., MCO) contracts with a network of providers</li> <li>Members may only see a PCP contracted with their specific ACO</li> </ul>	<ul style="list-style-type: none"> <li>Per member/per month (PMPM) capitated rate paid to the ACPP</li> <li>Retrospective shared gains/losses reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>Health plan</li> </ul>
<b>Primary Care ACO (PCACOs or Model B)</b>	<ul style="list-style-type: none"> <li>Advanced provider-led entity contracts directly with MassHealth</li> </ul>	<ul style="list-style-type: none"> <li>MassHealth FFS provider network</li> <li>PCACOs may establish a referral circle</li> <li>Members may only see a PCP contracted with their specific ACO</li> <li>Behavioral health services provided through Massachusetts Behavioral Health Partnership (MBHP), MassHealth's managed care BH vendor</li> </ul>	<ul style="list-style-type: none"> <li>Benchmark set for PCACO annually</li> <li>Retrospective shared savings/ losses reconciliation</li> </ul>	<ul style="list-style-type: none"> <li>MassHealth (for medical services)</li> <li>Massachusetts Behavioral Health Partnership (for BH services)</li> </ul>

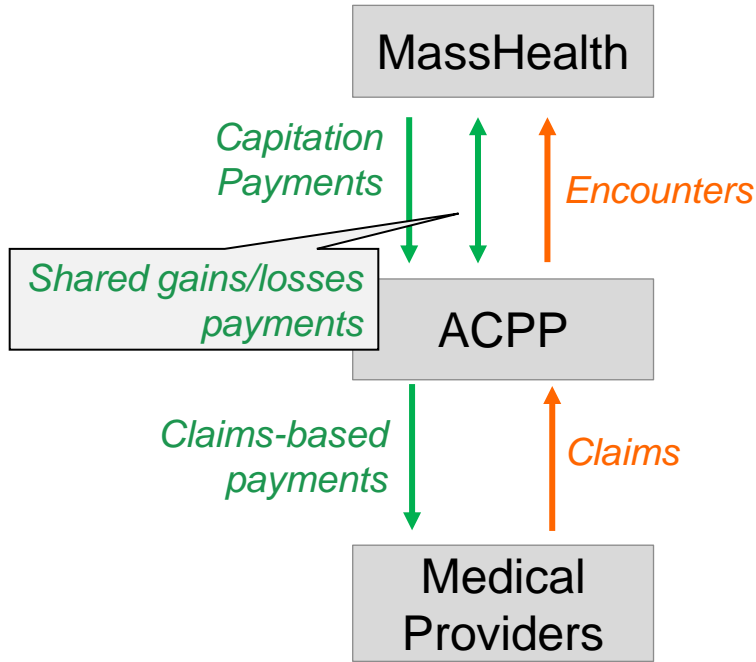


# ACO Payment Arrangements

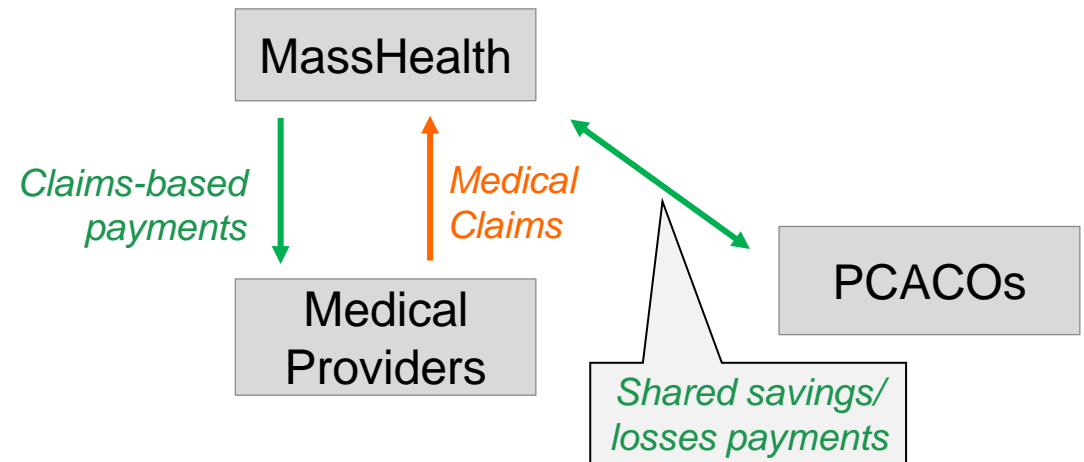


ACPPs and PCACOs are paid by MassHealth via different payment arrangements and bear different types of risk.

