

Dear Secretary Walsh,

The One Care Implementation Council (IC) Executive Committee and undersigned members of the larger IC are writing to express **strong support for the proposed amendment to the 1115 Demonstration**, which preserves the two integrated care programs for Massachusetts residents who rely on both Medicare and MassHealth (Medicaid). The waiver request reflects MassHealth's and CMS's ongoing commitment to strengthening integrated care for populations who often face a convoluted medical system while managing complex medical, behavioral health, and physical needs, alongside negative social drivers of health.

However, we wish the 1115 waiver request contained a more robust commitment to rebalancing priorities and spending—principles that were central to the Financial Alignment Initiative (FAI) that established One Care. The request does not sufficiently address the persistent misalignment between Medicare and Medicaid, which often leads to gaps in coverage and a lack of adequate investment in services that uphold the principles of the Americans with Disabilities Act and the Olmstead Agreement. We are concerned that, without explicit language affirming MassHealth's commitment to rebalancing spending, insurance plans may not take the necessary steps to invest in upstream programs that enable individuals with disabilities to live meaningful lives in the least restrictive settings of their choice. This lack of investment could lead to higher medical costs and poorer health outcomes. We are particularly concerned about the lack of a stronger request from MassHealth for payment structures and flexibilities required to address the needs of individuals with mental health diagnoses or substance use disorder (SUD).

Key points of agreement on the amendment request, as well as one area for further consideration, are detailed below.

Coverage of Expanded and Additional services for Members Enrolled in One Care and SCO Plans

The community-based and flexible benefit services available under One Care are integral to the model of care. These services help keep members living independently in their communities and are the core of One Care's mission. We are also pleased to see these services become available statewide with One Care's expansion to the Islands in January 2026.

We are concerned about workforce capacity. Members often wait for services because there are not enough workers to meet their needs. Providers should offer incentives, including paying above the minimum wage, to ensure the availability of services.

Enrollment Flexibilities for Integrated Care Programs

We appreciate the 1115 waiver including request to allow people on Medicare and CommonHealth over age 65 to elect SCO as their delivery system. Addressing the denial of dual eligibles with Commonwealth over 65 access to the aligned HMO important step in addressing what had been a discriminatory policy, ensuring equitable access to the integrated and coordinated services available under SCO.

Brokers

We are disappointed that MassHealth did not press for increased authority to prevent brokers from insurance plans with One Care and SCO from marketing nonaligned duals plans brokers offering nonaligned plans should not be offering non-integrated plans to consumers. Please consider adding this to the amendment request.

The IC Executive Committee again thanks EOHHS and MassHealth for supporting these flexibilities and we look forward to continuing our work together as One Care transitions to a D-SNP.

Sincerely,

Dennis G. Heaphy
Chair, One Care Implementation Council

Crystal Evans
Vice Chair, One Care Implementation Council

Karen Bureau
One Care Implementation Council

Jason Rodney
One Care Implementation Council

Paloma Fernandes
One Care Implementation Council

Isabella Rose
One Care Implementation Council

Maureen Glynn
One Care Implementation Council

Chris White
One Care Implementation Council

Jeff Keilson
One Care Implementation Council

Sara Willig
One Care Implementation Council

From: [Bill Henning](#)
To: [1115 Waiver Comments \(EHS\)](#)
Subject: 1115 waiver comments
Date: Tuesday, November 12, 2024 3:37:20 PM

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To MassHealth/EOHHS:

Re: 1115 waiver amendment proposal

The Boston Center for Independent Living (BCIL), which advocated for the creation of One Care as part of DAAHR, and which also is a provider of LTS Coordination and PCA services for CCA, the major One Care plan, supports the 1115 waiver amendment proposed by MassHealth.

BCIL especially support the provision, with the change of One Care to a FIDE SNP, to maintain the expenditure authority to continue covering the additional community-based and flexible benefit services for MassHealth members enrolled in One Care, and, as applicable, to provide comparable services for MassHealth members enrolled in SCO. These additional services include services to address health related social needs; independent community living services; and flexible benefits to promote independent living or recovery, positively impact member outcomes or address barriers to achieving goals in the enrollee's care plan. We also strongly support the initiative to allow CommonHealth members ages 65 and older to elect SCO as their delivery system for Medicaid coverage.

We also encourage you to consider the concerns raised in comments submitted by the One Care Implementation Council, which typically has its fingers on the One Care pulse and is a critical voice for enrollees in the program.

Thank you for consideration of these comments and the opportunity to make them.

