



Health Related Social Needs (HRSN) September Public Meeting

September 12, 2024

Guidance for Participants for Virtual Meetings



- ✓ This meeting is open to the public.
- ✓ You are welcome to share questions throughout the meeting using the “**Q&A**” feature.
- ✓ There will be time for questions after each section of the meeting as well as at the end.
- ✓ During the question sections, please use the “**raise hand**” feature to ask a question, and a team member will unmute your microphone.
- ✓ This meeting is being recorded until the Q&A section.
- ✓ Slides will be posted after the meeting. Link will be sent following the meeting.

Please be advised that recording meetings, by any means, including the use of any A.I. applications, without prior permission is strictly prohibited.

There will be time for questions after each section and time for final questions at the end of the presentation, time permitting.



Goals for this Meeting

HRSN Transition

- Share information regarding the launch of Health Related Social Needs (HRSN) Services in managed care beginning January 2025.

Service Changes

- Share updated information on HRSN Services available for Plans to select for 2025.

HRSN Policy Updates

- Equip HRSN Plans and Providers with HRSN policy that expands on updates from the July Public Meeting to enable launch of HRSN Services.

HRSN Readiness Review

- Provide guidance to Plans about Readiness Review for HRSN Supplemental Services.

Other Information

- Provide an example of Hubs operationalization.
- Share information about Specialized CSP Expansion.

***Please note that all policy shared in this presentation is subject to change pending final CMS approval.**

The HRSN Service Manuals will be updated to reflect all relevant changes outlined in this presentation.

Except where otherwise specified (i.e., expansions to Specialized CSP), today's conversation focuses on HRSN Supplemental Services, *not* HRSN Required Services.



HRSN Transition





Update on HRSN Transition in 2025

- MassHealth's Flexible Services Program addresses targeted HRSNs for ACO members with certain health conditions that are experiencing food insecurity, homelessness, or risk of homelessness.
 - Flexible Services is a grant program that was funded by the Delivery System Reform Incentive Payment Program (DSRIP). Authority and funding for Flexible Services ends as of the end of 2024.
- MassHealth is excited that the transition to the new **HRSN Services framework, which will allow for greater access to HRSN Services** in a **sustainable construct**.
 - **MassHealth and CMS are committed to launching HRSN Services on January 1, 2025** to ensure we can collectively continue to address members' HRSNs.
- We anticipate growing and adjustment **during this transition**, in which we will work together with all of you to build up to a steady state.
- To facilitate this transition, **2025 HRSN Services will use a non-risk model** (described on the next slide).
 - The non-risk model will in many ways be simpler and more like Flexible Services than the originally anticipated risk model. ACOs will be paid a fixed budget, rather than an actuarial rate.
 - A non-risk model removes the need to prospectively set rates based on anticipated utilization, which is helpful when bringing new services or services with limited data into managed care.
- Over time, and pending CMS approval, MassHealth still anticipates moving to the traditional risk model in the future.

**The term Plans in this presentation refers to Accountable Care Partnership Plans, Primary Care Accountable Care Organizations, and Massachusetts Behavioral Health Partnership (MBHP).*

Useful Resources



Resource	Description	Link / Sign-Up
HRSN Webpage	Visit for HRSN Services information and updates, including materials from past meetings	https://www.mass.gov/masshealth-health-related-social-needs-services
HRiA Resources	Meeting materials and other information for potential HRSN Providers	https://hria.org/tmf/hrsn-integration-fund/
Flexible Services Directory	Directory of each ACO and the Flexible Services programs they offer including who may be eligible, where the services are offered and who offers them	https://www.mass.gov/lists/masshealth-health-plan-materials-and-information-for-members#masshealth-directories-
HRiA Mailing List	Mailing list for potential HRSN Providers to receive future information on HRSN Services and meetings	https://forms.office.com/r/SzZ3A60QE7
MassHealth Innovations Mailing List	Mailing list for all interested parties to receive future information on HRSN Services and meetings	Email masshealth.innovations@massmail.state.ma.us

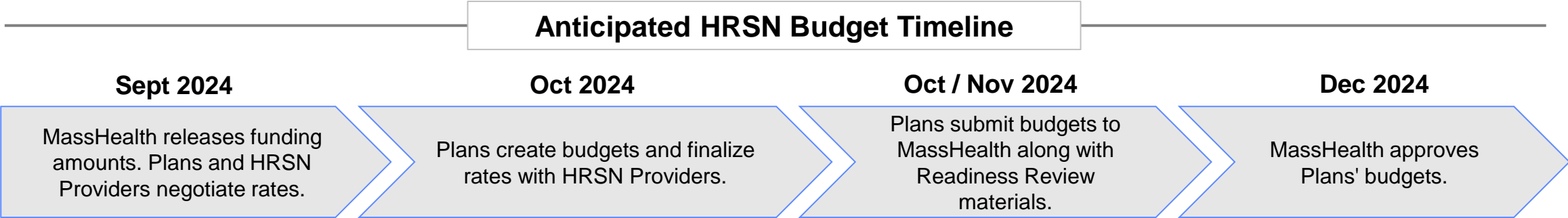
Non-Risk Model: Payments for HRSN Services



Comparison of Risk-Based Model to Non-Risk Model

Policy Area	Risk-Based Payment Model	Non-Risk Payment Model
Plan Payments to HRSN Providers	Payment to HRSN Providers does not change – Plans will make retrospective payments to HRSN Providers based on claims submitted for services rendered.	
MassHealth Payments to Plans	Prospective payment to Plans through monthly capitation rate .	Prospective lump sum payment to Plans through quarterly payments based on snapshot enrollment.
Reconciliation	MassHealth and plans share risk via a risk corridor. No rollover.	MassHealth will reconcile annually and recoup unspent funds. No rollover.
Service Pricing	Directed payments set price bounds for housing prices; reference prices for nutrition. Plans and HRSN Providers can negotiate.	Plans and HRSN Providers can negotiate prices up to maximum in the HRSN Fee Schedule .

Anticipated HRSN Budget Timeline





Non-Risk Model: Budget

- MassHealth anticipates paying out the budget to Plans via a quarterly prospective Per Member Per Month (PMPM) lump sum, much like in Flexible Services today. At the end of the rate year, MassHealth will reconcile that payment against what Plans have spent on HRSN Services.
 - Plans' budgets will be set based on total MassHealth HRSN budget distributed across overall ACO member enrollment.
 - Plans will monitor and report on utilization and projected and actual spend on a monthly basis.
 - Due to the shift to a non-risk model, MassHealth must ensure overall spending for HRSN Services does not exceed the total MassHealth HRSN budget.
 - If utilization exceeds available budget, MassHealth may be required to further limit HRSN services available and/or eligibility criteria, or discontinue HRSN services altogether.
 - MassHealth is committed to working closely with Plans and HRSN Providers to avoid this outcome. We will all need to partner to track HRSN Services ramp up and ensure we are staying within the Commonwealth's overall budget and individual Plan budgets.
 - **Waitlists are not possible under the non-risk construct.**
 - MassHealth made some changes to HRSN Supplemental Services to better match eligibility and program size to available budget so that members can receive services throughout 2025 (as described in the next section of this deck).
 - MassHealth engaged its Social Service Integration Workgroup for feedback and support to make these decisions.



Non-Risk Model: Budget

- Plans will submit a budget template and budget narrative to MassHealth for approval, similar to Flexible Services today. The Plan budget will describe anticipated spending and utilization by service.
- Annually, MassHealth will reconcile HRSN Services allocations against actual utilization.
 - In a non-risk construct, MassHealth (rather than Plans) bears the risk for utilization. This means MassHealth will reimburse plans for spending over their budget payment and will recoup unspent funds.
 - Unlike in Flexible Services, MassHealth will not include any spending in the reconciliation that is above the bounds set by the HRSN Fee Schedule (similar to the price normalization process in settlement for ACOs today).
- *Note: Plans cannot rollover unspent funds from year to year.*

MassHealth anticipates providing budget amounts to ACOs early next week.



Non-Risk Model: Fee Schedule

- Prices in the non-risk model operate under an **HRSN Services Fee Schedule**, which sets bounds on the costs that MassHealth will include in the reconciliation process.
- CMS is currently reviewing this Fee Schedule, and MassHealth will share an approved version as soon as we are able to. MassHealth anticipates this Fee Schedule to be largely aligned with the prices previously shared in the HRSN Service Manuals.
 - Plans and HRSN Providers may still negotiate rates up to the maximum amount allowed in the HRSN Fee Schedule.
 - Plans will still pay claims to HRSN Providers for HRSN Services rendered based on their negotiated rate.
 - HRSN Providers will still use procedure codes as outlined in the HRSN Service Manuals.
- In reconciliation, MassHealth anticipates including costs*:
 - For housing services that include a maximum price, up to that maximum price listed in the HRSN Service Manual (e.g., up to \$5,000 per year for Healthy Homes remediation services); and
 - For other services, up to 125% of the fee schedule price (previously known as “reference mid-point”) listed in the HRSN Service Manual (e.g., for Medically Tailored Meals, up to 125% of \$14.86, which is \$18.58 per meal).

