



MassHealth 1115 Waiver Demonstration Amendment

Public Listening Session

Executive Office of Health and Human Services

March 31, 2021

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Guidance for Participants for Virtual Meetings

- This meeting is open to the public and is **being recorded**.
- For an optimal experience, we strongly recommend using the Zoom platform to join, rather than dialing in by phone.
- For the first portion of the Listening Session, your cameras and participation will be disabled. Please hold your questions and comments until the facilitator opens the meeting for participation.
- You are welcome to share comments or questions using the “Chat” feature.
- Please mute yourself when not speaking, and please be aware that your background is visible when the camera is on
- If you have a question or comment and would like to speak, **please use the “Raise Hand” feature** to alert the facilitator, who will call on you. Be sure to share your name and organization, if applicable. For those on the phone, during the second portion of today’s session, we will periodically pause and offer space for you to comment.
- Please limit your comments to **no more than 2 minutes**.
- For IT issues, questions about using CART for today’s session, or for feedback on session logistics, please use the chat feature to message us, or email Alysa St. Charles (Alysa.StCharles@umassmed.edu)
- CART may be accessed here: <https://www.streamtext.net/player?event=MH1115>
- Slides will be posted after the meeting concludes.

Agenda



Overview

Proposed amendments

Discussion

Massachusetts' Current 1115 Waiver



- 1115 demonstration waivers (“1115 waivers,” “1115 demonstrations”) 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.
- MassHealth’s 1115 waiver has been in place since 1997 and must be renewed every 3-5 years.
- MassHealth’s current 1115 waiver:
 - **Implemented the most significant re-structuring of the program in two decades, shifting the delivery system toward value-based care**
 - **Contributed to maintaining near universal health care coverage for the Commonwealth**
 - **Supported the Commonwealth’s safety net**
 - **Expanded access to Substance Use Disorder services**
- MassHealth’s current 1115 waiver expires in June 2022 and MassHealth will be submitting a request to CMS this summer to renew the waiver for 5 years from 7/1/22 to 6/30/27.

1115 Waiver Amendment



To comply with state law and to make relatively minor changes to the waiver that would go into effect earlier than the 7/1/22 extension date, MassHealth is proposing the following amendments to the waiver:

- Expand Medicare Savings Program Eligibility to comply with state law
- Update Postpartum Coverage
- Provide Community Support Program (CSP) services to Justice Involved Individuals
- Allow payment for Clinic Services delivered in non-clinic locations
- Authorize a Hospital at Home Program

Expand Medicare Savings Program Eligibility



- The FY19 state budget required MassHealth to expand eligibility for the three Medicare Savings Programs (MSP, also known as Senior Buy-In and Buy-In) by:
 - increasing the upper income limit from 135% FPL to 165% FPL
 - doubling the asset limits.
- MassHealth implemented Phase 1 of the expansion on 1/1/20 for individuals who are eligible for or only interested in enrollment in an MSP (and not also for full MassHealth).
- Phase 2 of implementation will extend the new MSP income limits to individuals who are also eligible or applying for full MassHealth, including CommonHealth.

Expand Medicare Savings Program Eligibility



- The 1115 currently allows individuals whose MassHealth does not require an asset test (generally those under 65) with income up to 135% FPL to also receive an MSP without an asset test

- In order to fully implement Phase 2, MassHealth requires amendments to:
 - Increase the income limit for individuals whose full MassHealth does not require an asset test to receive MSP without an asset test to 165% FPL
 - Allow individuals otherwise eligible for the State Plan (Standard) to also receive the Qualifying Individual MSP benefit (federal regulations prohibit individuals from receiving both)

Update Postpartum Coverage



- MassHealth currently provides 60 days of postpartum coverage to members with attested modified adjusted gross income (MAGI) at or below 200% of the federal poverty level (FPL).
- The American Rescue Plan includes a new state plan option to extend postpartum coverage for 12 months for citizens and lawfully present immigrants.
- This new option goes into effect on April 1, 2022 and MassHealth will be submitting a State Plan Amendment to request authority for the option as of April 1, 2022.

Update Postpartum Coverage



- Through this 1115 Amendment, effective upon approval and through March 31, 2022 MassHealth proposes to provide 12 months uninterrupted postpartum coverage, regardless of immigration status, to individuals with attested MAGI income up to 200% FPL.
- Continuous eligibility applies for the 12 month period.
- This extension of coverage will significantly improve access to health care and continuity of care, particularly in the vulnerable period after childbirth.
- Additionally, this will bring Medicaid into alignment with the seamless insurance coverage experienced by postpartum enrollees in commercial insurance plans.

