

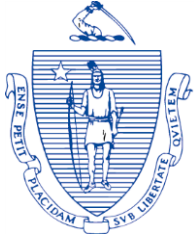
Massachusetts Home and Community-Based Services (HCBS) Spending Plan

American Rescue Plan Act (ARPA) Enhanced Federal
Funding

Executive Office of Health and Human Services (EOHHS)

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The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, Room 1109
Boston, Massachusetts 02108



CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

Daniel Tsai
Assistant Secretary for
MassHealth

Tel: (617) 573-1600
Fax: (617) 573-1891
www.mass.gov/eohhs

June 17th, 2021

Anne Marie Costello
Acting Deputy Administrator and Director
Center for Medicaid & CHIP Services (CMCS)
7500 Security Blvd
Baltimore, MD 21244

Dear Acting Deputy Administrator and Director Costello,

The Commonwealth of Massachusetts is pleased to submit the enclosed Initial Spending Plan Projection and Narrative to enhance, expand, and strengthen home and community-based services (HCBS) under the Medicaid program using an estimated \$500 million in federal financial participation (FFP) pursuant to Section 9817 of the American Rescue Plan Act of 2021 (ARPA). As the single state Medicaid agency, the Massachusetts Executive Office of Health and Human Services (EOHHS) will serve as the oversight organization for the HCBS ARPA funds.

Use of enhanced federal funding will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs. To achieve these goals, the Commonwealth of Massachusetts will implement initiatives supporting three key structural pillars:

1. **HCBS Workforce**, *retaining and building a high-quality network;*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models; and*
3. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

Massachusetts's will implement three rounds of initiatives tied to the three structural pillars. Round 1 will invest approximately \$100 M of the enhance federal funding in immediate time limited across the board payment enhancements to strengthen and stabilize the HCBS workforce.

Rounds 2 and 3 will invest the remaining funds to support strategic and structural investments, aimed at enhancing the Massachusetts LTSS and behavioral health delivery system to better support individuals living in the community, their families and their caregivers in addition to ensuring that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support.

Massachusetts has a strong history and commitment to providing a robust set of HCBS aimed at rebalancing long-term services and supports (LTSS) and behavioral health services toward community settings, allowing individuals to be served in the most appropriate and least restrictive settings.

Collaboration between the disability, behavioral health and aging networks is a key component of this enhanced system structure. Massachusetts remains committed to improving how HCBS are accessed and delivered throughout the state and will continue to work to ensure this coordination and integration occurs.

To that end, Massachusetts is seeking CMS guidance on whether certain behavioral health services authorized under the Massachusetts's State Plan and 1115 waiver are eligible for increased FMAP where they are not currently categorized as rehabilitative or Section 1915 services in the Massachusetts State Plan or home and community-based waiver program. Massachusetts's believes that these behavioral health services should be eligible for increased FMAP but looks forward to CMS's confirmation of this interpretation. These services are critical to supporting members living in the community and therefore if approved, will become a central component of investments made in Rounds 2 and 3 to further strengthen and enhance delivery.

Massachusetts is committed to working with our many community partners and stakeholders in a collaborative fashion to achieve the goals of enhancing, expanding and strengthening HCBS. The HCBS ARPA funds will complement other ongoing initiatives in Massachusetts aimed at rebalancing long-term services and supports and behavioral health services towards community living. Further, the Commonwealth assures CMS that:

- The state is using the federal funds attributable to the increased federal medical assistance percentage (FMAP) to supplement and not supplant existing state funds expended for Medicaid HCBS in effect as of April 1, 2021;
- The state is using the state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program;
- The state is not imposing stricter eligibility standards, methodologies, or procedures for HCBS programs and services than were in place on April 1, 2021;
- The state is preserving covered HCBS, including the services themselves and the amount, duration, and scope of those services, in effect as of April 1, 2021; and
- The state is maintaining HCBS provider payments at a rate no less than those in place as of April 1, 2021.

EOHHS will also serve as the Operating Agency for ARPA initiatives through the MassHealth program, the Commonwealth's Medicaid program. Whitney Moyer, Chief of the Office of MassHealth Long Term Service and Supports, has been designated as the primary contact person for Massachusetts; she will work closely with many others across state government, as well as with community partners across the HCBS continuum, to implement the initiatives. Please do not hesitate to contact her at whitney.moyer@mass.gov or 857-262-2018.