Note: The HRSN Service Manuals will be updated to reflect all relevant changes outlined in this presentation

*See appendix for relevant changes



Non-Risk Model: Takeaways

- CMS has advised MassHealth to move to a non-risk model for 2025, which is aligned with how other states will be implementing their new HRSN services.
- MassHealth still anticipates HRSN Services being implemented via a traditional risk-based model in the future, with ACOs being paid an actuarially sound rate that accounts for the anticipated cost and utilization of HRSN Services.
- **All policies are subject to pending CMS approval.** We appreciate HRSN Providers' and Plans' patience and understanding as we continue negotiations with our federal partners.
- **Key Takeaways for Plans**
 - Payment from MassHealth will be more similar to Flexible Services today. Plans will be paid and need to manage towards a budget target.
 - MassHealth will conduct a reconciliation at the end of the year. Prices for HRSN Services will only be included up to the maximum allowed by the HRSN Fee Schedule. Plans will be responsible for any payments in excess of these maximum prices.
 - Plans should review changes to available services and service eligibility utilizing this slide deck.
- **Key Takeaways for Potential HRSN Providers**
 - MassHealth will provide the HRSN Fee Schedule as soon as we are able to. We anticipate that prices will align with the HRSN Service Manual, with a maximum of 125% of what was previously the "mid-point reference" or minimum price.
 - Potential HRSN Providers should review changes to available services and service eligibility using this slide deck



Service Changes



For your reference, key information about HRSN Services as of 9/12/2024 (including codes, rates, eligibility, provider qualifications) is located in the Appendix of this slide deck.



Program Updates to Nutrition Services

Program	Previous 2025 Parameters	Updated 2025 Parameters
All Nutrition Services – Risk Factors	<ul style="list-style-type: none">Members must be screened to be experiencing “Low or Very Low Food Security” to receive any Supplemental HRSN Nutrition Service	<ul style="list-style-type: none">Members must be screened to be experiencing “Very Low Food Security” to receive any Supplemental HRSN Nutrition Service
Category 1 Nutrition Service Selection (more info in next section)	<ul style="list-style-type: none">No restriction on selecting Category 1 HRSN Nutrition Services	<ul style="list-style-type: none">ACOs may only choose Medically Tailored or Nutritionally Appropriate for each of the following service types:<ul style="list-style-type: none">Home-delivered mealsFood boxes / CSAsFood prescriptions / vouchers

Note: See the appendix section of this deck for a full list of current services and service parameters as of 9/12/2024

Nutrition Transportation, Nutrition Application Assistance, Nutrition Benefit Maintenance Assistance, Nutrition Education Materials, and Feeding the Household will not be available HRSN Nutrition Services options in 2025.

HRSN Housing Service Updates



Program Updates to Housing Services

Program	Previous 2025 Parameters	Updated 2025 Parameters
Transitional Goods	<ul style="list-style-type: none">Available to members receiving CSP-HI services or Housing Search ServicesAvailable to members each time they transition from homelessness into housing	<ul style="list-style-type: none">Available to members receiving CSP-HI services onlyAvailable to eligible members once per demonstration
Healthy Homes	<ul style="list-style-type: none">Available to members with a Health Needs-Based Criteria (HNBC) that are living in Unhealthy Housing or housing that is physically unsafeAvailable to eligible members once per year	<ul style="list-style-type: none">Available to members with cardiac, pulmonary, and/or hoarding conditions that are living in Unhealthy Housing or housing that is physically unsafeAvailable to eligible members once per demonstration
Housing Navigation	<ul style="list-style-type: none">Available to members who meet all of the following:<ul style="list-style-type: none">1. Have an HNBC2. Are at risk of Homelessness or are experiencing housing instabilityService duration is up to eight months	<ul style="list-style-type: none">Available to members who meet all of the following:<ul style="list-style-type: none">1. Have at least one written lease violation2. Meet the HNBC standard for high utilizerMembers may not be simultaneously enrolled in a MassHealth Community Partner (CP)Service duration is up to six months

Note: See the appendix section of this deck for a full list of current services and service parameters as of 9/12/2024

Home Modifications and Housing Search will not be available HRSN Housing Services options in 2025.

These updates do not affect expanding the population for Specialized CSP.



Specialized CSP Expansion

We are excited to share that **CSP-HI** and **CSP-TPP** will be expanding

- **CSP-HI Eligibility**
 - 2024: members experiencing homelessness who are 1) **either chronically homeless or high utilizers** and 2) **have a BH diagnosis**
 - 2025: In addition to the existing population, members who are experiencing homelessness will be considered eligible who are 1) **either chronically homeless or high utilizers** and 2) **have a HNBC (reflected by applicable ICD coded diagnoses)** instead of a BH diagnosis
- **CSP-TPP Eligibility**
 - 2024: members **facing eviction** who have a **BH diagnosis**
 - 2025: In addition to the existing population, members will be considered eligible who are **facing eviction** and **have a HNBC (reflected by applicable ICD coded diagnoses)** instead of a BH diagnosis
- As today, funding for these Specialized CSP Services will be built into ACOs' and MBHP's capitation / TCOC benchmarks.
- CSP-HI and CSP-TPP are not included in HRSN Services Readiness Review or Budget templates
- ACOs should build this expansion as seamlessly as possible. For example, if CSP-TPP and CSP-HI are billed to a Plan's BH vendor, this practice should continue for the expansion population
- ACOs should think of these services as key tools to address housing HRSNs among their members, and coordinate with their HRSN Housing Services



HRSN Policy Updates





Selecting HRSN Supplemental Services

ACOs must choose at least one HRSN Category 1 Supplemental Nutrition Service and at least one HRSN Supplemental Housing Service. ACO selections will be documented in a new Contract appendix.

Anticipated MassHealth HRSN Housing Services for 2025

FOR MEMBERS EXPERIENCING
HOMELESSNESS

Transitional
Goods

FOR MEMBERS AT RISK OF
HOMELESSNESS

HRSN Housing
Navigation

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

Healthy Homes

Anticipated MassHealth HRSN Nutrition Services for 2025

Category 1: Food Services*

1. Home Delivered Meals

Medically Tailored
Home Delivered Meals

OR

Nutritionally Appropriate
Home Delivered Meals

2. Food Boxes

Medically Tailored Food
Boxes

OR

Nutritionally Appropriate
Food Boxes

3. Food Prescriptions

Medically Tailored Food
Prescriptions and
Vouchers

OR

Nutritionally Appropriate
Food Prescriptions and
Vouchers

Category 2: Food Services Enhancements

Nutrition Education

Nutrition Education
Classes and Skills
Development

Nutrition
Counseling

Kitchen Supplies

Kitchen
Supplies

*If ACOs choose to provide more than one Category 1 service, they may only select one 'service type' from each Category 1 service ("Medically Tailored" or "Nutritionally Appropriate").

**Nutrition assessment and coordination is integrated into all Category 1 Services.



Contracting with Providers of HRSN Services

- Plans will execute and maintain written contracts with enough HRSN Providers to provide HRSN Services to their members. For each selected HRSN Supplemental Service, **Plans will contract with at least one HRSN Provider.**
 - Plans are accountable for ensuring that members have **timely access to services**, so may need to contract with additional HRSN Providers.
- Plans will screen, credential, and enroll HRSN Providers, accounting for the fact that these providers may need extra support or modifications to existing processes.
- Plans will ensure providers meet provider qualifications as set forth in the HRSN Service Manual.
- Acknowledging the importance of local, community-based expertise and capacity, Plans may only contract with out-of-state providers if there are an insufficient number of qualified providers located in their Service Areas to meet capacity demands.
- Plans will work with HRSN Providers to establish policies and procedures for working together.
- Plans will need to notify MassHealth in advance when their HRSN Provider networks change (when contracting with new HRSN Providers or terminating HRSN Provider contracts).

This deck contains the latest information, as of 9/12/2024. Please use this deck for information on available services, qualifications, and rates.



Determining Medical Necessity for HRSN Services (1 of 3)

- To receive any MassHealth service from an ACO, an individual must **be an active MassHealth ACO-enrolled member**.
- For HRSN Services, an individual also must **meet medical necessity criteria for a service**.
 - Medical necessity criteria vary by service. A member meets medical necessity when they meet Health Needs Based Criteria, Risk Factor, and any additional program criteria of the service.

To receive HRSN Services:

Medical Necessity

MassHealth ACO Enrollment



Enrolled in a MassHealth ACO

*As is the case for all ACO Covered Services, **HRSN Providers need to verify ACO enrollment each time a service is delivered.** This can be done using the Eligibility Verification System (EVS) or Plans' provider portals.*



Health Needs Based Criteria (HNBC)

Varies by service. Examples:



Behavioral Health Need



Complex Physical Health Need



Assistance with one or more ADLs or IADLs*



Repeated Emergency Department (ED) Use



Pregnant individual with high-risk pregnancy or complications



Pregnant individuals without additional clinical factors



Risk Factors (RF)

Varies by service: Examples



Experiencing Very Low Food Security



At Risk for Homelessness



Experiencing Homelessness

HRSN Providers must include ICD-10 Z codes associated with Risk Factors on claims



Other Programmatic Criteria as Required

Varies by service: Examples



Unable to Prepare Meals



Once available, see HRSN Service Manual for additional criteria for each service

*Activities of Daily Living / Instrumental Activities of Daily Living

Determining Medical Necessity for HRSN Services (2 of 3)



- **All members** who meet Medical Necessity criteria for an HRSN Service that a Plan has selected must be offered that service. Unlike in Flexible Services, **Plans may not restrict eligibility criteria** to target certain populations.
- There are multiple entities who could determine if a member meets **Medical Necessity** for HRSN Services, including the plan's ACO Partner, a designee of the plan, a Behavioral Health or Long-term Support Services (LTSS) Community Partner, or Provider (e.g., a PCP, a specialist, or the HRSN Provider).
- A member's Medical Necessity must be established **prior to receiving HRSN Services, and determined regularly thereafter (see next slide)**.
- **A Comprehensive Assessment, Care Needs Screening, HRSN Screening, or other tool** may be used to help determine Medical Necessity for HRSN Supplemental Services, so long as such assessments or screenings address the appropriate components.
 - Note that for HRSN Nutrition Services, Plans and HRSN Providers will need to use tools that can appropriately distinguish "very low food security" from other levels of food insecurity, such as the USDA 'Six-Item Short Form of the Food Security Survey Model' found on the [USDA Survey Tools web page](#).

