

**Commonwealth of Massachusetts
Executive Office of Health and Human Services**

NOTICE OF AGENCY ACTION

SUBJECT: MassHealth: Rates for MassHealth Health Related Social Needs Supplemental Services Effective January 1, 2025

AGENCY: Massachusetts Executive Office of Health and Human Services

Description of Agency Action

The Massachusetts Executive Office of Health and Human Services (EOHHS) intends to adopt rates for Health Related Social Needs (HRSN) Supplemental Services to serve as the “fee-for-service” equivalent rates pursuant to Massachusetts’ 1115 Demonstration Special Terms and Conditions 15.17.1 and 42 CFR 447.362. HRSN Supplemental Services will be provided on a non-risk basis by MassHealth-contracted Accountable Care Partnership Plans (ACPPs) to their enrollees and the MassHealth-contracted Behavioral Health Vendor (BH Vendor) to members enrolled in a Primary Care ACO. These are new rates.

The HRSN Supplemental Services Fee Schedule is located at www.mass.gov/info-details/information-for-masshealth-acos-and-hrsn-providers. These rates are effective for dates of service provided on or after January 1, 2025. The rates were set using the blended historical data and rates from the Flexible Services Program, Specialized Community Support Program, various MassHealth Home and Community-Based waivers, MassHealth’s One Care program, MassHealth’s Mitigating the Costs of Housing (MATCH) program, the US Department of Housing and Urban Development, the US Department of Agriculture, and the Bureau of Labor Statistics, and have been approved by the Centers for Medicare & Medicaid Services (CMS).

The estimated annual aggregate expenditures due to the adoption of HRSN Supplemental Service rates through non-risk contracting with ACPPs and the BH vendor, effective January 1, 2025, is \$35 million. Actual expenditures may vary based on utilization.

Individuals may submit written comments or request a copy of any notices or written comments, about these updates by emailing ehs-regulations@mass.gov. Please submit electronic comments as an attached Word or PDF document or as text within the body of the email with the phrase “MassHealth Fee Schedule for HRSN Supplemental Services” in the subject line. All submissions must include the sender’s full name, mailing address, and affiliation or organization, if any. Individuals who are unable to submit comments or request a copy of any notices or written comments by email should mail written comments or requests to

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