Sincerely,
Daniel Tsai
Medicaid Director

Cc: Marylou Sudders, Secretary of the Executive Office of Health and Human Services
Amanda Cassel-Kraft, Deputy Medicaid Director
Mike Levine, MassHealth Chief Financial Officer
Whitney Moyer, MassHealth Chief of Office of Long-Term Services and Supports

A. Executive Summary

Massachusetts has a strong history and commitment to providing a robust set of Medicaid home and community-based services (HCBS) aimed at rebalancing long-term services and supports (LTSS) and behavioral health services toward community settings, enabling individuals to be served in the most appropriate and least restrictive settings. Collaboration between the disability, behavioral health, aging and housing services networks is a key component of the Massachusetts HCBS structure. Massachusetts remains committed to improving how HCBS are accessed and delivered throughout the state and will continue to work to ensure that member's services are well coordinated and integrated.

Massachusetts' proposed spending plan outlines a strong framework for significant investment that enhances, strengthens, and expands HCBS across MassHealth populations both immediately and in the long term. Use of enhanced federal funding through Section 9817 of the American Rescue Plan Act (ARPA) will reinforce the Commonwealth's commitment to improve equity and access to HCBS for those with physical disabilities, intellectual and developmental disabilities, and behavioral health needs.

To achieve these goals, the Commonwealth of Massachusetts will implement initiatives supporting three key structural pillars:

1. **HCBS Workforce**, *retaining and building a high-quality network;*
2. **Access to and Promotion of HCBS Services and Supports**, *including navigation, transitions, family supports, diversion and enhanced care models; and*
3. **HCBS Technology and Infrastructure**, *to enable more effective care coordination, access, and delivery.*

The implementation of supports for these three structural pillars will augment on-going state initiatives aimed at enhancing the Massachusetts LTSS and behavioral health delivery system to better support individuals living in the community, as well as to ensure that the Massachusetts workforce has the training and support necessary to provide the highest level of service to those they support.

This spending plan is submitted on behalf of Massachusetts EOHHS' Office of Medicaid (MassHealth) and represents efforts across multiple health and human services state agencies, including:

- Executive Office of Elder Affairs (EOEA)
- Department of Developmental Services (DDS)
- Massachusetts Rehabilitation Commission (MRC)
- Department of Mental Health (DMH)
- Department of Youth Services (DYS)
- Department of Children and Families (DCF)

The plan outlines the staged approach EOHHS will take in finalizing the scope of HCBS initiatives over three time periods or "rounds" using an anticipated \$500M in enhanced funding:

- “Round 1” will invest approximately \$100M of the enhanced federal funding in immediate, time-limited, across-the-board payment enhancements over July – December 2021 to strengthen and stabilize the HCBS workforce. Providers will be required to use 90% of funds received on direct care staff in the form of financial incentives to expand the number, retention rates and expertise/skills of their direct care workforce.
- “Rounds 2 and 3” will invest the remaining anticipated \$400M of enhanced federal funding through March 2024.

All three rounds of initiatives will tie to the three structural pillars highlighted below. Greater detail is provided later in this document on key initiatives that support each pillar:

- **HCBS Workforce** development and expansion, including programs to support training, recruitment and retention
- **Access to and Promotion of HCBS Services** that further rebalances toward community-based services with focus on HCBS navigation, transitions to HCBS and diversion from facility-based settings, and services that enhance HCBS capacity and care models (e.g., family caregiver support, home modification programs, PASRR enhancements, embedded options counselors in inpatient settings)
- **Technology and infrastructure investments** to strengthen HCBS (e.g., home monitoring devices, data sharing, caregiver directories, electronic and interoperation platforms for uniform assessments and case management, enhanced communication tools for families, consumers, and caregivers etc.)

Through the summer and fall of 2021, the Commonwealth will refine the scope of each initiative with input from the broader HCBS stakeholder community. Future quarterly spending plans will detail each initiative and highlight how the one-time and time-limited investments will have long-term, structural impacts.

B. Overview of Enhanced Medicaid HCBS Federal Funding Authorized by the American Rescue Plan Act (ARPA)

On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, enacting a \$1.9 trillion COVID-19 relief package. The legislation includes a number of provisions that impact state and federal health care policies and programs, including the availability of enhanced federal funding for state Medicaid spending on HCBS. These services help older adults, people with disabilities and people with behavioral health needs live independently in the community by providing a variety of supports.