Determining Medical Necessity for HRSN Services (3 of 3)



- Like with medical services, members are eligible to continue receiving HRSN Services for as long as they meet Medical Necessity criteria.
- Plans must determine and re-determine that a member continues to meet Medical Necessity at the following times:
 - No less than every 12 months for **HRSN Supplemental Housing Services; and HRSN Category 2 Supplemental Nutrition Services** (plans may choose to do so more frequently or earlier);
 - No less than every 6 months for **Category 1 HRSN Supplemental Nutrition Services** (with exceptions for pregnant or postpartum Enrollees as further specified in the Contract) (plans may choose to do so more frequently or earlier); or
 - Whenever an Enrollee experiences a **major life change** that may impact Medical Necessity.
- Members may be screened for HRSN Services prior to these services being implemented January 2025. Screening should determine whether members meet Medical Necessity criteria. A member's ACO enrollment **must be verified** every time a service is provided.

**Minimum number of months is dependent on service being delivered*



Providing Services and "Service Registration"

- Prior to a member receiving HRSN Services, Providers must submit a notification to Plans and receive a response prior to beginning services. This process is often referred to as a "Service Registration."
- **Service registration** alerts Plans to an HRSN Provider's intent to provide services to its members and supports budget monitoring.
- Plans will accept HRSN Providers' determination of Medical Necessity, and cannot require or conduct additional clinical review of Medical Necessity as part of the service registration process.
- If a Plan determines Medical Necessity to receive HRSN Services and refers the member to the HRSN Provider, the Plan should use this process to complete the service registration. In these case, HRSN Providers should be able to begin services immediately upon receiving the referral.
- Plans must respond to service registration requests **no later than 7 business days** after receipt of request.
 - Plans must facilitate access to timely care and ensure that processes are not overly administratively burdensome.
- There is no longer a requirement to use the Verification, Screening, and Planning (VPR) form. Plans and HRSN Providers may develop their own processes.

Service Planning



- Similar to Flexible Services Plans and Specialized Community Support Programs (CSP) today, **HRSN Providers** must develop and maintain a Service Plan for all Enrollees receiving HRSN Supplemental Services.
- Health plans will ensure Providers:
 - Collect or have access to all the information necessary to create, review, and update a Service Plan; and
 - Review and update Service Plans:
 - No less than every 12 months;
 - Whenever an Enrollee experiences a major change that may impact their HRSNs; or
 - Upon the request of the Enrollee.

Service Plan Requirements:

1. Be person-centered;
2. Identify the HRSN Service(s) provided and responsible parties;
3. Identify ways to support the Enrollee in mitigating barriers to accessing and utilizing services;
4. Identify the Enrollee's needs and individualized strategies and interventions for meeting those needs;
5. As appropriate, be developed in consultation with the Enrollee and Enrollee's chosen support network including family and other natural or community supports; and
6. Subject to consent by the Enrollee and as appropriate, incorporate available records from referring and existing providers and agencies, including any bio-psychosocial assessment, reasons for referral, goal, and discharge recommendations.

Other Requirements



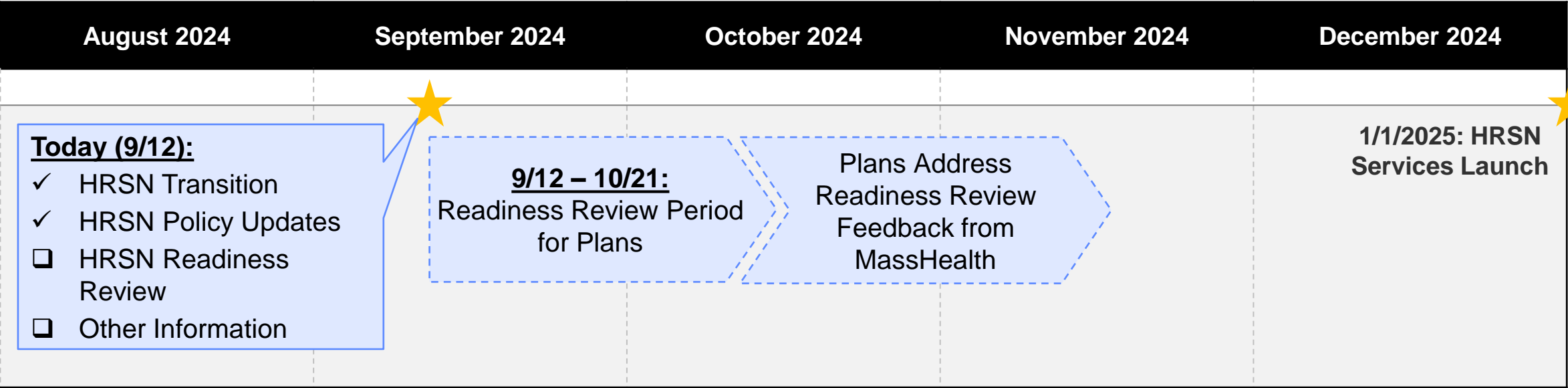
- Communications:
 - Plans will include information about HRSN Supplemental Services in their Enrollee handbooks, and include HRSN Providers in their Provider Directory.
- Accountable Care Partnership Plans (ACPPs), ACPPs' Accountable Care Organization (ACO) Partners, Primary Care ACOs (PCACOs), and Massachusetts Behavioral Health Partnership (MBHP) will each appoint an HRSN Point of Contact.
- Plans will develop, implement, and maintain processes for collecting, sharing, and reporting data related to HRSN Supplemental Services.
- Plans will ensure that information about consent, screening, and referrals is documented in the members' medical records.
- All HRSN Providers must have appropriate policies and procedures in place to address potential conflicts of interest between service planning and service delivery.



HRSN Readiness Review



Overview: HRSN Policy Updates for Readiness Review



Overview | ACO Readiness Review for MassHealth HRSN Supplemental Services



- Readiness Review is the process of deliverable submission and MassHealth evaluation to ensure ACOs are operationally ready to deliver HRSN Supplemental Services on the operational start date (January 1, 2025).
- MassHealth is committed to making this Readiness Review streamlined and efficient, recognizing the challenging timing.
- The ***HRSN Supplemental Services Readiness Review Template*** is the vehicle for collecting information about how ACOs intend to implement and execute required HRSN Supplemental Services roles and responsibilities in preparation for January 1, 2025. The readiness review template is organized into the following sections:

1. Operational and Administration

- a. Staffing and Resources
- b. Enrollee and Provider Communications
- c. Provider Network

2. Service Delivery

- a. HRSN Supplemental Service Delivery

3. Systems Management

- a. Claims Management
- b. Information Sharing

4. Material Subcontractors

5. Attestations

- a. Internal Grievances and Appeals
- b. Program Integrity and Compliance

- Readiness Review shall be unique to each ACO contract and ACPPs must copy ACO Partners on the submission.
- PCACOs and MBHP will submit Readiness Review **jointly** – both will have to sign off on the submission.
- MassHealth will share detailed instructions to ACO key contacts in an email following this meeting.
- Readiness Review documents should be submitted to FlexibleServices@mass.gov according to the instructions provided in an email that MassHealth will send following this meeting.

See below for an excerpt from the template:

Network Accessibility and Availability
Instructions: Please check the box below as appropriate.

☐ With the HRSN Supplemental Services providers identified in Tables C and D of this Readiness Review, the Contractor attests to meeting the network availability requirements for HRSN Supplemental Services as outlined in ACPP Section 2.23.D.3.c and Appendix N.

If Contractor has not yet met the network accessibility and availability requirements for HRSN Supplemental Services, please explain any gaps in HRSN Supplemental Services coverage and how the Contractor will address those gaps by 1/1/25.

Network Accessibility and Availability for HRSN Supplemental Services (450 words)



Readiness Review for MassHealth HRSN Supplemental Services consists of several phases:

1. **Kickoff** | EOHHS is reviewing the readiness process with ACOs during today's meeting (9/12/24) and will distribute the Readiness Review Template and instructions following today's meeting.
2. **Deliverable Submission** | ACOs will submit deliverables according to the requirements by 5pm EST on **10/21/24**.
3. **Deliverable Review** | EOHHS will review deliverables and provide feedback to ACOs.
4. **Deliverable Re-Submission** | Some deliverables may require revisions. EOHHS will communicate the specific feedback and revision deadlines for deliverables, if necessary.



Other Information



Budgets



- ACOs will shortly receive templates for sharing information about anticipated spending vs. their budget targets.
- Templates will be **due back to MassHealth on Monday October 21st at 5 p.m.**
- ACOs will need to fill out the templates to provide information including:
 - Information about the anticipated population for each service (e.g., estimated number of members eligible, estimated number of members that will receive service, and a description of difference between those two numbers that addresses outreach and screening strategy)
 - Information about negotiated HRSN Provider rates
 - Information about anticipated utilization (e.g., average anticipated length of time per service, anticipated budget allocation for the service)
- If ACOs' budgets and Readiness Review materials do not reflect a reasonable plan to keep spending within the ACOs' target budget, **MassHealth will not approve all requested services**
- ACOs will also need to **report monthly** on service registrations and spending for each selected service, including:
 - Estimated Number of members registered for services (per month and cumulative)
 - Estimated spend per month
 - Estimated cumulative spend per calendar year

Hubs Overview



Hubs are a model that ACOs and HRSN Providers may leverage to provide HRSN Services.

