Health Related Social Needs (HRSN) November Stakeholder Meeting

# Overview

## Goals for November Stakeholder Meeting

* 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 services were provided to 23,900 members
    - Housing services were provided to 9,438 members
* Between April 1, 2023 and 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.

## 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

## Anticipated Framework for HRSN Services for ACOs

Pre-2025 consists of:

* Flex Services, which includes:
  + Flexible Services (Nutrition)
  + Flexible Services (Housing)
* Specialized CSP, which includes:
  + Specialized CSP-Homeless Individuals (CSP-HI)
  + Specialized CSP-Tenancy Preservation Program (CSP-TPP)
  + Specialized CSP-Individuals with Justice Involvement (CSP-JI)

2025 thru 2027 consists of:

* HRSN Service Domains:
  + HRSN Nutrition, which includes the following anticipated services:
    - Medically Tailored Home Delivered Meals
    - Medically Tailored Food Boxes
    - Nutritionally Appropriate Home Delivered Meals
    - Nutritionally Appropriate Food Boxes/CSA Shares
    - Food Prescriptions and Voucher Program
    - Transportation
    - Nutrition Counseling and Education
    - Kitchen Supplies
    - Nutrition Stabilization Services (including legal services)
  + HRSN Housing, which includes the following anticipated services:
    - Specialized CSP-HI
    - HRSN Housing Search
    - Transitional Goods
    - Specialized CSP-TPP
    - HRSN Housing Navigation
    - Healthy Homes
    - Home Modifications
  + HRSN JI, which includes the following anticipated services:
    - Specialized CSP-JI

## Required versus ACO Supplemental 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 thru 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, which consists of:
      * Medically Tailored Home Delivered Meals
      * Nutritionally Appropriate Home Delivered Meals
    - Medically Tailored or Nutritionally Appropriate Food Prescriptions, which consists of:
      * Medically Tailored Food Boxes/CSA Shares
      * Nutritionally Appropriate Food Boxes/CSA Shares
      * Food Prescriptions and Voucher Program
    - Nutrition Stabilization Services, which consists of:
      * Application Assistance
  + Secondary Nutrition Services:
    - Kitchen Supplies
    - Nutrition Education
    - Transportation

## HRSN Housing Overview: Anticipated Future State of Services

* HRSN Housing Services 2025 thru 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:
    - Anticipated Required Services include:
      * Specialized CSP-HI
    - Anticipated Supplemental Services include:
      * HRSN Housing Search
      * Transitional Goods
  + For Members at Risk of Homelessness:
    - Anticipated Required Services include:
      * Specialized CSP-TPP
    - Anticipated Supplemental Services include:
      * HRSN Housing Navigation
  + For Members Living in Housing that is Unhealthy, Inaccessible, or Unsafe:
    - Anticipated Supplemental Services include:
      * Healthy Homes
        + Please note that 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.
      * Home Modifications

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 |
| --- | --- | --- | --- | --- |
| Accountable Care Partnership Plans (ACPPs or Model As) | * Integrated partnership between a managed-care organization (MCO) and provider-led entity (ACO Partner) | * Health plan (i.e., MCO) contracts with a network of providers * Members may only see a PCP contracted with their specific ACO | * Per member / per month (PMPM) capitated rate paid to the ACPP * Retrospective shared gains / losses reconciliation | * Health plan |
| Primary Care ACO (PCACOs or Model Bs) | * Advances provider-led entity contracts directly with MassHealth | * MassHealth FFS provider network * PCACOs may establish a referral circle * Members may only see a PCP contracted with their specific ACO * Behavioral health services provided through Massachusetts Behavioral Health Partnership (MBHP), MassHealth’s managed care BH vendor | * Benchmark set for PCACO annually * Retrospective shared savings / losses reconciliation | * MassHealth (for medical services) * Massachusetts Behavioral Health Partnership (for BH services) |

## ACO Payment Arrangements

ACPPs and PCACOs are paid by MassHealth via different payment arrangements and bear different types of risk.Note: the following information only depicts certain payments between entities, and is not a comprehensive description of how payment flows between these entities.