In particular, Section 9817 of the American Rescue Plan provides states with a one-year, 10 percentage point increase in their federal medical assistance percentage (FMAP)—the share of state Medicaid spending paid for by the federal government—for certain Medicaid HCBS expenditures. This 10-percentage point increase will apply only to HCBS expenditures provided between April 1, 2021 and March 31, 2022. States must use the federal funds attributable to the one-year increased FMAP by March 31, 2024 and funding must supplement, not supplant, existing state funds expended for Medicaid HCBS in effect as of April 1, 2021. In addition, states must use state funds equivalent to the amount of federal funds attributable to the increased FMAP to implement or supplement the implementation of one or more activities to enhance, expand, or strengthen HCBS under the Medicaid program.

The one-year increase in federal matching funds will result in new, time-limited dollars that can be invested in HCBS services through March 2024. This extended time period will provide states with time to design, gather input and implement short-term activities to strengthen the HCBS system in response to the COVID-19 Public Health Emergency (PHE), as well as longer term strategies that enhance and expand the HCBS system and sustain effective programs and services.

Examples of activities that states can initiate as part of this opportunity include, but are not limited to:

- Payment rates
- HCBS workforce recruitment or training, expanding provider capacity
- Assistive technology, including access to additional equipment or devices
- Community transition and coordination costs
- Expanding HCBS capacity
- Diversion from facility-based care
- Enhancing care coordination
- Support for individuals with HCBS needs and their caregivers
- Strengthening assessment and person-centered planning practices
- Employing cross-system data integration efforts
- Expanding use of technology and telehealth
- Addressing social determinants of health (SDOH) and health disparities
- Testing alternative payment methodologies or the delivery of new services that are designed to address SDOH that may include housing-related supports such as one-time transition costs, employment supports, and community integration, among others

In April 2021, Massachusetts EOHHS issued a Request for Information (RFI) to collect written feedback from organizations, individuals and the broader community on strategic areas where the enhanced funding available through ARPA Section 9817 could be focused. In response, 95 individuals and organizations submitted a total of 203 proposals across four defined focus areas:

- Focus Area 1: Access to HCBS services and supports, 69 responses
- Focus Area 2: Technology and infrastructure investments to strengthen HCBS, 41 responses
- Focus Area 3: Initiatives that provide opportunities to promote HCBS and emphasize high-quality, person-centered care, 26 responses
- Focus Area 4: HCBS workforce development, including recruitment and retention strategies, 67 responses

EOHHS used the feedback and proposals collected through the RFI process to inform this initial spending plan and will use this feedback, along with additional input EOHHS will solicit to shape future quarterly spending plans. The Massachusetts spending plan appropriately weighs [CMS guidance](#) regarding allowable uses and limitations of the enhanced HCBS funding, as well as the time-limited nature of the funding.

C. Home and Community-Based Services in Massachusetts

HCBS are a diverse set of services that assist people with disabilities (including, for example, people with chronic illness or, behavioral health disabilities) and older adults with their activities of daily living —such as preparing meals, transportation, and personal care—allowing them to live independently and safely in their homes and communities. Some HCBS also meet an individual’s medical needs, such as home health services. Medicaid is the primary payer for most HCBS. States have been spending an increasing proportion of overall funds on HCBS for decades, reflecting an emphasis on providing services in the least restrictive and least intensive care settings. HCBS are an essential component of the care continuum, as evidenced during the COVID-19 pandemic.

Massachusetts has a long-standing commitment to ensuring that older adults and people with disabilities have access to community-living opportunities and supports that address each individual’s diverse needs, abilities, and backgrounds. Over 320,000 individuals receive HCBS and over 77% of all MassHealth LTSS expenditures go toward HCBS. In 2008, the Commonwealth honored the commitment to delivering services in the home and community with the establishment of the [Community First Olmstead Plan](#). Ten years later, the Commonwealth issued the [2018 Massachusetts Olmstead Plan](#). The updated plan tracked the progress the Commonwealth made in achieving its’ original goals and set forth the Commonwealth’s plan for continuing upon that progress.

Massachusetts HCBS Delivery Landscape

Across the Commonwealth of Massachusetts, many state agencies provide necessary services and supports that are funded through state and federal programs that enable older adults and individuals with disabilities to live independently. The Massachusetts EOHHS, which is also the single state agency for the Medicaid program, is the cabinet level agency that oversees multiple human services agencies and offices, including agencies serving individuals with disabilities and older adults. Within EOHHS, the Office of Medicaid oversees MassHealth, the state’s Medicaid and Children’s Health Insurance Program. MassHealth covers a wide range of HCBS, including optional Medicaid services, within the Medicaid State Plan, as well as integrated health plans and 1915(c) HCBS Waivers.