## Accountable Care Partnership Plans\*



## Primary Care ACOs\*,†



**Key:**  
— Indicates Payment-Related Flows  
— Indicates Claims/ Encounters

\* Note: these diagrams only depict certain payments between entities.

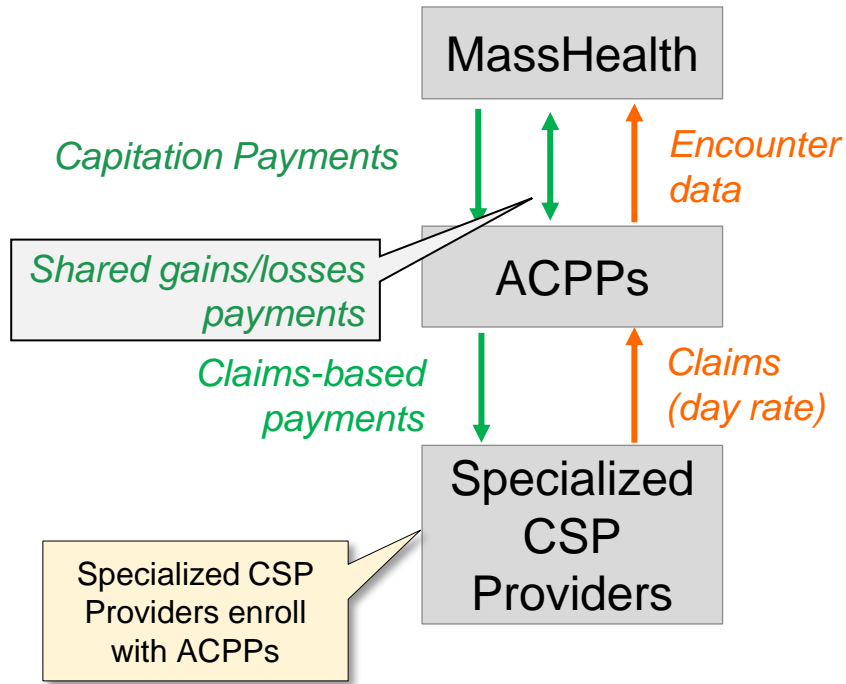
† BH providers that provide members BH services submit BH claims to MassHealth’s managed care BH vendor, as described on Slide 15.

