MassHealth Member Advisory Committee (MAC) Meeting 7 (virtual)

February 24, 2026, from 12:00 pm to 2:00 pm

Attendance

- 15 out of 16 MAC members were in attendance
- MassHealth: Malinda Ellwood, Viveka Prakash-Zawisza, Celia Segel, Accountable Care Behavioral Health (ACBH) policy team members
- UMass Chan: Hilary Deignan, Cassidy DiRamio, Catie Geary, Jennifer Hitchcock, Olivia O'Brien

Welcome and Housekeeping

MAC Meeting Schedule

- Meeting #8 will be held on Tuesday, April 28th, from 12pm to 2pm
- This meeting will be hybrid (in-person and virtual)

Meeting 6 Reflection Survey Results

- Survey feedback from Meeting 6 was positive.

Response to MAC Feedback

- There was interest in engaging more with other stakeholder groups and MassHealth included that topic area in today's agenda.

Objectives for Meeting 7

1. Review the annual State Budget process and MassHealth budget forecast.
2. Learn about MassHealth's 1115 Waiver and the current process for renewal
3. Review the MAC's accomplishments from the past year and discuss successes, challenges, and ideas for strengthening.
4. Learn about the most recent MassHealth Program Advisory Committee (MPAC) and MassHealth Delivery System Reform Advisory Committee (DSTAC) meetings attended by MAC representatives and discuss broader stakeholder engagement.
5. Discuss potential agenda items for Meeting #8.

State Budget Update

MassHealth presented an overview of the Massachusetts State Budget process:

- The state's fiscal year extends from July 1 to June 30: FY27 begins on July 1, 2026.
- Rising health care costs continue to place enormous pressures on states
    - Current healthcare cost growth in Massachusetts is driven largely by increased spending on prescription drugs, outpatient behavioral health, and home and community-based long-term services and supports.
    - Federal changes to Medicaid included in OB3, once fully implemented, will further result in a potential loss of up to $3.5 billion annually in federal healthcare funding in Massachusetts.
- The Governor released her proposed budget (H.2) for FY27 in January 2026

The Administration is working to help keep MassHealth on a sustainable path and reduce spending levels in line with the proposed budget.

In thinking through options to reduce spending, MassHealth prioritized services for children, older adults, and people with disabilities.

For FY27 MassHealth proposes to:

- Continue to aggressively expand program integrity initiatives
- Institute a moratorium on all provider rate increases or program expansions not required by federal law
- Implement one-time measures that bridge to FY28, allowing time for policy development and stakeholder engagement over the next 18 months
- Make reductions in targeted spending for services that are not mandated for coverage, including:
    - eliminating coverage of GLP1s when prescribed for weight-loss alone
    - capping adult dental spending at $1,000/member per year (excluding adults receiving services from the Dept. of Developmental Services (DDS)), and
    - tightening eligibility for care management.
- These policies will bring MassHealth closer in line with Medicaid programs in peer states.

MassHealth plans to partner with stakeholders over the next year to help develop new approaches to providing coverage to members at a sustainable rate of spending growth:

- Building on and continuing the Personal Care Attendant (PCA) workgroup and convening new Adult Day Health (ADH) and Adult Foster Care (AFC) workgroups to help identify ways to reduce spending in these programs.
- Creating a workgroup to discuss carving out pharmacy benefits from health plan management, which would simplify operations and generate savings

Discussion

Rising healthcare costs

- Some MAC members were relieved that many benefits and services were protected, but others were concerned about proposed targeted spending reductions.
    - MassHealth clarified that transportation (accessed via Pt-1s) to and from appointments is not impacted by proposals included in H2.
- Some also expressed worry about future budget reductions that could come from the proposed sustainability workgroups for particular LTSS.

Removing coverage for GLP1s for weigh loss

- MassHealth clarified that GLP1s would still be covered for other chronic health issues such as diabetes (just not for weight loss alone)

Capping adult dental spending at $1,000 per member per year

- MAC members are concerned that this cap may be too low to cover dental needs.
    - MassHealth clarified that this cap would not apply to members who are receiving services through the Department of Developmental Disabilities (DDS) who are eligible for more comprehensive dental services

Reducing funding for care management in ACOs

- Many MAC members were concerned about MassHealth members potentially losing access to care management
    - For example, one member relayed how people rely on care management for the warm hand-offs that help ensure continuity of care.
- Another member raised concerns that the burden of care management will still fall to providers, but they will no longer get reimbursed
    - MassHealth clarified that the proposal does not eliminate care management all together, but rather reduces the number of members who are eligible for care management from MassHealth and targets services to those most in need
    - MassHealth also clarified that the policy would eliminate requirements for ACOs to contract with Behavioral Health and Long-Term Services and Supports (LTSS) Community Partners (CPs), but ACOs may still choose to continue these relationships.
- ACOs will still be required to provide care management, with a smaller more targeted budget, and there may be alternative services available through other community programs or agencies.

Next Steps on FY27 Budget

- These proposals were part of the H2 budget filed by the Governor, and MAC members can reach out to their local legislative representatives to advocate for any changes to the proposals or to support them.