MassHealth administers all Medicaid LTSS, including three integrated programs for adults with MassHealth and Medicare coverage called One Care, the Program for All-Inclusive Care for the Elderly (PACE) and Senior Care Options (SCO), as well as administers ten HCBS 1915(c) waivers. MassHealth also directly covers HCBS rehabilitative services and targeted case management to address members’ behavioral health needs. MassHealth offers state plan rehabilitation services and targeted case management for chronically mentally ill members in the community through the Department of Mental Health (DMH), and targeted case management for members with intellectual disability through the Department of Developmental Services (DDS) and the Massachusetts Rehabilitation Commission (MRC). Rehabilitative and targeted case management services are also provided through the Children’s Behavioral Health Initiative

(CBHI) funded through the MassHealth program. CBHI provides a robust array of intensive HCBS to youth. The Systems of Care (SOC) philosophy guides the work of CBHI. The SOC framework fosters collaboration across agencies, families, and youths through the core SOC values of:

- **Youth Guided and Family Driven:** Services are driven by the needs and preferences of the child and family, developed in partnership with families, and accountable to families.
- **Strengths-Based:** Services are built on the strengths of the family and their community.
- **Collaborative and Integrated:** Services are coordinated and integrated across child-serving agencies and program.
- **Culturally Responsive:** Services are responsive to the family’s values, beliefs, norms, and to the socio-economic and cultural context.
- **Continuously Improving:** Service improvements reflect a culture of continuous learning, informed by data, family feedback, evidence, and best practice

The Commonwealth offers a wide array of HCBS 1915(c) waivers to many populations that would otherwise require facility-based services. Since 2008, Massachusetts has expanded the number of HCBS 1915(c) waivers from four waivers serving approximately 20,000 individuals to ten waivers serving approximately 33,000 individuals. Waiver programs serve frail older adults, adults with intellectual disabilities, individuals with traumatic and acquired brain injuries, children with Autism Spectrum Disorders, and individuals transitioning from facilities. Three EOHHS agencies operationalize the state’s HCBS 1915(c) waivers on behalf of MassHealth including the Executive Office of Elder Affairs (EOEA), Department of Developmental Services (DDS), and Massachusetts Rehabilitation Commission (MRC).

Massachusetts Efforts to Innovate and Transform the HCBS Landscape

Starting in 2011, the Money Follows the Person (MFP) Demonstration Rebalancing Grant worked to advance the state’s “Community First” commitment to ensuring that older adults and people with disabilities have access to the supports and services needed to live with dignity and independence in the community. Over 2,151 individuals were transitioned from nursing facilities and long-stay hospitals to community-settings through the Massachusetts MFP Demonstration.

The Commonwealth has continued to support transitioning individuals to the community following the conclusion of the MFP Demonstration Rebalancing Grant through two 1915(c) waivers called the Moving Forward Plan Residential Supports Waiver, for people at facility-level of care who need supervision and staffing 24 hours a day, seven days a week in a provider-operated residence, and the Moving Forward Plan Community Living Waiver for people who can move to their own home or apartment or to the home of someone else and receive services in the community.

One Care, the state’s demonstration to integrate care for dual eligible individuals, is a comprehensive health program designed to fully integrate MassHealth and Medicare benefits for dual eligible members who are between the ages of 21-64 at the time of enrollment. One Care began in 2013. The goal of One Care is to offer a better, simpler way for people with disabilities

to get all their medical, behavioral health and long-term services and supports through one integrated person-centered plan. One Care covers all the services dually eligible beneficiaries have now, plus certain additional and expanded behavioral health and community-based services. Through enrollment in a One Care plan, individuals have access to many services including home care services, home modifications, peer support, non-medical transportation, and personal care services, including cueing and supervision. As part of the assessment and person-centered planning process, enrollees may benefit from the support of a Long-Term Services and Supports Coordinator.

Under the MassHealth Demonstration Project (a/k/ the Waiver), MassHealth offers an expanded array of HCBS behavioral health services and has implemented the statewide Accountable Care Organization (ACO) program in 2018, which aims to improve integration of care, coordination among providers and the member experience of care. All MassHealth ACOs are required to form linkages to state-designated Community Partners of behavioral health and LTSS. These Community Partners support ACOs with care coordination and management for members with complex behavioral health and LTSS needs and are integral parts of a more integrated, member-centered Medicaid delivery system. Under the MassHealth Waiver, ACOs are also able to invest in certain approved community services that address health-related social needs and are not otherwise covered under Massachusetts' Medicaid benefit.