* Accountable Care Partnership Plans
  + Payment-Related Flows
    - Capitation Payments flow from MassHealth to ACPPs
    - Claims-based payments flow from ACPPs to Medical Providers
    - There are shared gains/losses payments between MassHealth and ACPPs
  + Claims/Encounters
    - Claims flow from Medical Providers to ACPPs
    - Encounter data flows from ACPPs to MassHealth
* Primary Care ACOs
  + Payment-Related Flows
    - Claims-based payments flow from MassHealth to Medical Providers
    - There are shared savings/losses payments between MassHealth and PCACOs
  + Claims/Encounters
    - Medical Claims flow from Medical Providers to MassHealth

## Current Specialized CSP Payment Methodology for ACOs through 12/31/2024

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. Note: the following information only depicts certain payments between entities, and is not a comprehensive description of how payment flows between these entities.

* Accountable Care Partnership Plans
  + Provider Enrollment
    - Specialized CSP Providers enroll with ACPPs
  + Payment-Related Flows
    - Capitation Payments flow from MassHealth to ACPPs
    - Claims-based payments flow from ACPPs to Specialized CSP Providers
    - There are shared gains/losses payments between MassHealth and ACPPs
  + Claims/Encounters
    - Claims (day rate) flow from Specialized CSP Providers to ACPPs
    - Encounter data flows from ACPPs to MassHealth
* Primary Care ACOs
  + Provider Enrollment
    - Specialized CSP Providers enroll with MBHP
  + Payment-Related Flows
    - Capitation Payments flow from MassHealth to MBHP
    - Claims-based payments flow from MBHP to Specialized CSP Providers
    - There is an annual Total Cost of Care (TCOC) settlement between MassHealth and PCACOs
      * Note: Specialized CSP is not broken out separately.
  + Claims/Encounters
    - Claims (day rate) flow from Specialized CSP Providers to MBHP
    - Encounter data flows from MBHP to MassHealth
  + Coordination
    - Communication/data sharing occurs between MBHP and PCACOs

## 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.

* Current Flexible Services
  + Provider Enrollment
    - SSOs are not MassHealth enrolled providers
  + Payment-Related Flows
    - Yearly Flexible Services funding allocation flows from MassHealth to ACOs
    - Invoice-based payments flows from ACOs to Social Services Organizations
  + Claims/Encounters
    - Invoices flow from Social Services Organizations to ACOs
    - Expenditure reporting flows from ACOs to MassHealth

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

|  |  |
| --- | --- |
| Activity | Interaction between MassHealth ACOs and FSP  *Current State (pre-2025)* |
| Service Providers | * SSOs contract with ACOs as materials subcontractors. * SSOs do no enroll or contract directly with MassHealth. * SSOs must meet various MassHealth and ACO requirements to offer Flexible Services. |
| Data/Claims Submission | * SSOs provide ACOs data on members served and services provided. * ACOs submit data to MassHealth on Excel spreadsheets through OnBase (document management platform). |
| Network Adequacy Requirements | * ACOs choose which services to offer and where. * No minimum coverage or provider contracting requirements for ACOs. |
| Payment Arrangements | * ACOs and SSOs determine payment arrangements and amounts. * Payment arrangements may include prospective lump sum, fee for service, or bundled payments. * MassHealth provides Flexible Services funding to ACPPs and PCACOs in a grant-like manner. For fee for service payments made by ACOs to SSOs:   + SSOs submit invoices to ACOs.   + ACOs pay SSOs invoice-based payments from the ACOs’ yearly funding allocations received from MassHealth.   + ACOs submit expenditure data to MassHealth. |