MassHealth workgroups to develop new approaches to sustainability

- Personal Care Attendant (PCA) services, Adult Day Health (ADH), Adult Foster Care, and pharmacy benefits were chosen for workgroups because these are the areas of high spending growth.
    - LTSS provided in the home and community represent the largest area of growth for MassHealth.
    - Drivers include increased utilization and costs. The increase in utilization of these services far outpaced the increase expected from the increase in population of Seniors due to demographic reasons alone in Massachusetts.
- Members shared insights on what they thought could be part of the potential causes of higher costs for ADH and AFC, including
    - increased awareness among families about services available to them,
    - ongoing challenges related to lack of programs/placements for kids once they age out of school supports (coupled with DDS budget constraints):
        - Members shared that, without school supports, parents have few options and may apply for AFC to become their child's full-time caregiver or send them to ADH.
        - Another member noted a wave of kids with autism who are turning 22 between 2024 and 2026
    - Members suggested that the new workgroups consider how age may factor into increased costs and utilization of ADH and AFC.
- MAC members were also interested in how current utilization numbers for ADH and AFC compare to utilization pre-COVID.
    - MassHealth noted that right after COVID, reimbursements for AFC were increased to improve financial stability of the organizations and help support paying market salaries to staff.

Next Steps

MAC members expressed interest in getting more information on the workgroups.

- MassHealth explained that the workgroups are usually comprised of a group of stakeholders who have vested interest in these programs
- MassHealth will keep the MAC updated on the status of the workgroups

- Members asked if Day Habilitation (Hab) would be included in the ADH workgroup
    - MassHealth clarified that Day Hab is separate and would not be included
    - MassHealth will also follow up on a question from a member about ASPIRE

Section 1115 Demonstration Waiver Renewal Update

Staff from the Accountable Care and Behavioral Health (ACBH) Innovation Policy team at MassHealth gave a general overview of 1115 Demonstration Waivers, including innovative policies and programs included in the past few iterations and in the current Waiver term.

The ACBH team noted that the 2017-2022 evaluation report is now available online for members who would like to review it. It shows the way that innovative programs enacted in Massachusetts have positively impacted members' health.

MassHealth has also begun preparing for activities to support the request for the next 1115 Waiver renewal. Throughout the policy development process, MassHealth will provide updates and opportunities to provide feedback. MAC members can check MassHealth Section 1115 Demonstration Waiver for updates and opportunities to join public meetings.

Discussion

- Members suggested looking at how other states' Medicaid programs sustain themselves to see if MassHealth can learn anything from their strategies.
    - MassHealth confirmed monitoring both what other states are doing in their 1115 Waivers and what CMS is approving to help gain insight into how the current Administration may be thinking about certain types of requests.
- Because time for the 1115 Waiver slides was shortened, MassHealth will work with the MAC to offer additional opportunities for learning and discussion, with a focus on topics that the MAC has expressed particular interest in.

MAC 2025 Year in Review

MassHealth and members reflected on the MAC's 2025 goals and accomplishments.

Discussion

Reflections

Individual members expressed their views and experiences on the MAC so far, all of which were very positive. For example, members noted:

- Meetings are always well- facilitated and members appreciate that staff help MAC members feel valued as a committee
- Members feel that the MAC's purpose is clear.
- MassHealth is gracious about accepting feedback, and staff listen to and support members individually and as a group to help problem-solve.
- MAC members have accomplished having a greater understanding of what MassHealth is and how it helps members them, and
- Have been able to help others understand and debunk misinformation.
- Current MAC members feel that they have been doing good work that will be helpful for future MAC members.

Goals

MAC members did not propose any changes to the existing goals, but some expressed wanting to explore opportunities to engage more broadly with other MassHealth members or for the MAC to be more directly accessible to other members who want to raise questions or concerns.

Interest in Extending the Current Term

MAC members also discussed the potential of extending the current MAC term for another year, through December 2027 (which MassHealth is currently exploring):

- Many expressed support for extending the term, and felt their ability to provide useful input to MassHealth has increased the more they have learned.
- At a minimum, if extension is not possible, many expressed interest in supporting or mentoring new MAC members as alumni.
- Having an alumni network could also help expand outreach capacity for engagement opportunities (meetings, webinars, etc.).
- MassHealth will follow-up to discuss with the group what an alumni network or supports might look like.
- Prior to any new MAC application cycle, MassHealth will seek MAC input on the previous process and any ideas for strengthening it.

Discussion on Information Sharing

MassHealth was interested in learning whether/how members share information learned at MAC meetings with their communities. Many MAC members shared that they do this frequently, for example:

- Discussing information at support groups and with community-based organizations

- Members also share information less formally, for example, by attempting to correct incorrect or inaccurate information that others may post online.
- Members discussed how they might continue to share information more efficiently with their communities and other consumers, including, e.g.:
    - Potentially hosting open "Town-Hall" meetings similar to the One Care Implementation Council
    - Creating a MAC social media account
    - Creating a public-facing MAC email account
- MassHealth also encouraged members to share any events in the community that might be helpful for MassHealth to attend or share information with,

Planning for 2026

MassHealth and members reviewed the Parking Lot and discussed potential topics for 2026, including follow-up on Customer Service/Disability Evaluation Services, more information on the 1115 Waiver, and ongoing work related to OB3 policy changes.

Wrap Up and Closing

Next Steps

MassHealth will:

- MassHealth will be hosting member-facing webinars on April 7th, 8th, and 9th to share updates on OB3 (in response to suggestions made by the MAC).
    - MassHealth will share the meeting information so that the MAC can help with outreach and sharing the meeting information with their communities.
- Send out Meeting 5 and Meeting 7 notes for review
- Follow up on questions from the discussion on H2
- Think through ideas for incorporating 1115 Waiver topics into future meetings
- Send out the draft acronym guide
- Distribute a survey on interest in extending current terms for another year
- Follow-up on potentially having the April meeting be hybrid
- Follow-up with interested members to discuss creating a potential alumni network
- MAC (optional) Meeting 7 Debrief will be on Tuesday, March 3rd (from 12-1).

MAC members will:

- Complete the Meeting 7 Reflection Survey
- Review the minutes for Meetings 5 and 7
- Share the April OB3 webinar information with their communities