The MassHealth Waiver also allows MassHealth to provide an expanded array of diversionary behavioral health services and substance use disorder services to members. The diversionary behavioral health services in the MassHealth Waiver are home and community-based mental health and substance use disorder services furnished as clinically appropriate alternatives to and diversions from inpatient mental health and substance use disorder services in more community-based, less structured environments. Diversionary services are also provided to support an individual's return to the community following a 24-hour acute placement; or to provide intensive support to maintain functioning in the community. Diversionary services are offered to provide interventions and stabilization to persons experiencing mental health or substance addiction crises in order to divert from acute inpatient hospitalization or to stabilize after discharge. Any MassHealth member under the demonstration who is enrolled in managed care may be eligible to receive diversionary services. Additionally, under the MassHealth Waiver, MassHealth also covers a broad array of SUD services, following the American Society of Addiction Medicine (ASAM) principles. These SUD services are aimed at reducing use of the emergency department and unnecessary hospitalizations.

The MFP Demonstration, One Care and the MassHealth Waiver build upon Massachusetts' commitment to improve consumer choice and care coordination and increase the availability of home and community-based services that are person-centered and high in quality.

In early 2021, EOHHS released the Roadmap for [Behavioral Health Reform](#), a multi-year blueprint, based on listening sessions and feedback from nearly 700 individuals, families, providers and other stakeholders who identified the need for expanded access to treatment, more effective treatment, and improved health equity. A critical piece of the Roadmap is to create a "front door" to treatment—a new, centralized service for people or their loved ones to call or text to get connected to mental health and addiction treatment. For the first time, this front door will

allow individuals and families to fully access the range of comprehensive services offered in the Commonwealth through a single navigation resource. In addition to this front door, the Roadmap proposes reforms to make outpatient assessment and treatment more readily available through a number of changes including:

- Expanded access to treatment, including nights and weekends for a subset of behavioral health providers;
- More behavioral health treatment—mental health and addiction services—at primary care offices; and
- Better, more convenient community-based alternatives to the emergency department for crisis intervention services.
- Access to culturally relevant care in the person’s preferred language, because we will invest in workforce competency.

The funding authorized through ARPA will further these goals and will additionally help given that the COVID-19 pandemic intensified people’s preference for receiving HCBS and reinforced the need for a robust and stable HCBS system to provide high-quality, person-centered care to Medicaid populations. The increased funding provided through ARPA will help provide states with resources needed to continue efforts to expand and strengthen HCBS.

D. Spending Plan Projection

Massachusetts estimates receiving an additional 10% FMAP equaling approximately \$500M. This will allow Massachusetts to continue its successful rebalancing efforts to-date including, but not limited to, the following: transitioning and diverting individuals with disabilities and/or older adults from facility based to community based settings; increasing community-based opportunities for individuals with behavioral health needs and intellectual or developmental disabilities; and expanding opportunities that address the needs which are critical for youth, older adults, people with disabilities and their families to remain living in community-settings, especially individuals with behavioral health support needs.

Service¹	Est. annual spend (\$M)
Home Health Services	366
1915(c) HCBS Waiver Services	1,820
PACE	201
Personal Care Services	1,661
Targeted Case Management	109
Rehabilitative Services	702
Private Duty Nursing	104
Total annual spend based on historical	4,963
Round 1 investment (before March 2022)	280
Total w/ Round 1 investment	5,243
<i>Value of 10% FMAP bump</i>	<i>524</i>

¹ As defined in Appendix B of SMD 21-003 issued by CMS on May 13, 2021

E. Spending Plan Narrative

The enhanced federal funding affords Massachusetts with an opportunity to make substantial investments in services and supports for those with physical disabilities, intellectual and developmental disabilities, and/or behavioral health needs.