# Current Specialized CSP Payment Methodology for ACOs through 12/31/24

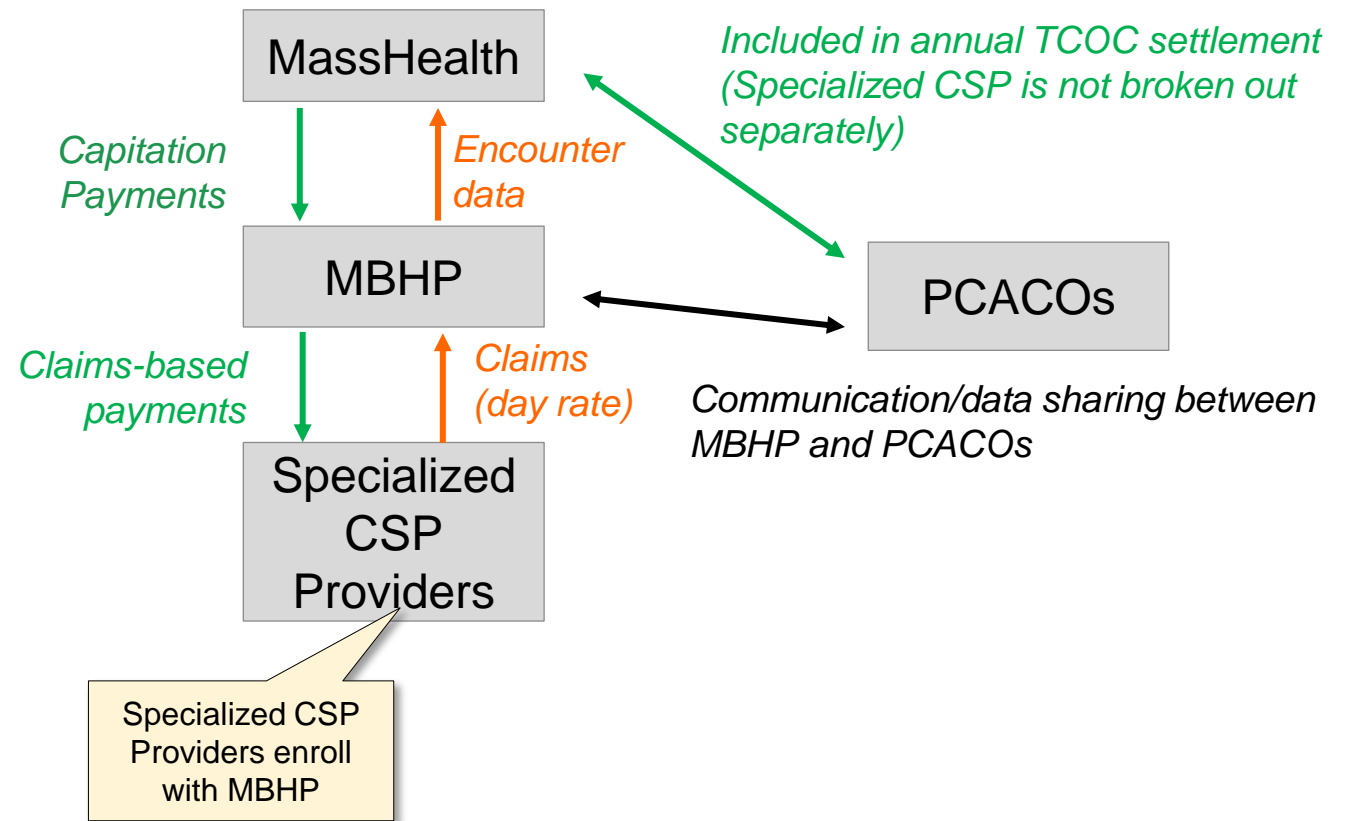


Specialized CSP services are paid for via capitated payments to either Accountable Care Partnership Plans or to Massachusetts Behavioral Health Partnership (MBHP) for Primary Care ACO members.

## Accountable Care Partnership Plans\*



## Primary Care ACOs\*



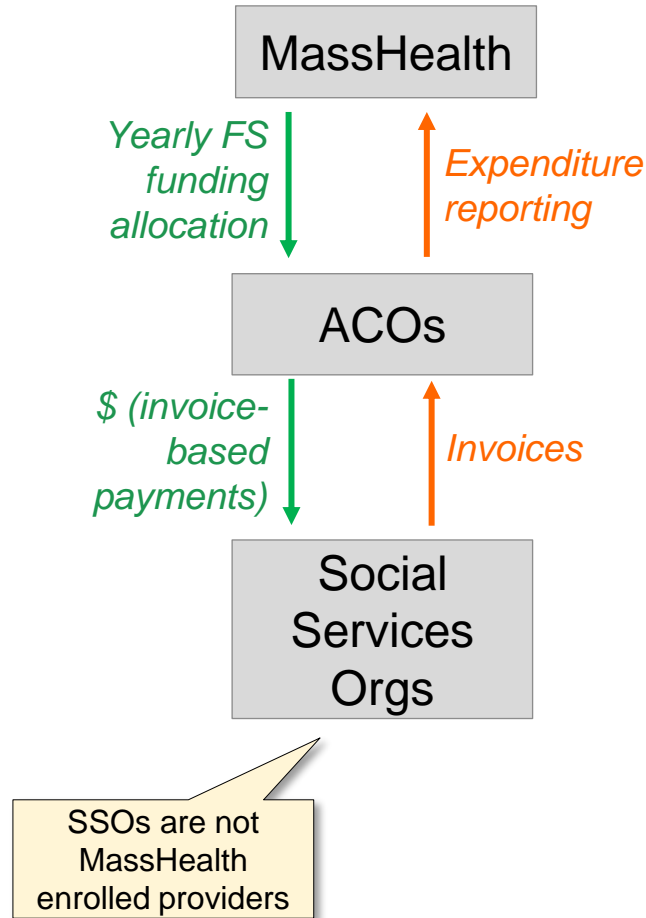
- Key:**
- Indicates Payment-Related Flows
  - Indicates Claims/ Encounters
  - Indicates Coordination

\* Note: these diagrams only depict certain payments between entities.