Hubs may be comprised of one **Parent Entity** and one or more **Satellite Entities** for the purpose of delivering HRSN Services to enrollees.

- A **Parent Entity** helps perform the majority of the administrative and organizational components of a Hub's work. The Parent Entity supports Satellite Entities by centralizing administrative functions and may provide support to one or more Satellite Entities related to provider credentialing, contracting, service delivery coordination, claims/billing, and data management, in addition to support in other areas.
- A **Satellite Entity** may operate under the fiscal, administrative, and/or personnel management of the Parent Entity. A Satellite Entity is an organization that provides eligible HRSN Services to Enrollees.
- The Parent Entity **may provide HRSN Services** to members but **does not have to provide services or be a provider** to serve as a Parent Entity.
- Any entity that is providing services to MassHealth members needs to adhere to certain standards and processes for member protection and program integrity. Hubs may support Satellite Entities in completing these activities, which include:
 - Filling out a **Federally Required Disclosure Form (FRDF)**
 - Becoming known to MassHealth by signing a **MassHealth Non-billing Managed Care Entity (MCE) Network-only Provider Contract**
 - Being checked by the Plan against **exclusion lists** (see ACPP Contract Appendix I).

Hub Organization: Example



MassHealth is providing **an example** of how a Hub can be organized to take on the above roles. **However, MassHealth is not dictating a set structure or function for hubs.** This will depend on individual entities' contracts.

	<i>Parent Entity</i>	<i>Satellite Entity</i>
Organizations	Examples: HRSN Providers, Social Services Organizations (SSOs), ACO Partners, PCACOs	HRSN Providers
Responsibilities	Contracts with Satellite Entities as a vendor and provides support and/or technical assistance <ul style="list-style-type: none"> ✓ Can submit claims and data on behalf of Satellite Entities ✓ Can support other Plan deliverables as needed ✓ Can communicate with the Plan on behalf of the Satellite ✓ Can support Satellite Entities with credentialling and enrollment ✓ Can support administrative tasks ✓ Can support data collection, aggregation, and analysis 	Contracts, credentials, and enrolls with health plans, but receives support from the Parent Entity <ul style="list-style-type: none"> ✓ Independently meet provider qualifications ✓ Obtain a National Provider Identifier (NPI) number ✓ Credential and Enroll with the Plan ✓ Register with MassHealth as an MCE-only provider ✓ Receive a Provider ID and service location (PID/SL) following registration with MassHealth ✓ Obtain a Provider ID number (plan-specific) ✓ Complete a FRDF

*Information in on this slide supersedes previously published Hubs information



Hub Administrative Rates

- **Reasonable Administrative Rates:** Parent Entities within a Hub may charge Satellite Entities a reasonable rate for administrative functions.
- **HRSN Integration Fund Usage:** HRSN Integration Fund Applicants were able to request HRSN Integration Funds for administrative purposes to operationalize Hubs.
- **Non-Duplication of Charges:** HRSN Integration Fund Grantees operationalizing Hubs may use HRSN Integration Funds for administrative purposes provided Grantees are not simultaneously charging Satellite Entities for those same administrative purposes.

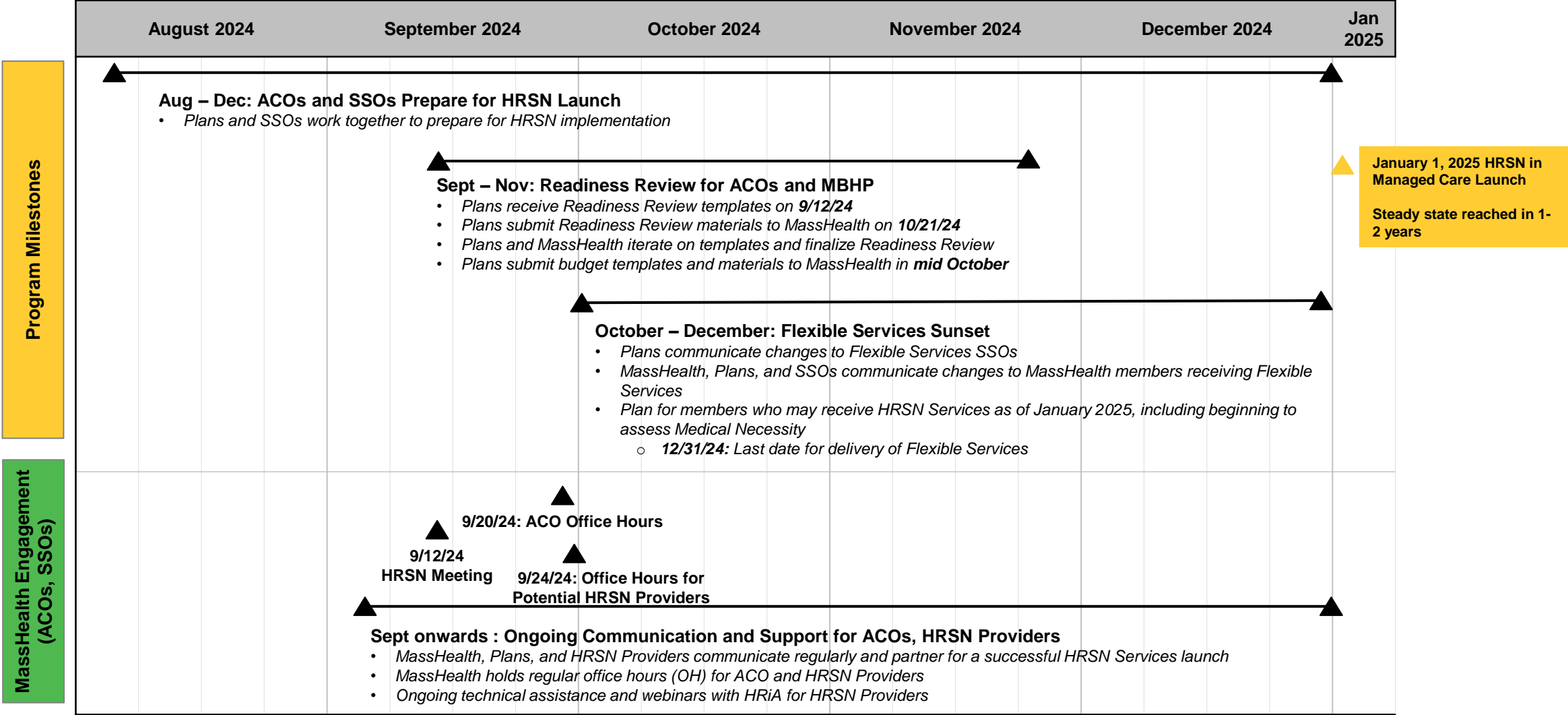
See [Grant Application Procurement](#) for MassHealth HRSN Integration Fund Section 3.2.1.1



Anticipated HRSN Timeline & Next Steps



Anticipated HRSN Implementation Timeline – Key Dates & Activities





Immediate Next Steps for ACOs

- ✓ **MassHealth will share the following with ACOs and MBHP in the coming days:**
 - HRSN Readiness Review Response Template and Instructions
 - Draft contract language outlining requirements for HRSN Services
 - CY2025 Funding Letter
 - Budget Deliverables: Narrative and Template
- ✓ **Readiness Review:** Readiness Review submissions from ACPPs, PCACOs, and MBHP and are due to MassHealth 10/21/24. Plans should consult the materials above and this PowerPoint to inform their Readiness Review submissions.
- ✓ **Budget Deliverables:** Based on budgets communicated in the CY2025 Funding Letter, ACOs will fill out the Budget Narrative and Template. These deliverables are due back to MassHealth on **10/21/24**.
- ✓ **9/20 ACO Office Hours:** MassHealth will host ACO office hours on 9/20 from 1 – 2:30pm to answer any follow-up questions to this meeting from ACOs. To support MassHealth in being able to answer your questions during those office hours, please email your questions to FlexibleServices@MassMail.State.MA.US by **COB 9/17**.
- ✓ **Ongoing Questions:** MassHealth will be holding regular office hours for both ACOs and potential HRSN Providers in the coming weeks. More information is forthcoming from the Flexible Services Program mailbox. In the meantime, please continue submit questions to FlexibleServices@MassMail.State.MA.US.
- ✓ **Service Manual:** MassHealth will release an updated version of the HRSN Service Manual shortly.

Immediate Next Steps for Potential HRSN Providers



- ✓ **Consult this deck for up-to-date policy information.** MassHealth will release an updated version of the HRSN Service Manual in the coming weeks.
- ✓ **9/24 Office Hours for Potential HRSN Providers:** MassHealth will host an office hours for potential HRSN Providers on 9/24 from 9:30 – 11am. To support MassHealth in being able to answer your questions during those office hours, please email your questions to FlexibleServices@MassMail.State.MA.US by **COB 9/17**. Official invite to follow.
- ✓ **Ongoing Questions:** MassHealth will holding regular office hours for both ACOs and potential HRSN providers in the coming weeks. More information is forthcoming from the Flexible Services Program mailbox. In the meantime, please continue submit questions to FlexibleServices@MassMail.State.MA.US.