Sincerely,

Bill Henning

[Bill Henning](#)

Director

Boston Center for Independent Living

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November 12, 2024

Executive Office of Health and Human Services
Office of Medicaid
One Ashburton Place, 10th Floor
Boston, MA 02108

RE: 1115 Amendment Comments

To the EOHHS Office of Medicaid,

Tufts Health Plan, a Point32Health company, appreciates the opportunity to submit public comments on the proposed MassHealth Section 1115 Demonstration Amendment Request. Tufts Health Plan currently participates in both One Care and Senior Care Options and offers these comments for consideration of the waiver's impact on these programs.

I.A – Health Related Social Needs

Tufts Health Plan supports the inclusion of these services under the state's existing health-related social needs authority. Standardizing coverage for these services in both programs for enrollees will ensure a consistent experience receiving needed community supports.

I.B – Independent Living Community Services

Tufts Health Plan is also broadly supportive of the inclusion of the new independent community living services in the proposed waiver. Some of these services currently exist only in One Care or SCO and standardized coverage requirements across both programs should help plans' administration of both programs.

I.C – Flexible Benefits

Tufts Health Plan also broadly supports the inclusive of Flexible Benefits in both the One Care and SCO programs and has recommendations to improve the implementation and ongoing effectiveness of these services.

Tufts Health Plan is firmly committed to improving health equity and meeting unmet social needs as guiding principles for the One Care and SCO programs as well as for our other lines of business. Although Flexible Benefits exist in the One Care program today, health plans and EOHHS do not have clear information on which interventions are most likely to make the greatest impact on a member's health outcomes and total cost of care.

Without robust evaluation of interventions intended to meet members' needs, plans are unable to identify the highest value interventions that may be covered under Flexible Benefits, limiting their ability to identify the right intervention at the right time for members. Diffuse and differentiated plan

investment in Flexible Benefits also negatively impacts community service providers since they do not have a clear framework to work with health plans to provide services at the scale needed.

We recommend that EOHHS also develop an illustrative list of services that the agency recognizes may be appropriate for the Flexible Benefit program and provide information on the average market price of those services per region of Massachusetts (Western, Central and Eastern). Doing so would provide more clear guidance on interventions that are likely to have an impact on member's health while still preserving the intended flexibility for additional innovative services that may fall outside of the recommended list of interventions. The North Carolina Department of Health and Human Services took a similar approach when implementing their 1115 Healthy Opportunities Pilot and [qualitative interviews with stakeholders](#)¹ found that the level of transparency in available and recommended services was essential to the pilot's success. An evaluation of the Healthy Opportunities Pilot has found a [\\$85 per member per month \(PMPM\) reduction](#)² in members' healthcare utilization within two years of the program's launch.

II.A – Medicaid Monthly Enrollments and Aligned Coverage

Tufts Health Plan supports EOHHS' proposed enrollment flexibilities. The proposals address certain challenges that plans experienced during Redetermination regarding member retention, reinstatements and the deeming process, and we appreciate the agency's commitment to working with plans and members to support continued coverage.

A frequent occurrence that impacts health plans and providers, particularly HCBS and LTSS providers, are retroactive disenrollments. In these instances, plans recuperate expenses from claims paid to providers since plans are expected to return their PMPM revenue to EOHHS after a member's retroactive disenrollment. Tufts Health Plan encourages EOHHS to consider changes to the proposed enrollment flexibilities in the 1115 waiver to provide a vehicle for providers to be made whole from retroactive disenrollments.

II.B – Allow CommonHealth Members to Enroll in SCO

Tufts Health Plan supports EOHHS' proposal to expand coverage in the Senior Care Options program by adding CommonHealth members to the definition of eligible members and requests that EOHHS provide sufficient information on this new eligibility group in order for plans to ensure an integrated and seamless experience getting connected to care.

Duals plans in Massachusetts already share some concerns regarding the rate-setting methodology for the One Care and SCO members, particularly with respect to using fee-for-service rates to set the

¹ Huber, Katie et al. "Addressing Housing-Related Social Needs Through Medicaid: Lessons From North Carolina's Healthy Opportunities Pilots Program" Accessed November 4, 2024. <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2023.01044>

² North Carolina Department of Health and Human Services. "Healthy Opportunities Pilots Interim Evaluation Report Summary". April 4, 2024. Accessed November 4, 2024. <https://www.ncdhhs.gov/healthy-opportunities-pilot-fee-schedule-and-service-definitions/open>

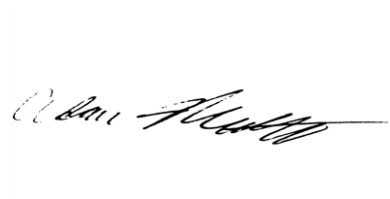
Tufts Health Plan
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baseline for different subpopulations. When CommonHealth members are introduced to the SCO program, only fee-for-service data will initially be available to set rates and Tufts Health Plan is concerned about the sufficiency of capitation rates with the new population. Tufts Health Plan recommends that EOHHS share at least two years of claims data with plans before CommonHealth members are enrolled and the rate-setting methodology used for the subpopulation. This level of detail will provide plans with a robust understanding of the needs of the new CommonHealth members and how best to meet them.