# Current Flexible Services Payment Methodology for ACOs through 12/31/24



Flexible Services are paid for via a grant-like approach for both ACPPs and PCACOs.



Key:

-  Indicates Payment-Related Flows
-  Indicates Claims/ Encounters

# Current State (pre-2025) Interaction between MassHealth ACOs and FSP



Interaction between MassHealth ACOs and FSP <i>Current State (pre-2025)</i>	
<b>Service Providers</b>	<ul style="list-style-type: none"> <li>• SSOs contract with ACOs as material subcontractors.</li> <li>• SSOs do not enroll or contract directly with MassHealth.</li> <li>• SSOs must meet various MassHealth and ACO requirements to offer Flexible Services.</li> </ul>
<b>Data/Claims Submission</b>	<ul style="list-style-type: none"> <li>• SSOs provide ACOs data on members served and services provided.</li> <li>• ACOs submit data to MassHealth on Excel spreadsheets through OnBase (document management platform).</li> </ul>
<b>Network Adequacy Requirements</b>	<ul style="list-style-type: none"> <li>• ACOs choose which services to offer and where.</li> <li>• No minimum coverage or provider contracting requirement for ACOs</li> </ul>
<b>Payment Arrangements</b>	<ul style="list-style-type: none"> <li>• ACOs and SSOs determine payment arrangements and amounts.</li> <li>• Payment arrangements may include prospective lump sum, fee for service, or bundled payments.</li> <li>• MassHealth provides Flexible Services funding to ACPPs and PCACOs in a grant-like manner. For fee for service payments made by ACOs to SSOs:               <ol style="list-style-type: none"> <li>1. SSOs <b>submit invoices</b> to ACOs.</li> <li>2. ACOs pay SSOs <b>invoice-based payments</b> from the ACOs' yearly funding allocations received from MassHealth.</li> <li>3. ACOs submit expenditure data to MassHealth.</li> </ol> </li> </ul>



# How HRSN Services Fit Into Managed Care



# FSP After Moving into ACO Managed Care Framework and Becoming HRSN Services



Anticipated FSP After Moving into Managed Care (Subject to CMS Approval) Starting January 2025 <i>Note: Specialized CSP will remain operationally the same for ACO and non-ACO population</i>	
<b>Service Providers</b>	<ul style="list-style-type: none"> <li>• SSOs become HRSN Providers.</li> <li>• HRSN Providers <b>will enroll</b> with ACPPs and/or MBHP (administering services on behalf of PCACOs).</li> <li>• HRSN Providers are not required to enroll as FFS providers with MassHealth to participate in managed care but must be “known” to MassHealth through a MassHealth-determined process.</li> <li>• HRSN Providers must meet various MassHealth, ACO, and MBHP requirements to offer services.</li> </ul>
<b>Data/Claims Submission</b>	<ul style="list-style-type: none"> <li>• HRSN Providers submit claims to ACPPs and MBHP. ACPPs and MBHP submit claims data as “encounters” to MassHealth.</li> </ul>
<b>Network Adequacy Requirements</b>	<ul style="list-style-type: none"> <li>• ACOs must meet network adequacy requirements, as set forth by MassHealth, to ensure members have access to services and providers.</li> </ul>
<b>Payment Arrangements</b>	<ul style="list-style-type: none"> <li>• HRSN Providers will <b>submit claims</b> to ACPPs or MBHP and receive retrospective <b>claims-based payments</b> for HRSN Services from ACPPs or MBHP.</li> <li>• Pricing for HRSN Services will be established by MassHealth.</li> <li>• ACPPs and MBHP receive monthly capitated payments, which will be used to pay HRSN Providers for services rendered.</li> </ul>