Questions

- ✓ 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 and unmute you. Be sure to share your name and your organization, if applicable.
- ✓ Please mute yourself when not speaking, and please be aware that your background is visible when your camera is on.
- ✓ For further comments after the meeting, please **e-mail** FlexibleServices@MassMail.State.MA.US.
- ✓ To keep up to date with the latest information regarding HRSN Services, please join the HRiA and MassInnovations mailing lists.



Appendix



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Definitions

Key Terms



Social Services Organization (SSO): A community-based organization that provides Flexible Services to individuals to address their social needs through December 31st, 2024

HRSN Provider: An organization that provides HRSN Services to individuals to address their social needs beginning January 1st, 2025

Accountable Care Partnership Plan (ACPP): A group of primary care providers (PCPs) who work with just one managed care organization (MCO) to create a full network that includes PCPs, specialists, behavioral health providers, and hospitals.

ACPP Accountable Care Organization (ACO) Partners: A provider organization who partners with a managed care organization (MCO) to form an ACPP.

Primary Care Accountable Care Organization (PCACO): A primary care provider (PCP) who forms an ACO that works directly with MassHealth to provide primary care and to coordinate the full range of services for its members.

Massachusetts Behavioral Health Partnership (MBHP): The entity with which EOHHS contracts to assist PCACOs with administrative functions related to provision of HRSN Services.

Health Needs Based Criteria (HNBC)



An individual with a qualifying HNBC is defined as an individual who has one or more of the following:

- Is clinically assessed to have a behavioral health need (mental health or substance use disorder) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support)
- Is clinically assessed to have a complex physical health need, which is defined as persistent, disabling, or progressively life-threatening physical health condition(s), requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support)
- Is clinically assessed to have a need for assistance with one or more Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)
- Has repeated incidents of emergency department use (defined as 2 or more visits within six months, or 4 or more visits within a year)
- Is pregnant and who is experiencing high risk pregnancy or complications associated with pregnancy, as well as such individuals in the 12-month postpartum period
- Is pregnant or postpartum up to 2-months postpartum, without additional clinical factors.

Risk Factor: Homelessness



Enrollees meeting Categories 1, 2, or 4 of the homeless definition established by HUD.

- Category 1 – any Enrollee who lacks a fixed, regular, and adequate nighttime residence, and who has 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 group; or who is living in a supervised publicly- or privately-operated emergency 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. This could include those individuals who are exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- Category 2 – any Enrollee who will imminently lose their primary nighttime residence with 14 days, no subsequent residence has been identified; and the Enrollee lacks the resources or support networks needed to obtain other permanent housing including Enrollees who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent; or
- Category 4 – any Enrollee who is fleeing or attempting to flee, has no other residence, and lack the resources or support networks to obtain other permanent housing.

Risk Factor: Chronic Homelessness



As set forth in Section 1 of the ACPP Contract, a definition established by the U.S. Department of Housing and Urban Development (HUD) of a disabled individual who has been continuously homeless on the streets or in an emergency shelter or safe haven for 12 months or longer, or has had four or more episodes of homelessness (on the streets, or in an emergency shelter, or safe haven) over a three-year period where the combined occasions must total at least 12 months (occasions must be separated by a break of at least seven nights; stays in institution of fewer than 90 days do not constitute a break). To meet the disabled part of the definition, the individual must have a diagnosable substance use disorder, serious and persistent mental illness, developmental disability, post-traumatic stress disorder, cognitive impairment resulting from a brain injury, or chronic physical illness, or disability, including the co-occurrence of two or more of those conditions.

Risk Factor: Doubled Up



A situation in which:

- An Enrollee is sharing the housing of another person because they could not afford a place of their own; and
- The housing provides insufficient space to accommodate all residents or the Enrollee is not permitted to stay in the housing in accordance with the lease or other housing agreement that is in place for the other person.



Risk Factor: Inaccessible Housing

A housing situation where:

- The Enrollee living in their primary private home cannot:
 - Enter and exit the house readily and safely;
 - Fit through doorways;
 - Identify an accessible route into and through the housing;
 - Reach and use light switches, electrical outlets, thermostats and other environmental controls;
 - Use bathroom facilities including sink, toilet and bath/shower;
 - Use the kitchen including sink, counters, stove/oven, refrigerator; and/or
 - Safely reside in the housing without risk of elopement; and
- The Enrollee has a condition or need that requires modifications to their housing unit in order to allow the individual Enrollee to live as independently as possible while also remaining safely in their home and avoiding institutionalization or risk of institutionalization.

Risk Factor: Unhealthy Housing



An Enrollee's primary living situation that is negatively impacting their health, due to factors including but not limited to pests, mold, elements of the home being in disrepair, exposure to pathogens/hazards, or the property being inadequately maintained.

Risk Factor: Food Insecurity



The condition of meeting either of the following definitions of low or very low food security as defined by the United States Department of Agriculture (USDA) and as assessed by a validated screening tool:

- Low food security – reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake
- Very low food security – reports of multiple indications of disrupted eating patterns and reduced food intake

More information is available on the USDA website: <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/>

Background

Health Related Social Needs (HRSN) Services Framework



In September 2022, the Centers for Medicare & Medicaid Services (CMS) approved MassHealth's 1115 demonstration waiver renewal, which included re-authorization and changes to both Flexible Services Program (FSP) and Specialized Community Support Program (CSP) services.

- 1115 demonstration waivers provide federal flexibility for state Medicaid programs to test innovations that support the goals of the Medicaid program, including improving health care outcomes and reducing costs.
- As approved in this waiver, MassHealth will implement FSP through the **Accountable Care Organization (ACO) managed care delivery system starting in 2025.**

As of January 1, 2025, MassHealth plans to combine Specialized Community Support Program for Homeless Individuals (CSP-HI), Specialized Community Support Program Tenancy Preservation Program (CSP-TPP), Specialized Community Support Program for Individuals with Justice Involvement (CSP-JI), and FSP into **a new HRSN Services framework** (i.e., HRSN Housing, HRSN Nutrition, HRSN JI).



HRSN Services Framework in 2025 and Beyond

Under the **HRSN Services framework**, MassHealth will set standards for these services (e.g., rates, member eligibility, provider qualifications).

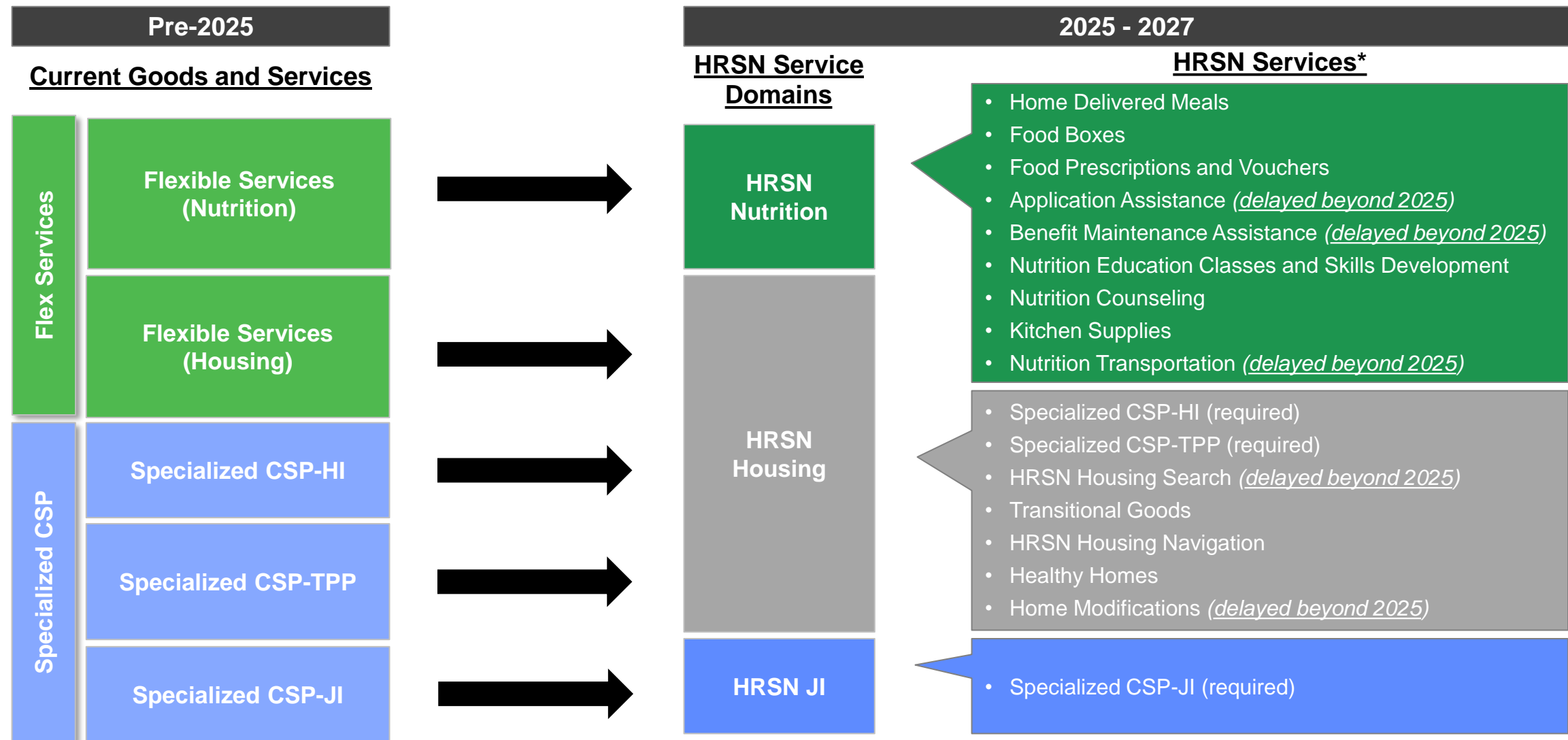
- **HRSN-JI** will encompass **Specialized CSP-JI** as currently provided.
- **HRSN Housing** will encompass:
 - **Specialized CSP-HI and Specialized CSP-TPP** as currently provided, but with an expanded population of eligible members.
 - **HRSN Supplemental Housing Services** for eligible ACO members that are currently under FSP. ACOs will be required to provide at least one supplemental HRSN Housing Service to eligible members.
- **HRSN Nutrition** will encompass **HRSN Supplemental Nutrition Services** for eligible ACO members that are currently 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 and Housing Services will be subject to funding availability, among other considerations.