Investments authorized through ARPA will supplement efforts already underway aimed at bringing the Massachusetts' system of HCBS closer to the "ideal", where:

Individuals with chronic health conditions, functional impairments and [behavioral health needs] would have access to a readily-available network of affordable options that provides high- quality care and supports, allowing these individuals to live well and safely in their homes and communities. The needs, values, and preferences of these individuals and their family caregivers would be regularly honored by the providers, organizations and delivery systems that serve them. Health care providers would be knowledgeable about long-term services and supports (LTSS), connecting people with available options to help them live functional lives in the setting of their choice. An array of community service providers would exist to help individuals navigate options for care and provide the tangible services. Community service providers, acting as the eyes and ears for health care professionals, would link accurate and timely information back to health care providers to enable individuals to use all services in the most appropriate and cost-effective manner. All providers would focus on making and maintaining key integrated connections between the main service platforms – primary, acute, behavioral, and rehabilitative care with LTSS – and place the individual in the center of the care experience. Overall, the right providers would engage with individuals at the right time and right place, involving family as appropriate and creating a rational plan of care that puts the person's preferences, values, and desires first [with an understanding of the person's social determinants of health].²

This document serves as Massachusetts' proposed HCBS Spending Plan, including high-impact initiatives that can be sustained primarily through one-time investments, totaling approximately \$500M in enhanced federal match. This funding will bolster the following three pillars:

1. **HCBS Workforce**, retaining and building a high-quality network;
2. **Access to and Promotion of HCBS Services and Supports**, including navigation, transitions, family care givers diversion and enhanced care models; and
3. **HCBS Technology and Infrastructure**, to enable more effect care coordination, access, and delivery

² Source: The SCAN Foundation (2012). *Bridging Medical Care and Long-Term Services and Supports: Model Successes and Opportunities for Risk-Bearing Entities*. Available at: <http://www.thescanfoundation.org/bridging-medical-care-and-long-termservices-and-suports-model-successes-and-opportunities-risk>

Overview of Round 1, 2 and 3 Investment Approach

Round 1 Investments

Round 1 investments are focused on the HCBS workforce and are designed to provide immediate short-term funding to support provider workforce development initiatives that will address HCBS workforce shortages stemming from the COVID-19 pandemic. EOHHS anticipates commencement of this funding beginning on dates of service on or after July 1, 2021 and continuing through December 31, 2021.

Round 2 and 3 Investments

Round 2 and Round 3 investments will focus on one-time or time-limited funding that support initiatives with long term, structural impact. These investments require additional development and discussions with the Massachusetts stakeholder community. Massachusetts aims to finalize Round 2 investments in the submission of first quarterly spending plan to CMS on July 15, 2021 and finalize Round 3 investments in the submission of the second quarterly spending plan on October 15, 2021. Each round will include initiatives that strengthen the three HCBS pillars: workforce, access and promotion, and technology and infrastructure.

Pillar 1 | HCBS Workforce: Retaining and building a high-quality network

A strong direct care and support workforce is essential to any effort to strengthen, enhance, and expand home and community-based services. The state values the workforce's cultural and linguistic capabilities. The HCBS efforts and services outlined in this plan will not be possible without an immediate investment in the state's workforce to build and strengthen in response to the COVID-19 public health emergency, as well as longer term strategic and structural investments.

High turnover among the workforce further challenges the HCBS network and can hamper the formation of reliable connections and results in service inconsistency for members. To improve consumer experience and outcomes, targeted investments are needed to recruit, educate, and maintain a robust, skilled and culturally competent network of direct care workers.

Through investments in provider workforce development, Massachusetts seeks to increase the number of clinical and non-clinical workers across programs and services, including navigation and service support workers, case managers, homeless service workers, group home workers, shared living caregivers and in-home and community-based direct care workers.

An immediate and principal challenge to implementing the initiatives in this spending plan is the limited supply of workers and the capacity of providers and agencies to meet demand. The pandemic has exacerbated these long-standing supply and demand issues. Direct care workers are difficult to recruit and retain because of the difficulty in maintaining competitive wages relative to the high demands of the work. Given this, many elected to leave the workforce during the COVID-19 pandemic. Rebuilding the direct care workforce is critical for enhancing, expanding and strengthening HCBS.

A first action Massachusetts will take using ARPA enhanced funding is to invest approximately \$100M of state funds to provide immediate funding between July – December 2021. Funding will support time-limited rate enhancements aimed at strengthening and stabilizing the HCBS workforce. Providers and provider agencies will be required to use at least 90% of these funds for financial compensation for their direct care workforce, including among other things, hiring and retention bonuses. MassHealth will submit 1135 Disaster SPAs and 1915(c) HCBS Appendix K waiver amendments to implement these rate enhancements, as applicable.