Provide Community Support Services to Justice-Involved Individuals



- A significant portion of individuals who have experienced incarceration have diagnosed mental health conditions and/or Substance Use Disorders (SUD).
- The first months following re-entry into the community are a time of transition for MassHealth-eligible individuals
 - transition into full MassHealth coverage
 - enrollment in managed care
 - connection with community mental health, SUD treatment, and other providers.
- In 2019 MassHealth began a state-funded demonstration in Worcester and Middlesex Counties to provide behavioral health supports to justice involved individuals (BH-JI), either currently incarcerated or detained in a correctional facility, recently released from incarceration, or who are under the supervision of the Massachusetts Probation Service or the Massachusetts Parole Board

Provide Community Support Services to Justice-Involved Individuals



- BH-JI includes two primary areas of support:
 - in-reach activities which take place in correctional facilities prior to a participants' release
 - community supports provided to participants after release from incarceration and for individuals on probation or parole.
- Preliminary results from the BH-JI demonstration indicate:
 - a decrease in inpatient and emergency room utilization
 - increased connection to more appropriate outpatient behavioral health services.
- Building on the Community Support Program (CSP) already authorized under the Commonwealth's 1115 demonstration waiver for members enrolled in managed care, the proposed waiver amendment would authorize Medicaid funding for the community supports provided to MassHealth managed care enrolled justice-involved individuals statewide.

Provide Community Support Services to Justice-Involved Individuals



- CSP Services include:
 - Providing service coordination and linkages
 - Assisting with obtaining benefits, housing and healthcare
 - Developing a safety plan
 - Fostering empowerment and recovery.
- In addition to improving navigation to appropriate levels of care for MassHealth members, CSP-JI will aid in addressing racial and ethnic health disparities. There is growing evidence that the justice system affects Black and Hispanic communities differently than White communities.
- Addressing the mental health and SUD risks of re-entry through intervention with trained navigators, is an important part of addressing the collateral consequences of incarceration related to access to health care.

Allow payment for Clinic Services delivered in non-clinic locations



- During the COVID-19 Public Health Emergency (PHE), CMS permitted MassHealth to temporarily designate a clinic practitioner's location as part of the clinic facility.

- This flexibility:
 - ensured the continued Medicaid coverage for behavioral health clinic services during the PHE
 - allowed individuals to obtain BH care flexibly, without the added costs or time of traveling to the clinic location (e.g. at isolation and recovery sites and via telehealth).

Allow payment for Clinic Services delivered in non-clinic locations



- Via this 1115 amendment, MassHealth seeks to extend and expand on this temporary flexibility and allow for the continued provision of medically necessary clinic services, especially behavioral health services, provided **outside of the clinic**, including through telehealth and in non-clinic locations such as the member's home.
- Although these providers will be based in a physical clinic location, the Commonwealth seeks to **encourage clinicians from clinics to provide services in a mobile, community-focused way**, with the flexibility to meet individuals where they are either in a community-based location (e.g. home or mobile site) or via telemedicine.
- This flexibility will support the Commonwealth's plans for **Community Behavioral Health Centers**, which will provide behavioral health urgent care and timely access to culturally competent, evidence-based outpatient mental health and addiction treatment for individuals of all ages, a key component of the Roadmap for Behavioral Health Reform

Authorize a Hospital at Home Program



- Inpatient hospital settings can be associated with complications including:
 - hospital-acquired delirium
 - hospital-acquired infections
 - functional status loss.
- Inpatient hospital stays are also expensive, accounting for a substantial and rising proportion of total medical expenditure.
- The “hospital at home (HaH)” model of care refers to the home-based delivery of medically necessary acute inpatient hospital services to patients for whom such services are clinically appropriate.

Authorize a Hospital at Home Program



- HaH programs have demonstrated:
 - reduced cost,
 - maintained or improved quality and safety,
 - improved patient experience with benefits including:
 - a reduction in unnecessary laboratory orders and imaging studies
 - less sedentary time for patients
 - fewer readmissions
 - unchanged or reduced mortality
- CMS announced the Acute Hospital Care at Home initiative, which provides regulatory flexibility allowing for safe hospital care for eligible patients in their homes during the COVID-19 PHE.
- MassHealth is aligning with CMS to participate in this initiative, along with Brigham and Women's Hospital and Massachusetts General Hospital.



Authorize a Hospital at Home Program

- EOHHS is requesting ongoing flexibility for this initiative not limited to the public health emergency, to allow qualified acute inpatient hospitals to bill MassHealth for acute inpatient hospital services rendered in a member's home to members for whom such services are clinically appropriate.

- EOHHS proposes to model its hospital-at-home program on CMS' Acute Hospital Care at Home initiative, incorporating most of its requirements and limitations, such as:
 - requiring appropriate screening protocols for admission
 - setting clear expectations around clinical team evaluations (both in-person and virtual)
 - ensuring patients can communicate with their clinical team in a timely fashion
 - establishing the necessary infrastructure to ensure patient safety.

Public Testimony



- EOHHS will accept public testimony during listening session
- *Additional Opportunity to Comment*
 - *Submit written comments:*
 - By email to
1115-Comments@Mass.gov
 - *By mail to*
1115 Amendment Comments
EOHHS Office of Medicaid
One Ashburton Place, 11th Floor
Boston, MA 02108
- *Deadline for comments: April 25, 2021*