Overview of the Anticipated Framework for ACO HRSN Services

Under the HRSN Services framework, MassHealth is setting standards for these services (e.g., member eligibility, provider qualifications).



*HRSN Services on this slide are shown at the category level. Subcategories exist underneath certain services.



Required vs. ACO Supplemental HRSN Services

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

Population

MassHealth members who are enrolled in ACOs.

ACO HRSN Required Services

ACOs must provide these services to all eligible members. The required services will include:

- Specialized CSP-HI
- Specialized CSP-TPP
- Specialized CSP-JI

ACO HRSN Supplemental Services

ACOs must offer at least two supplemental services (one housing, one nutrition).

- There are **17 different ACOs** and there may be **different services selected by each ACO**
- Once the ACO offers the service, it must be offered to all eligible members.
- MassHealth may need to "turn off" or halt HRSN services **across all ACOs** if the HRSN budget is depleted earlier than anticipated.

HRSN Supplemental Services

Supplemental HRSN Housing Services available in 2025 (1 of 2)



The table below outlines billable services for HRSN Supplemental Nutrition Services. Additional coding details will be shared in a future HRSN Service Manual update.

Service Name/ Description: name and description (as needed) of service	ICD-10 Code	HCPCS Code	Modifier 1	Modifier 2	Published Unit Price	Anticipated Maximum	Maximum Limit of Service
Transitional Goods	Z59.00; Z59.01; Z59.02;	H0044	UA	N/A	Up to \$5500 total	Up to \$5500 total	Once per demonstration
Housing Navigation – Services	Z59.811; Z59.2	T2050	N/A	N/A	No less than \$400	\$500	6 months; once per demonstration
Housing Navigation – Goods	Z59.811; Z59.2	T2050	U1	N/A	Up to \$100 total	Up to \$100 total	Once per demonstration. Limited to use while receiving Housing Navigation Services (T2050)

Supplemental HRSN Housing Services available in 2025 (2 of 2)



The table below outlines billable services for HRSN Supplemental Nutrition Services. Additional coding details will be shared in a future HRSN Service Manual update.

Service Name/ Description: name and description (as needed) of service	ICD-10 Code	HCPCS Code	Modifier 1	Modifier 2	Published Unit Price	Anticipated Maximum	Maximum Limit of Service
Healthy Homes - Goods	Z59.10; Z59.11; Z59.12; Z59.19	H0044	U2	N/A	Up to \$750 total	Up to \$750 total	Once per demonstration
Healthy Homes - Purchase / Delivery / Installation of Goods	Z59.10; Z59.11; Z59.12; Z59.19	H0044	UC	N/A	No less than \$150	\$187.50	6 months
Healthy Homes - In Home Environmental Assessment	Z59.10; Z59.11; Z59.12; Z59.19	S9441	U1	N/A	No less than \$250	\$312.50	6 months
Healthy Homes - Remediation Services	Z59.10; Z59.11; Z59.12; Z59.19	S9441	U2	N/A	Up to \$5,000 total	Up to \$5,000 total	Once per demonstration
Healthy Homes - Provider Coordination with Remediation Contractors	Z59.10; Z59.11; Z59.12; Z59.19	S9441	U3	N/A	No less than \$200	\$250	6 months

HRSN Housing Services – Members Experiencing Homelessness



Service		Eligibility	Provider Qualifications
Required, Existing Service – Available to all eligible members across Managed Care and FFS			
Specialized CSP for Homeless Individuals	<ul style="list-style-type: none"> Intensive housing search Ongoing housing stabilization once housed Approx. 1:11 case ratio 	<p>Members must...</p> <ul style="list-style-type: none"> Be homeless as documented in HMIS; and Be frequent users of MassHealth acute services or meet the federal definition of chronically homeless; and Have a Behavioral Health diagnosis, or other Health Needs Based Criteria (HNBC) 	<ul style="list-style-type: none"> Experience providing services to persons with mental health disorders or substance use disorders or both At least two years of history providing pre-tenancy, transition into housing, and tenancy sustaining supports to persons experiencing homelessness. This must include experience with serving people experiencing chronic homelessness and with documenting their chronic homelessness status in accordance with requirements set by the U.S. Department of Housing and Urban Development. Can provide services in person, on a mobile basis, and virtually Specialized professional staff with knowledge of housing resources and dynamics of searching for housing
Proposed New Services Beginning January 1 st , 2025 for ACO-enrolled members			
Transitional Goods	<ul style="list-style-type: none"> Move-in costs Specific furnishings and other items necessary to make a new home habitable and comfortable 	<p>Members must...</p> <ul style="list-style-type: none"> Be receiving CSP-HI services 	<ul style="list-style-type: none"> Must be a CSP-HI Provider

HRSN Housing Services – Members At Risk of Homelessness



Service		Eligibility	Provider Qualifications
Required, Existing Service – Available to all eligible members across Managed Care and FFS			
Specialized CSP Tenancy Preservation Program	<ul style="list-style-type: none"> Homelessness prevention services for members facing eviction due to their behavior/disability Approx. 1:17 case ratio 	<p>Members must...</p> <ul style="list-style-type: none"> Be at risk of homelessness and facing eviction as a result of behavior related to a disability; and Have a Behavioral Health diagnosis, or other Health Needs Based Criteria (HNBC) 	<ul style="list-style-type: none"> Must have a contract with Exec. Office of Housing and Livable Communities or MassHousing for tenancy preservation program services
Proposed New Service Beginning January 1 st , 2025 for ACO-enrolled members			
HRSN Housing Navigation	<p>Services:</p> <ul style="list-style-type: none"> Application assistance Mediation and negotiation to sustain a tenancy/home Information and referrals to resources in the community to address housing issues Connection to services and supports to assist in maintaining the housing moving forward <p>Goods:</p> <ul style="list-style-type: none"> Fees related to identification and other needed documents (e.g., SSN card, birth certificate) and/or background checks and housing applications 	<p>Members must...</p> <ul style="list-style-type: none"> Meet high utilizer Health Needs Based Criteria; Have received at least one written Lease Violation; and Not eligible for CSP-TPP 	<ul style="list-style-type: none"> Have at least two years of history providing Housing Navigation supports to persons experiencing housing instability. This must include current contracts/grants with local, state, or federal agencies to assist people to apply for public benefits, housing, and income maximization resources; Have experience providing services in person, on a mobile basis, and virtually; Be a documented member of the Continuum of Care (CoC) planning groups within their service area and able to connect an Enrollee to the local CoC Coordinated Entry System; and Have specialized staff with knowledge of housing resources and dynamics of housing such as obtaining and completing applications for arrearages programs, housing, income sources; requesting reasonable accommodations; and negotiating with landlords

Proposed HRSN Housing Services – Members Residing in Unsafe or Unhealthy Housing



Proposed New Services Beginning January 1 st , 2025 for ACO-enrolled members			
Service		Eligibility	Provider Qualifications
Healthy Homes	<ul style="list-style-type: none">Purchase of goods and/or provision of remediation services that would result in the elimination of known home-based health and safety risks to ensure the living environment does not adversely affect member's health and safety	<p>Members must...</p> <ul style="list-style-type: none">Have a pulmonary, cardiac, and/or hoarding conditionBe residing in housing that is:<ul style="list-style-type: none">Unhealthy due to the presence of air quality characteristics (as determined by commonly used standards) and/or pest characteristics and is linked directly to the worsening or creation of a health condition; orPhysically unsafe due to a member's disability or medical condition; and	<ul style="list-style-type: none">Providers of Healthy Homes must have staff with knowledge of principles, methods, and procedures of services included under Healthy Homes (as applicable to the position), or comparable services meant to support an Enrollee's ability to obtain and sustain residency in an independent community settingProviders of Healthy Homes remediation services must also have staff that have experience conducting in-home environmental risk assessments

Eligible Goods: Limited to specific goods listed below that improve the air quality of the housing, allow the member to store and use needed medicine, and allow for improved pest control.				Eligible Remediation Services: Limited to those that would directly improve the housing conditions with regards to air quality and pest control, such as carpet removal, mold remediation, vent cleaning, pest eradication, chore services (including heavy housecleaning, removal of hazardous debris or direct, and removal of yard waste), etc.	
Medical Storage		Pest Control		Air Quality	
<ul style="list-style-type: none">Refrigerator for medicineSharps containersTrash cans with lids		<ul style="list-style-type: none">Household pest eradication products		<ul style="list-style-type: none">Air conditionerAir purifierCleaning suppliesCurtains/BlindsDe/humidifiersHEPA-vacuum	
				<ul style="list-style-type: none">FansHEPA filtersHypoallergenic mattress and linens	

Home Modifications and Housing Search will not be available HRSN Housing Services options in 2025.