Additionally, in Massachusetts, certain HCBS services are performed by Medicaid-enrolled providers but delivered and funded by the state for both Medicaid and non-Medicaid enrolled individuals. The rates for such services are set uniformly through regulation for all providers receiving state funds to deliver these HCBS services. Medicaid providers, and their workforce delivering such services, do not make a distinction at the point of service delivery between a Medicaid member and a non-Medicaid member. Accordingly, Massachusetts will provide the time-limited rate enhancement – with the requirement that 90% of the rate enhancement support financial compensation for its direct care workforce – to Medicaid-enrolled provider's provision of these state funded HCBS services regardless of whether the recipient receiving the service was enrolled in Medicaid (either in Traditional Title XIX or a MassHealth coverage type authorized under the 1115 Demonstration (e.g. CommonHealth or Family Assistance)) or not. Through this

approach, Massachusetts will best be able to strengthen its Medicaid HCBS system and expand the number and retention rates of its Medicaid HCBS direct care and support workforce. As is current practice, Massachusetts will not claim Medicaid FFP on services provided by MassHealth providers to non-MassHealth members.

Table 1. Workforce Investments, Round 1

Non-Federal Share: \$100M Projected total with enhanced federal funding: \$300M	
Category	Preliminary List of Initiative(s)
<i>Hiring and retention bonuses for direct care and support workers</i>	<ul style="list-style-type: none"> • Immediate time-limited rate enhancements aimed at strengthening and stabilizing the HCBS by funding hiring and retention bonuses to jumpstart the rebuilding of the HCBS workforce in response to the COVID-19 public health emergency • Services include: <ul style="list-style-type: none"> ○ Home Health Services ○ Durable Medical Equipment ○ Continuous Skilled Nursing ○ Personal Care Services ○ Adult Foster Care/Group Adult Foster Care ○ PACE ○ HCBS Waiver Services ○ Targeted Case Management (state agency and CBHI) ○ Day Habilitation Services ○ Rehabilitative Services (state agency and CBHI) ○ Additional services, as permitted by CMS³

The following initiatives serve as preliminary examples to demonstrate potential initiatives to support on-going workforce development through training, assuring a trained, linguistically and culturally sensitive staff, as well as a career ladder that allows the direct care workforce to advance their skills and training.

Table 2. Workforce Investments, Rounds 2 and 3

Non-federal share: \$100M

³ Massachusetts has requested clarification from CMS regarding the inclusion of additional services under Section 9817 of ARPA. If approved by CMS, Massachusetts would include the following preliminary services: Adult Day Health, Applied Behavior Analyst Services, Outpatient behavioral health services provided by Mental Health Centers and SUD Clinics, Early Intervention, Psychiatric Day Treatment, Emergency Services Program, Behavioral Health services provided through School Based Medicaid, and MassHealth Waiver Diversionary and SUD services.

Category	Preliminary List of Initiative(s)
<i>Pipeline Programs</i>	<ul style="list-style-type: none"> • Increase internship opportunities at earlier stages of curricula for those studying to become direct service professionals of various types in trade schools or higher educational institutions with additional consideration for “in-home” internship opportunities. • Create an educational training curriculum for a group of home health or in-home nurse preceptors. • Develop a model curriculum for home health or in-home nursing certification, with a separate module for complex pediatric care in the home. • Establish programs that pay new graduate stipends for the period they spend studying for a competence certification in home health care (3–6 months). • Increase internship and supervision support for CBHI workforce including targeted relationships with institutions of higher education. • Enhance existing pathways to licensure for CBHI clinicians.
<i>Training Programs</i>	<ul style="list-style-type: none"> • Programs to promote and incentivize language classes • Promote career pathways in CBHI through enhanced training opportunities
<i>Supports</i>	<ul style="list-style-type: none"> • Build career pathways by establishing differential pay structures tied with specialized service delivery • Establish programs or supports for direct care and support workers requiring child care or transportation • Provide loan repayment incentives for workers with special focus on workers with diverse cultural, racial, ethnic, and linguistic backgrounds and competence • Shared Living caregiver stipends
<i>Employer-Workforce Partnerships</i>	<ul style="list-style-type: none"> • Establish broader set of direct care staff and support directories, and referral networks for direct care providers • Incorporate HCBS organizations with preceptors and program funds into the state's Centralized Clinical Placement Program to allow nursing students to complete clinical placements in an in-home setting.

Pillar 2 | Access to and Promotion of HCBS

Coming closer to the ideal HCBS system described earlier in this document and further rebalancing toward HCBS relies on four essential opportunities for consumers:

1. The understanding of the choices available to them and how to act upon those choices at any given point in their lives when they need long term services and supports;
2. The availability of those choices in the area and setting in which they choose to live;
3. The ability to access and start those services on a timeline that meets their needs, and
4. The assurance that all services and supports delivered are of the highest quality possible.