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

|  |  |
| --- | --- |
| Activity | Anticipated FSP After Moving into Managed Care (Subject to CMS Approval)  *Starting January 2025*  *Note: Specialized CSP will remain operationally the same for ACO and non-ACO population* |
| Service Providers | * SSOs become HRSN Providers. * HRSN Providers will enroll with ACPPs and/or MBHP (administering services on behalf of PCACOs). * 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. * HRSN Providers must meet various MassHealth, ACO, and MBHP requirements to offer services. |
| Data/Claims Submission | * HRSN Providers submit claims to ACPPs and MBHP. CPPs and MBHP submit claims data as “encounters” to MassHealth. |
| Network Adequacy Requirements | * ACOs must meet network adequacy requirements, as set forth by MassHealth, to ensure members have access to services and providers. |
| Payment Arrangements | * HRSN Providers will submit claims to ACPPs or MBHP and receive retrospective claims-based payments for HRSN Services from ACPPs or MBHP. * Pricing for HRSN Services will be stablished by MassHealth. * ACPPs and MBHP receive monthly capitated payments, which will be used to pay HRSN Providers for services rendered. |

## 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 under [Current Specialized CSP Payment Methodology for ACOs through 12/31/2024](#_Current_Specialized_CSP).
* 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. Refer to the following information for how MassHealth anticipates payment flows to operate for ACPPs in 2025. Note: the following information only depicts certain payments between entities, and is not a comprehensive description of how payment flows between these entities:
    - Payment-Related Flows
      * Add-on Payments flow for Supplemental Services from MassHealth to ACPPs
      * Claims-based payments flow from ACPPs to HRSN Providers
      * Supplemental services costs are reconciled annually to add-on payments between MassHealth and ACPPs
    - Claims/Encounters
      * Claims flow from HRSN Providers to ACPPs
      * Encounter data flows from ACPPs to MassHealth

## 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 under [Current Specialized CSP Payment Methodology for ACOs through 12/31/2024](#_Current_Specialized_CSP).
* 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. Refer to the following information for how MassHealth anticipates payment flows to operate for Primary Care ACOs in 2025. Note: the following information only depicts certain payments between entities, and is not a comprehensive description of how payment flows between these entities:
    - Provider Enrollment
      * HRSN Providers enroll with MBHP
    - Payment-Related Flows
      * Add-on Payments flow for Supplemental Services from MassHealth to MBHP
        + Note: MBHP will bear nominal risk for these add-on payments for supplemental services
      * Claims-based payments flow from MBHP to HRSN Providers
      * Supplemental services costs are reconciled through TCOC reconciliation between MassHealth and PCACOs
        + Note: Reconciliation is based on the amount of MBHP’s add-on payments
    - Claims/Encounters
      * Claims flow from HRSN Providers to MBHP
      * Encounter data flows from MBHP to MassHealth
    - Coordination
      * Coordination to align on roles and responsibilities between MBHP and PCACOs, such that:
        + PCACOs maintain control/design of their programs
        + MBHP provides appropriate supports to PCACOs to track spending

# 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 thru Fall 2025 to integrate social services into the MassHealth managed care framework. The procurement can be found at on [CommBuys](https://www.commbuys.com/bso/view/search/external/advancedSearchBid.xhtml?q=93117&currentDocType=bids).

* 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).

## 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

* Today: November 17, 2023 Public Meeting to share updates on HRSN Services, answer questions, and solicit feedback.
* Q1 2024: Public Meetings to share anticipated guidance for HRSN Services, answer questions, and solicit feedback.
* Q3 2024: Begin Publishing Managed Care Bulletins (including service pricing)
* Q4 2024: Sign Managed Care Contracts, which will include provision of HRSN Services
* January 1st, 2025: HRSN Implementation where FSP and Specialized CSP will combine under HRSN Services framework, and FSP moves into Managed Care

Throughout 2023, and 2024, MassHealth plans to have ongoing engagement with stakeholders, including SSIWG, ACOs, MBHP, and SSOs.

## Immediate 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.

# HRSN Services 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 email [FlexibleServices@mass.gov](mailto:FlexibleServices@MassMail.State.MA.US)