Supplemental HRSN Nutrition Services available in 2025



The table below outlines billable services for HRSN Supplemental Nutrition Services. Additional coding details will be shared in a future HRSN Service Manual update.

Service Name/ Description:	ICD-10 Code	HCPCS Code	Modifier 1	Modifier 2	Unit Price Reference	Anticipated Maximum (125%)
Medically Tailored Home Delivered Meals	Z59.41	S5170	U6	UA	Range: \$13.57 - \$16.16 Midpoint: \$14.86	\$18.58
Nutritionally Appropriate Home Delivered Meals	Z59.41	S5170	U7	UA	Range: \$13.57 - \$16.16 Midpoint: \$14.86	\$18.58
Medically Tailored Food Boxes	Z59.41	S9977	U6	N/A	Range: \$140 - \$496.80 Midpoint: \$318.55	\$398.19
Nutritionally Appropriate Food Boxes	Z59.41	S9977	U7	N/A	Range: \$140 - \$496.80 Midpoint: \$318.55	\$398.19
Medically Tailored Food Prescriptions and Vouchers	Z59.41	S9977	U9	N/A	Range: \$112 - \$132 Midpoint: \$122 (corresponding to \$100 gift card)	\$152.50 (corresponding to \$125 gift card)
Nutritionally Appropriate Food Prescriptions and Vouchers	Z59.41	S9977	U8	N/A	Range: \$112 - \$132 Midpoint: \$122 (corresponding to \$100 gift card)	\$152.50 (corresponding to \$125 gift card)
Nutrition Education - Classes	Z59.41	S9452	N/A	N/A	Range: \$55 - \$99 Midpoint: \$92	\$115
Nutrition Education – 1:1 Nutrition Education	Z59.41	S9452	U2	N/A	Range: \$13.34 – \$20.54 Midpoint: \$17.37	\$21.71
Nutrition Counseling	Z59.41	S9470	U6	N/A	Range: \$16.45 - \$23.30 Midpoint: \$20.06	\$25.08
Kitchen Supplies	Z59.41	T2028	U1	N/A	\$1,650 maximum (corresponding to \$1,500 in kitchen supplies)	\$1,650

Current Services as of 9/12/2024

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 1



Service	Service Description	Eligibility	Provider Qualifications
Medically Tailored Meals	<ul style="list-style-type: none">Prepared medically tailored meals (up to and including 3 meals per day, 7 days per week) approved by a Registered Dietitian Nutritionist (RDN) (or Nutrition & Dietetics Technician, registered (NDTR) with RDN’s approval) that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting evidence-based practice guidelines (e.g., guidelines for applicable health condition, dietary Reference Intakes, Dietary Guidelines for Americans)Initial dietary intake and assessment of the member’s medical and nutritional needs in order to ensure the member is receiving appropriate meals. Assessment must be conducted by RDN or an NDTR (overseen by an RDN)Navigation of member to other available resources must be provided based on needs identified in assessment. Resources to navigate member to, may include benefits, entitlements, and discretionary services, for which they are eligible. Navigation may include referral back to ACO, referral to SNAP Outreach Provider, assistance with locating other food sources (e.g., food bank)Must include nutrition education materials related to food provided (e.g., fact sheets on benefits of proteins in the meal, recipes to remake the meals, total sodium count for entire day’s meals) or via nutrition education services from the Category 2 list.Must be offered for a minimum of 12 weeks and up to 6 months. At 12 weeks or the end of the initial service period, the member must be reassessed and must be reauthorized for additional services if the member meets the relevant criteria	<p>Members must...</p> <ul style="list-style-type: none">Meet the USDA definition of ‘very low food security’;Have any of the following HNBC<ul style="list-style-type: none">HIV;Cardiovascular disease;Diabetes;Renal disease;Lung disease;Liver disease;Cancer; orHigh-risk pregnancyBe unable to prepare their own meals (Unable to prepare meals could include physical or mental conditions or lack of knowledge, capacity, and resources to prepare meals)	<ul style="list-style-type: none">Have at least one year of experience providing medically tailored meals to persons experiencing Food Insecurity with applicable health conditions (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies);Have specialized staff with knowledge of medically tailored meals, and Food Insecurity or imbalance;Have specialized staff with education (e.g., Bachelor’s degree, Associate’s degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience; andHave an RDN on staff or as a consultant to assess Enrollees and approve meal

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 1



Service	Service Description	Eligibility	Provider Qualifications
Nutritionally Appropriate Home Delivered Meals	<ul style="list-style-type: none">• Healthy, well-balanced meals (up to and including 3 meals per day, 7 days per week)• An initial dietary intake and assessment of the member’s medical and nutritional needs. Assessment must be conducted by RDN or an NDTR (overseen by an RDN)• Navigation of member to other available resources must be provided based on needs identified in assessment. Resources to navigate member to, may include benefits, entitlements, and discretionary services, for which they are eligible. Navigation may include referral back to ACO, referral to SNAP Outreach Provider, assistance with locating other food sources (e.g., food bank)• RDN or NDTR (under an RDN) must be engaged with kitchen staff in the development of the menu to ensure adherence to appropriate nutritional standards (e.g., Dietary Guidelines for Americans)• Must include nutrition education materials related to food provided (e.g., fact sheet on benefits of proteins in the meal, recipes to remake the meals, total sodium count for entire day’s meals) or via nutrition education services from the Category 2 list.• May be offered for up to 6 months. At 6 months or when initial service duration ends, members must be reassessed and obtain additional services if the member meets relevant criteria	<p>Members must...</p> <ul style="list-style-type: none">• Meet the USDA definition of ‘very low food security’;• Have a qualifying HNBC that does not require a medically tailored meal (as listed in the eligibility category of medically tailored meals service)• Be unable to prepare their own meals (Unable to prepare meals could include physical or mental conditions or lack of knowledge, capacity, and resources to prepare meals)	<ul style="list-style-type: none">• Have at least one year of experience providing medically tailored or nutritionally appropriate home delivered meals to persons experiencing Food Insecurity (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies);• Have specialized staff with knowledge of nutritionally appropriate home delivered meals, Food Insecurity or imbalance;• Have specialized staff with education (e.g., Bachelor’s degree, Associate’s degree, certificate) in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience; or training in nutrition or anti-hunger services; and• Have an RDN on staff or as a consultant to assess Enrollees and be engaged in the development of the meals to ensure adherence to appropriate nutritional standards.

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 1



Service	Service Description	Eligibility	Provider Qualifications
Medically Tailored Food Boxes	<ul style="list-style-type: none"> Selection of minimally prepared grocery items approved by RDN or an NDTR (under an RDN) that meet appropriate nutritional standards (e.g., Dietary Guidelines for Americans) An initial dietary intake and assessment of the member's medical and nutritional needs. Assessment must be conducted by RDN or an NDTR (overseen by an RDN) Navigation of member to other available resources must be provided based on needs identified in assessment. Resources to navigate member to, may include benefits, entitlements, and discretionary services, for which they are eligible. Navigation may include referral back to ACO, referral to SNAP Outreach Provider, assistance with locating other food sources (e.g., food bank) Must include nutrition education materials related to food provided (e.g., fact sheet on benefits of proteins in the meal, recipes to remake the meals, total sodium count for entire day's meals) or via nutrition education services from the Category 2 list. Must be offered for a minimum of 12 weeks and up to 6 months. At 12 weeks or the end of the initial service period, the member must be reassessed and must be reauthorized for additional services if the member meets the relevant criteria 	<p>Members must...</p> <ul style="list-style-type: none"> Meet the USDA definition of 'very low food security'; Have one of the following HNBC: <ul style="list-style-type: none"> HIV; Cardiovascular disease; Diabetes; Renal disease; Lung disease; Liver disease; Cancer; or High-risk pregnancy 	<ul style="list-style-type: none"> Have at least one year of experience providing medically tailored meals or food boxes to persons experiencing Food Insecurity with applicable health conditions (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies); Have specialized staff with knowledge of medically tailored meals or food boxes, Food Insecurity or imbalance; Have specialized staff with education (e.g., Bachelor's degree, Associate's degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience; and Have an RDN on staff or as a consultant to assess Enrollees and approve food boxes

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 1



Service	Service Description	Eligibility	Provider Qualifications
Nutritionally Appropriate Food Boxes	<ul style="list-style-type: none">Minimally prepared grocery items that may include, but are not limited, to fresh produce, proteins, dried goods, seasonings, and spicesCan take the form of a Community Supported Agricultural (CSA) shareRDN or NDTR (under an RDN) must be engaged with curating foods for curated food boxes that include foods other than fresh foods to ensure adherence to appropriate nutritional standards (e.g., Dietary Guidelines for Americans)An initial dietary intake and assessment of the member’s medical and nutritional needs.Navigation of member to other available resources must be provided based on needs identified in assessment. Resources to navigate member to, may include benefits, entitlements, and discretionary services, for which they are eligible. Navigation may include referral back to ACO, referral to SNAP Outreach Provider, assistance with locating other food sources (e.g., food bank)Must include nutrition education materials related to food provided (e.g., fact sheet on benefits of proteins in the meal, recipes to remake the meals, total sodium count for entire day’s meals) or via nutrition education services from the Category 2 listMay be offered for up to 6 months. At 6 months or when initial service duration ends, the member may be reassessed and obtain additional services if the member meets the relevant criteria.	<p>Members must...</p> <ul style="list-style-type: none">Meet the USDA definition of ‘very low food security’;Have a qualifying HNBC that does not require a medically tailored food box (as listed in the eligibility category of medically tailored food boxes service)	<ul style="list-style-type: none">Have at least one year of history providing medically tailored or nutritionally appropriate meals or food boxes to persons experiencing Food Insecurity (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies);Have specialized staff with knowledge of meals or food boxes, Food Insecurity or imbalance;3. Have specialized staff with education (e.g., Bachelor’s degree, Associate’s degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience; andIf curating foods other than fresh foods, have an RDN on staff or as a consultant to engage in curating such foods