Promotion and awareness of HCBS services will be an important component of the initiatives funded using the enhanced federal match. Special attention will focus on ways to promote an understanding about HCBS further upstream to allow for planning and navigation of the system before individuals experience acute or emergency situations. Initiatives and funding will also focus on navigation where the Commonwealth will strive to enhance and connect a range of statewide HCBS navigation systems, including screening and assessment tools, referral and navigation systems, service coordination, and communication campaigns, in order to increase access to HCBS.

Individuals transitioning from a facility-based setting or other provider-operated congregate living arrangement (such as a homeless shelter) to a variety of community-based, independent living arrangements are aided by HCBS transition initiatives, which will enhance community transition programs. Examples of potential areas for investment which will be further refined and examined with additional input from stakeholders will focus on areas such as diverting long-term care facility placements or inpatient hospitalizations to HCBS settings, supporting long-term housing placements for individuals with intellectual or developmental disabilities, and programs that support individuals at risk of unstable housing.

Table 3. HCBS Access and Promotion, Rounds 2 and 3

Projected non-federal share: \$200M	
Category	Preliminary List of Initiative(s)
<i>HCBS Promotion and Navigation</i>	<ul style="list-style-type: none"> • Provide centralized front door to treatment, including behavioral health services • Establish HCBS training programs for inpatient providers • Embed navigation supporter and options counselors at emergency departments and inpatient settings to improve connections with community-based organizations and services as quickly as possible • Invest in residential care coordinators across congregate living settings including senior or family housing.
<i>Transitions to HCBS</i>	<ul style="list-style-type: none"> • Community-based supports focused on regularly transitioning individuals out of facility-based settings (e.g., community-based coordinators /

	<p>options counselors providing peer support, program visits, and direct experiences with community living arrangements)</p> <ul style="list-style-type: none"> • Transition supports aimed at locating housing, coaching to maintain housing and moving cost assistance
<i>Diversion from Facility-Based Care</i>	<ul style="list-style-type: none"> • Development of Community Behavioral Health Centers (CBHCs) providing assessment and connection to behavioral health treatment and offering behavioral health urgent care and a broad range of ongoing treatment • Develop family caregiver resources that connect individuals to respite care and mental health services and other needed supports
<i>Enhancing Services and Care Models</i>	<ul style="list-style-type: none"> • Establish mobile wheelchair repair provider type and clinics for routine maintenance and servicing • Expand hospital at home model and establish rehab at home model • Expanding resources to preserve tenancy and reduce homelessness • Expand home modification programs • Enhance Pre-admission Screening and Resident Review (PASRR) to ensure services provided in the least restrictive setting • Expand family caregiver supports including access to respite care and training and strengthening self-identification as a caregiver.

Pillar 3 | HCBS Technology and Infrastructure

The following examples of infrastructure investments will enable the expansion of HCBS services, allowing existing HCBS programs to better serve their current clients while also expanding to serve more people who fulfill eligibility criteria. The preliminary list of initiatives will be further refined and examined with additional input from stakeholders

Table 4. HCBS Technology and Infrastructure, Rounds 2 and 3

Projected non-federal share: \$100M	
Category	Preliminary List of Initiative(s)
<i>Connection</i>	<ul style="list-style-type: none"> • Comprehensive HCBS webpage with searchable database containing information across agencies that allows consumers to understand variety of services, pre-screen for possible eligibility, and connect with possible providers • Enhance existing provider directories and expand to new populations (e.g., CSN and independent nurses) • Develop electronic uniform core assessment to identify eligible services and inform consumer choice • Expand programs providing internet connection, devices, and training to support consumers with assistive technology, remote patient monitoring devices, access to health records and virtual visits. • Provide supports to help consumers understand/navigate their technology options.
<i>Coordination</i>	<ul style="list-style-type: none"> • Data exchange infrastructure efforts to improve data sharing capabilities and coordination between EOHHS sister agencies who serve several of the same individuals • Support community-based organizations in accessing admission and discharge data of consumers they serve to facilitate timely and smooth transitions • Improve ability to communicate and collaborate across community-based organizations, providers, and unpaid family caregivers.
<i>Outcomes</i>	<ul style="list-style-type: none"> • Establish public LTSS dashboard linked with facility based and HCBS LTSS data, and other quality and demographic data that is publicly available