

Health-Related Social Needs (HRSN) Supplemental Services Criteria Guidance

Purpose:

To provide clarification regarding eligibility and related processes for Health-Related Social Needs (HRSN) Supplemental Services, as described in Section 2.23.D in the Accountable Care Partnership Plan (ACPP) Contract, Section 2.14.C in the Primary Care Accountable Care Organization (PCACO) Contract, and Section 2.6.D.12 in the Massachusetts Behavioral Health Vendor (MBHV) Contract. These sections will be updated shortly to ensure clarity.

Criteria for HRSN Supplemental Services for ACO Enrollees in 2025

Reference: Section 2.23.D.5 in the ACPP Contract, Section 2.14.C.5 in the PCACO Contract, and Section 2.6.D.12.e in the MBHV Contract.

	Step	How it is completed
1	An ACO and an HRSN Provider must have a contract for an HRSN Service	ACOs and HRSN Providers refer to the contracts they have formed.
2	The Enrollee must be enrolled in an ACO with whom the HRSN Provider has a contract	The HRSN Provider must check the Eligibility Verification System (EVS) or the health plan's Provider Portal on each date of service to see if the member they are verifying is actively enrolled in one of their contracted health plans.
3	The Enrollee must meet the appropriate Risk Factor for the service	The HRSN Provider, the ACO, another provider, or a designee of the ACO must determine whether an enrollee meets the criteria for Risk Factor, in accordance with the ACPP, PCACO, and MBHV Contracts and the HRSN Service Manual. For nutrition services, this must include using a screening tool that can appropriately distinguish Very Low Food Security.
4	The Enrollee must meet the appropriate Health Needs Based Criteria (HNBC) for the service	The HRSN Provider, the ACO, another provider, or a designee of the ACO must determine whether an Enrollee has a HNBC, in accordance with the HRSN Service Manual and the ACPP, PCACO, and MBHV Contracts. We encourage ACOs and HRSN Providers to develop joint workflows and processes to communicate about HNBC. If other information

	Step	How it is completed
		is not available, HRSN Providers may accept self-attestation by the member. HRSN Providers are not expected to have the appropriate clinical expertise to diagnose medical or behavioral health conditions.
5	The Enrollee must meet any other criteria for the service	The HRSN Provider, the ACO, another provider, or a designee of the ACO must determine whether an enrollee meets any other criteria for the service, in accordance with the HRSN Service Manual and the ACPP, PCACO, and MBHV Contracts.

ACOs must work with HRSN Providers to ensure that a member's identified Risk Factor(s) and HNBC(s) are documented in an auditable and reportable manner.

Example 1:

An HRSN Provider identifies John Smith as someone who may benefit from receiving Medically Tailored Home-Delivered Meals.

- **Step 1:** The HRSN Provider determines it has a contract to provide Medically Tailored Home-Delivered Meals for ABC ACO.
- **Step 2:** The HRSN Provider uses a Provider Portal to verify that John is enrolled in ABC ACO. The HRSN Provider must repeat Steps 1 and 2 each time they provide Medically Tailored Home-Delivered Meals to John.
 - The HRSN Provider checks the HRSN Service Manual for the criteria John must meet to receive Medically Tailored Home Delivered Meals. HRSN Provider finds that John must meet the following criteria:
 - Have any of the following HNBC conditions that require improvement, stabilization, or prevention of deterioration of functioning;
 - HIV;
 - Cardiovascular disease;
 - Diabetes;
 - Renal disease;
 - Lung disease;
 - Liver disease;
 - Cancer; or
 - High-risk pregnancy (including up to 12 months postpartum)
 - Be experiencing the Risk Factor of Very Low Food Security; and
 - Be unable to prepare own meals:
 - The HRSN Provider checks to see if John meets the required criteria for Medically Tailored Home Delivered Meals.
- **Step 3:** The HRSN Provider uses the USDA Food Security Survey Module: Six-Item Short Form to screen John and finds that he has Very Low Food Security (Risk Factor).

- **Step 4:** The HRSN Provider asks John to fill out a short form (similar to the Flexible Services Screening Tool). John indicates that he has diabetes (Health Needs Based Criteria).
- **Step 5:** John also indicates that he is unable to prepare his own meals due to chronic pain (other criteria).

The HRSN Provider finds that John meets the criteria for medically tailored meals. The HRSN Provider documents John's HNBC and Risk Factor in their e-referral platform, which allows the ACO to access the information.

Example 2:

ABC ACO refers Jane Jones to an HRSN Provider that offers Housing Navigation.

- **Step 1:** The HRSN Provider determines that it has a contract to provide Housing Navigation for ABC ACO.
- **Step 2:** The HRSN Provider uses a Provider Portal to verify that Jane is enrolled in ABC ACO. The HRSN Provider must repeat Steps 1 and 2 each time they provide Housing Navigation to Jane.
 - The HRSN Provider checks the HRSN Service Manual for the criteria Jane must meet to receive Housing Navigation. HRSN Provider finds that Jane must meet the following criteria:
 - Have the HNBC of having repeated incidents of emergency department use (defined as 2 or more visits within six months, or 4 or more visits within a year);
 - Be experiencing the Risk Factor of housing instability, as evidenced by having received at least one written Lease Violation; and
 - Not be eligible for Specialized Community Support Program Tenancy Preservation Program (CSP-TPP).
 - The HRSN Provider asks Jane about her housing situation and verifies
 - That she has a written lease violation (Risk Factor); and
 - That she has *not* received an eviction notice/Notice to Quit and is therefore not eligible for CSP-TPP (other criteria).
- **Step 3:** In its referral, ABC ACO indicates that Jane has had 3 Emergency Room visits in the past 6 months (Health Needs Based Criteria).

The HRSN Provider finds that Jane meets the criteria for Housing Navigation. The HRSN Provider documents Jane's HNBC and Risk Factor in its records and provides this information to the ACO upon request.

Member Protections

If an enrollee does not agree with an HRSN Provider's or plan's assessment of whether they meet the criteria to receive HRSN Supplemental Services, the enrollee may file a Grievance, as defined in Section 1 of the ACPP Contract, Section 1 of the PCACO Contract, and Section 1 of the MBHV Contract. Plans must communicate this option to members, at least via the Enrollee Handbook.

Other requirements for the handling of grievances may be found in Section 2.13 of the ACPP Contract, Section 2.9.G.1 of the PCACO Contract, and Section 7.6 of the MBHV Contract.

Service Registration

Reference: Section 2.23.D.2.c in the ACPP Contract, Section 2.14.C.2.c in the PCACO Contract, and Section 2.6.D.12.b.3 in the MBHV Contract.

“Service Registration” refers to a process that is common in Behavioral Health and is used for Specialized CSP Programs today.

Prior to initiating services, an HRSN Provider must complete Service Registration. A Service Registration is a notification step that will enable ACOs and MassHealth to monitor utilization. Service Registrations are **not Prior Authorizations, and do not require medical review**. Service Registration must include:

- The Member ID
- The HRSN Provider NPI and/or PIDSL
- The service to be provided
- Length of service to be provided

While an ACO must affirmatively respond to Service Registration requests within 7 business days, MassHealth anticipates that this should be a fairly automated process. ACOs may not condition affirming a Service Registration request on any clinical review or validation.

If an ACO is referring a member to an HRSN Provider, it may choose to include an approved Service Registration as part of its referral.

In the examples above, once the HRSN Providers found that the enrollees met the criteria for the services, they would submit the service registrations to the ACOs.