# Payment Structure for HRSN Services in 2025 for ACPPs

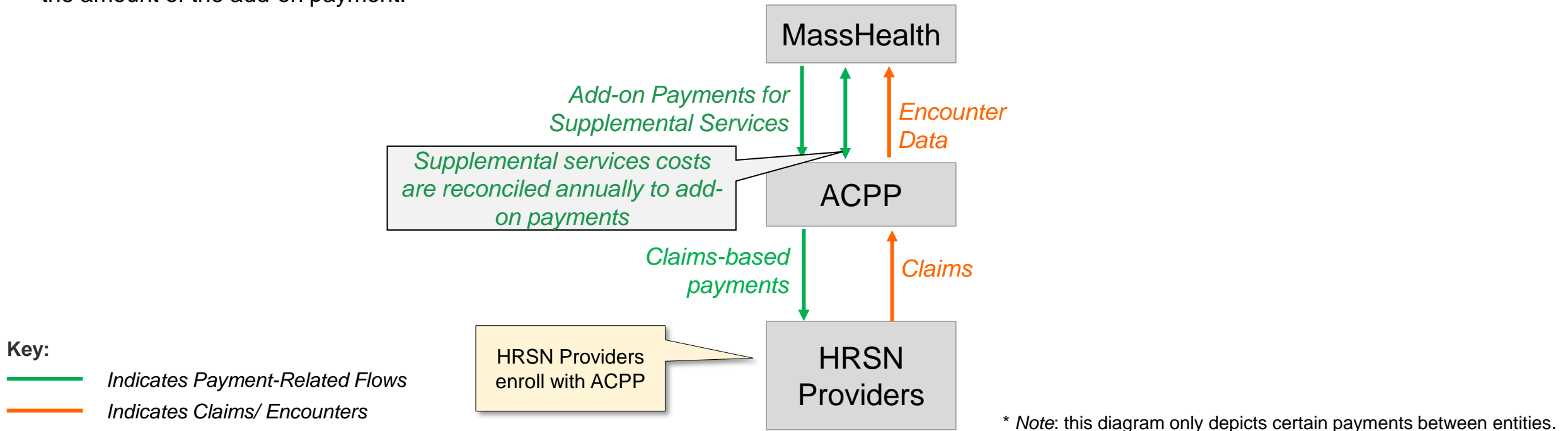


## HRSN Required Services

In 2025, **Specialized CSP services will become required HRSN Services** and will continue being paid for via capitated payments to Accountable Care Partnership Plans for ACO members. **The payment structure will not change** from the current payment structure as depicted on Slide 18.

## HRSN Supplemental Services

Subject to CMS approval, MassHealth anticipates paying ACPPs for Supplemental Services through an **add-on capitation payment** separate from a capitation payment for core medical services. The financial risk for these add-on capitation payments may be structured to **encourage ACPPs to utilize as much of the add-on payment as possible**. ACPPs may be responsible for any expenditures above the amount of the add-on payment.