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Service	Service Description	Eligibility	Provider Qualifications
Medically Tailored Food Prescription and Voucher Program	<ul style="list-style-type: none"> Medically Tailored Food Voucher or Gift Card limited to an Approved Purchase List (APL) to ensure access to a complete diet based on the Enrollee's specific condition based on an RDN or NDTR (overseen by an RDN) assessment of the Enrollee's medical and nutritional needs <ul style="list-style-type: none"> An RDN or NDTR (overseen by an RDN) must be engaged in curating the APL in adherence to appropriate nutritional standards (e.g., Dietary Guidelines for Americans) Identification of other available resources based on the initial needs assessment (e.g., benefits, entitlements, and discretionary services for which the Enrollee is potentially eligible) <ul style="list-style-type: none"> For identified needs, in coordination with the Enrollee's Plan, connect and refer them to appropriate supports (e.g., SNAP Outreach Provider or food pantry) Materials related to the APL (e.g., fact sheets on benefits of proteins in meals, recipes to make meals, total sodium count for entire day's meals) Must be offered a minimum of 12 weeks At 6 months or when initial service duration ends, members must be reassessed and obtain additional services if the member meets the relevant criteria 	<p>Members must...</p> <ul style="list-style-type: none"> Meet the USDA definition of 'very low food security'; Have one of the following HNBC: <ul style="list-style-type: none"> HIV; Cardiovascular disease; Diabetes; Renal disease; Lung disease; Liver disease; Cancer; or High-risk pregnancy; 	<ul style="list-style-type: none"> Have at least one year of experience providing food vouchers to persons experiencing Food Insecurity (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies); Have specialized staff with knowledge of food vouchers, Food Insecurity or imbalance; Have specialized staff with education (e.g., Bachelor's degree, Associate's degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience; and Have an RDN on staff or as a consultant to assess Enrollees and engage in curating the APL

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Service	Service Description	Eligibility	Provider Qualifications
Nutritionally Appropriate Food Prescription and Voucher Program	<ul style="list-style-type: none">Nutritionally Appropriate Food Voucher or Gift Card used to purchase nutritionally appropriate foods based on the Provider’s assessment of Enrollee’s medical and nutritional needsIdentification of other available resources based on the initial needs assessment (e.g., benefits, entitlements, and discretionary services for which the Enrollee is potentially eligible)<ul style="list-style-type: none">For identified needs, in coordination with the Enrollee’s Plan, connect and refer them to appropriate supports (e.g., SNAP Outreach Provider or food pantry)May be offered for up to six months without reverification of eligibilityAt 6 months or when initial service duration ends, members must be reassessed and obtain additional services if the member meets the relevant criteria	<p>Members must...</p> <ul style="list-style-type: none">Meet the USDA definition of ‘very low food security’;Have a qualifying HNBC that does not require a medically tailored food prescription or voucher (as listed in the eligibility category of medically tailored food prescription and voucher service)	<ul style="list-style-type: none">Have at least one year of experience providing food vouchers to persons experiencing Food Insecurity (e.g., experience with Flexible Services, current nutrition-focused contracts/grants with local, state, or federal agencies);Have specialized staff with knowledge of food vouchers, Food Insecurity or imbalance; andHave specialized staff with education (e.g., Bachelor’s degree, Associate’s degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 2



Service	Service Description	Eligibility	Provider Qualifications
Nutrition Education Classes and Skills Development	<ul style="list-style-type: none"> Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the member's nutritional and dietary needs 	<p>Members must...</p> <ul style="list-style-type: none"> Meet the USDA definition of 'very low food security'; Have a qualifying HNBC Be receiving a Category 1 Food Service Be in need of nutrition education to meet their nutritional or dietary needs 	<ul style="list-style-type: none"> Have an RDN or NDTR (overseen by an RDN) on staff or as a consultant to be either engaged with the curriculum development and implementation plan, or to directly oversee the class, session, or education material development Have specialized staff who are not RDNs or NDTRs with education (e.g., Bachelor's degree, Associate's degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience.
Nutrition Counseling	<ul style="list-style-type: none"> Provision of nutrition counseling (e.g. 1-on-1 session with RDN (or overseen by an RDN) as nutrition counseling) for the purposes of meeting the member's nutritional and dietary needs Must provide transportation when a member would not otherwise be able to access classes 	<p>Members must...</p> <ul style="list-style-type: none"> Meet the USDA definition of 'very low food security'; Have a qualifying HNBC Be receiving a Category 1 Food Service Be in need of nutrition education to meet their nutritional or dietary needs 	<ul style="list-style-type: none"> Have an RDN or NDTR (overseen by an RDN) on staff or as a consultant to either provide or oversee the nutrition counseling; and Have specialized staff who are not RDNs or NDTRs with education (e.g., Bachelor's degree, Associate's degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience

Proposed HRSN Nutrition Services as of 1/1/2025 for ACO-Enrolled Members – Category 2



Service	Service Description	Eligibility	Provider Qualifications
Kitchen Supplies	<ul style="list-style-type: none">Provision of and assistance with obtaining cooking supplies (e.g., pots and pans, utensils, refrigerator) needed to meet the member’s nutritional and dietary needs	<p>Members must...</p> <ul style="list-style-type: none">Meet the USDA definition of ‘very low food security’;Have a qualifying HNBCBe receiving a Category 1 Food ServiceBe in need of cooking supplies to meet their nutritional or dietary needs	<ul style="list-style-type: none">Have specialized staff with education (e.g., Bachelor’s degree, Associate’s degree, certificate) or training in nutrition or anti-hunger services, or at least one year of relevant professional experience or lived experience

Nutrition Transportation, Nutrition Application Assistance, Nutrition Benefit Maintenance Assistance, Nutrition Education Materials, and Feeding the Household will not be available HRSN Nutrition Services options in 2025.

Additional References



Credentialing HRSN Providers

Provider credentialing is a process by which a health plan ensures a potential HRSN Provider meets state and federal qualifications, and other plan-specific requirements. To provide HRSN Services, HRSN Providers must be credentialed and enroll as network providers with ACPs and/or MBHP.

Standard managed care credentialing requirements that apply to HRSN Providers include:

- Completing the MassHealth Federally Required Disclosures Form (FRDF).
- Providing demographic information (e.g., National Provider Identifier (NPI) number, licenses & certifications if applicable, address(es), etc.) to plans.
 - Note: MassHealth **strongly** recommends that organizations that may already have an NPI for a different set of MassHealth services, procure and credential with a separate NPI for HRSN services
- Submitting tax information, such as a W-9 form, to plans.

Plans will use the information provided by HRSN Providers to:

- Verify that HRSN Providers do not appear in any exclusion databases.
- Confirm that HRSN Providers meet minimum qualifications necessary, as outlined in the HRSN Services Manual, to provide the HRSN Service.

There are other standard credentialing processes that **are not applicable for HRSN Providers**, which HRSN Providers will not need to complete.

- **MassHealth expects plans to tailor their credentialing forms specifically for HRSN Providers, or otherwise account for the fact that HRSN Providers may not be able to complete certain fields.**
- Note that many HRSN Providers are not licensed providers subject to National Committee for Quality Assurance (NCQA) standards, which dictate certain typical plan credentialing requirements.
- Specific forms and processes vary by plan.

Network Adequacy



The goal of Network Adequacy is to ensure that Enrollees receive adequate access to care across all of the geographic areas that their MCE or plan (i.e., Accountable Care Partnership Plan (ACPP) or (MBHP) serves.

- Each plan contracts with MassHealth to provide care in certain areas throughout the state.
- MassHealth sets standards for Network Adequacy. These standards create minimums that plans must meet when they contract with providers.
- MCEs contract with a **network** of providers to provide care to their members.
- Each MassHealth ACO covers a unique combination of geographic areas, which overlap.
 - Specific information by plan is available here: www.mass.gov/lists/masshealth-member-guides-and-handbooks#masshealth-enrollment-guide
- Network Adequacy is **solely the responsibility of MassHealth and the plans, not the providers.**



Network Adequacy for HRSN Supplemental Services

- **Beginning on 1/1/25, MassHealth anticipates implementing the following network adequacy standards:**
 - For each selected HRSN Supplemental Service, ACOs shall contract with **at least one HRSN Provider** located anywhere in the Commonwealth.
 - ACOs may need to contract with more than one provider to ensure timely access to services.
 - If an ACO is unable to ensure Enrollees have timely access to HRSN Supplemental Services with one HRSN Provider, **the ACO must contract with additional providers.**
- **MassHealth anticipates implementing additional network adequacy standards for HRSN Supplemental Services, including time and distance standards, in 2026.**
- Note for PCACOs and MBHP: PCACOs and MBHP shall collectively meet the network adequacy requirements.
- Current network adequacy standards for Specialized CSP-HI and CSP-TPP will remain in place. Plans must enter into contracts with any qualified providers for CSP-HI and CSP-TPP that operate within the Plans' Service Areas.