# Payment Structure for HRSN Services in 2025 for PCACOs

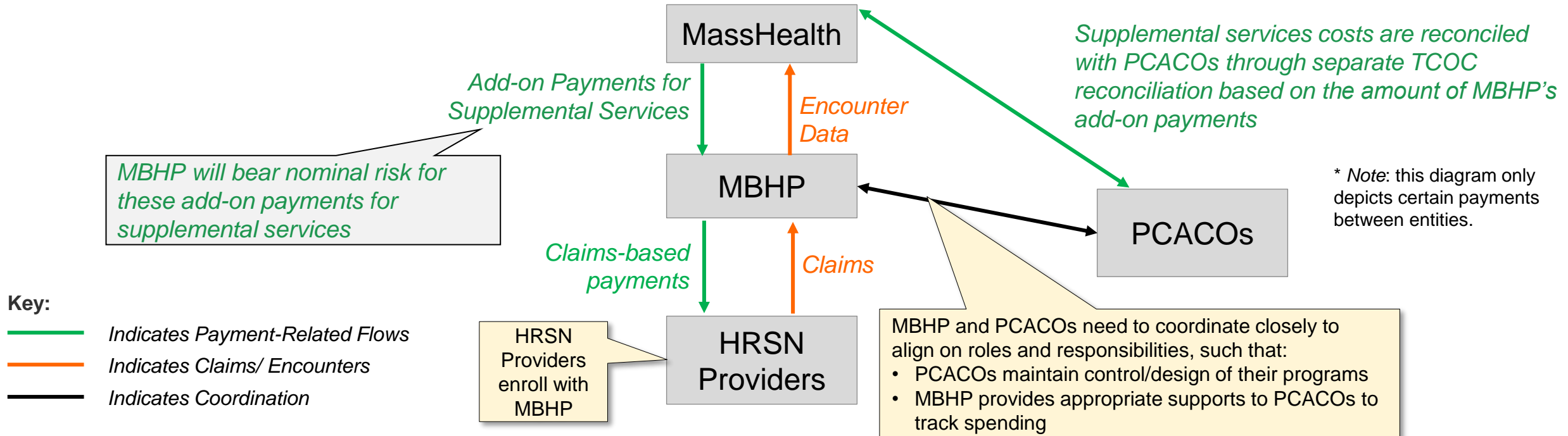


## HRSN Required Services

In 2025, **Specialized CSP services will become required HRSN Services** and will continue being paid for via capitated payments to Massachusetts Behavioral Health Partnership (MBHP) for Primary Care ACO members. **The payment structure will not change** from the current payment structure as depicted in Slide 18.

## HRSN Supplemental Services

Subject to CMS approval, **MassHealth anticipates paying MBHP** to administer the Supplemental Services for PCACOs through an **add-on capitation payment** separate from a capitation payment for behavioral health services. The financial risk for these add-on payments may be structured to **encourage PCACOs to closely collaborate with MBHP to utilize as much of the add-on payment as possible**. PCACOs may be responsible for any expenditures above the amount of the add-on payment through separate TCOC reconciliation.







# Key Programmatic Updates



# Anticipated Closed-Loop HRSN Electronic Referral Solution



**MassHealth anticipates implementing a closed-loop HRSN electronic referral solution that health care providers, HRSN providers, and other Community Based Organizations can use to communicate with each other.**

- Depending on the implementation, an HRSN electronic referral solution could:
  1. Centrally track HRSN referrals and outcomes when such referrals are made.
  2. Facilitate a “**closed feedback loop**” process, where HRSN providers could communicate the outcomes of those HRSN referrals (e.g., the impact of those services on the identified HRSNs) back to the referring entities.
- MassHealth anticipates launching the HRSN electronic referral solution in 2026.
- MassHealth anticipates future public stakeholder engagement to discuss intended functionality and to understand how to best tailor the HRSN electronic referral solution to meet the needs of users.

# Social Services Integration Work Group (SSIWG)



MassHealth is currently procuring SSIWG to assist MassHealth from Fall 2023 - Fall 2025 to integrate social services into the MassHealth managed care framework.\*

- **Goals for SSIWG may include, but are not limited to, gathering feedback and insight on:**
  - Best practices for operationalizing the transition of FSP into a managed care structure;
  - Determining service categories of and member eligibility for HRSN Services;
  - Determining how best to support robust data collection, analysis, and evaluation of HRSN referrals and resulting impact of services;
  - Inclusion of priority populations for equitable access and outcomes in services, such as children and pregnant/post-partum individuals; and
  - Improving access to HRSN Services, including member identification, linkage to services, integration of health care and social services, and continuous quality improvement.

Note: SSIWG is **separate and distinct** from but may collaborate with other EOHHS committees such as MassHealth's Delivery System Technical Advisory Committee (DSTAC) and the MassHealth Member Advisory Committee (MAC) (both in development).

\*The procurement can be found at: <https://www.commbuys.com/bsa/view/search/external/advancedSearchBid.xhtml?q=93117&currentDocType=bids>

# Social Services Organization (SSO) Integration Fund



The SSO Integration Fund will provide up to \$8 million during the Section 1115 demonstration period to support the implementation of HRSN Services by HRSN Providers (including SSOs and Specialized CSP Providers). MassHealth has also requested an additional \$17M for the SSO Integration Fund as part of its 1115 waiver amendment request (pending CMS approval).

- Funding will be available for the following SSO activities:
  - **Technology** (e.g., electronic referral systems, screening and/or case management systems)
  - **Developing business or operational practices** to support the delivery of HRSN Services (e.g., developing policies and workflows for referral management, quality improvement)
  - **Workforce development** (e.g., cultural competency training, trauma-informed training, Community Health Worker (CHW) certification)
  - **Outreach and education** (e.g., design and production of outreach and education materials, translation, obtaining community input)
- Funding will also be utilized for **technical assistance, trainings, and learning collaboratives.**
- MassHealth is currently procuring a vendor to support the administration of the SSO Integration Fund.
- **Subscribe to the MassHealth Innovations listserv** for future procurements related to the SSO Integration Fund. Email [masshealth.innovations@massmail.state.ma.us](mailto:masshealth.innovations@massmail.state.ma.us) to ask to be added to the listserv.

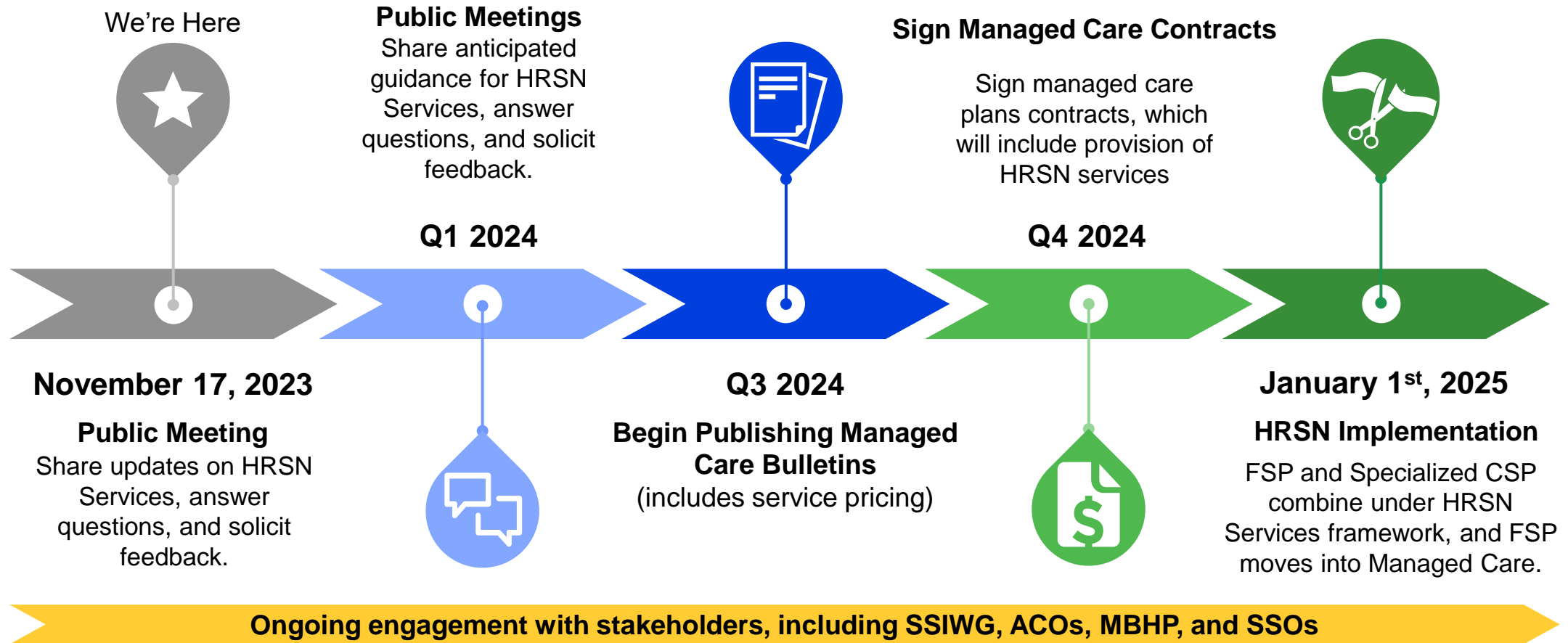


# Next Steps





# Next Steps and Anticipated High-Level Timeline



## Next Steps:

- For further comments after the meeting, please e-mail [flexibleservices@mass.gov](mailto:flexibleservices@mass.gov).
- Additional public meetings will be held in **early 2024** to share further information about MassHealth HRSN Services, including next steps.



# Question and Answer

- ✓ If you would like to ask a question or share a comment, please use the “**Raise Hand**” feature to alert the facilitator, who will call on you. Be sure to share your name and organization, if applicable.
- ✓ Please mute yourself when not speaking, and please be aware that your background is visible when your camera is on.
- ✓ Please limit your comments to **no more than 2 minutes.**
- ✓ For further comments after the meeting, please e-mail [flexibleservices@mass.gov](mailto:flexibleservices@mass.gov)