We appreciate you taking our comments under consideration. If you have any questions, please do not hesitate to reach out.

Sincerely,



Adam Martignetti
Vice President, State Government Affairs

From: [Heather Friedmann](#)
To: [1115 Waiver Comments \(EHS\)](#)
Cc: [Mark Waggoner](#); [Amanda Cassel Kraft](#); [Corey McCarty](#)
Subject: CCA comments on MassHealth 1115 Waiver proposal
Date: Tuesday, November 12, 2024 5:08:01 PM
Attachments: [image001.png](#)

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November 12, 2024

Dear MassHealth:

On behalf of Commonwealth Care Alliance (CCA), we appreciate the opportunity to comment on the Massachusetts 1115 Demonstration waiver amendment proposed to be effective January 1, 2026.

CCA is committed to the success of both the Senior Care Options (SCO) and One Care programs. We appreciate the state's intent to conceptually align these programs and offer the following comments:

SCO and One Care Benefit Alignment: CCA broadly supports MassHealth's proposal to align benefits and address the unmet needs in the SCO population. As these services become newly or available or expanded to the SCO population, CCA anticipates unmet Long-Term Services and Supports (LTSS) needs and potential pent-up demand for Health-Related Social Needs (HRSN) and Independent Community Living (ICL) services. We request that MassHealth work transparently and collaboratively with plans to ensure that capitation rates accurately cover these expanded services.

Frail Elder Waiver (FEW) Population: CCA requests clarification on the total number of FEW MassHealth members eligible and enrolled in SCO as a percentage of the total SCO population so that we can better understand the impact of expanding certain FEW services to the SCO program as a whole.

Eligibility Expansion to CommonHealth Members: CCA requests additional information on how many MassHealth members will be impacted by the SCO eligibility expansion to those enrolled in CommonHealth, particularly as the 65+ CommonHealth population is expected to grow.

Flexible Benefits Expansion: CCA requests clarification on the exclusion of flexible benefits from the rate buildup. While flex benefits count in the MLR calculation, MassHealth has noted that they are not included in capitation rates as the financial impact is expected to be minimal (<.5%). Prior to finalizing exclusion of such benefits from the rate build-up, CCA respectfully requests additional discussion and review of potential financial impact of application in the

SCO population.

Assistive/Adaptive Technology: We request a more specific definition of the services covered under assistive/adaptive technology. For example, we would appreciate clarification on if MassHealth expects Assistive/Adaptive Technology to include the following: vision, hearing, speech communication, mobility, seating and positioning, daily living, vehicle modification and transportation, computers and related peripherals, etc. We welcome the opportunity to discuss this in more detail with you and provide additional examples if you'd like.

Thank you for your consideration. We look forward to any questions you may have.

Sincerely,
Heather Friedmann



Heather Friedmann
SCO and One Care Contract
Director
Commonwealth Care Alliance
30 Winter Street
Boston, MA 02108

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CITYBLOCK HEALTH
495 FLATBUSH AVENUE 5C
BROOKLYN, NY 11225

November 11, 2024

Mike Levine
Assistant Secretary for MassHealth and Medicaid Director
EOHHS Office of Medicaid
One Ashburton Place
Boston, MA 02108

Assistant Secretary Levine,

Thank you for the opportunity to comment on the proposed amendment to the MassHealth 1115(a) demonstration.

Please accept the following comments from Cityblock Medical Practice, P.A. (Cityblock) and Cityblock Health, Inc. Cityblock is a provider organization that enters into value-based partnerships with health plans - including Massachusetts One Care and Senior Care Options (SCO) plans - to deliver integrated physical, behavioral, and social care to Medicaid, dually eligible, and other individuals living in lower-income neighborhoods that have historically had poor access to health care services. The members we serve are clinically and socially vulnerable: 79% are persons of color, 85% have two or more chronic conditions, 47% have an identified behavioral health need, and 62% have an identified acute social need (e.g. transportation, housing). Improving health equity and reducing health disparities are at the core of our care model and mission as an organization.

We recognize and applaud EOHHS' longstanding commitment to integrated coverage and care for Massachusetts dually eligible individuals, predating - and helping to lay the foundation for - the Medicare-Medicaid Financial Alignment Initiative. In turn, we support this proposed amendment, which prioritizes preserving access to integrated care following One Care's transition from a demonstration to a permanent fully integrated dual eligible special needs plan (FIDE SNP) program. This proposal also extends certain One Care flexibilities to SCO, to promote alignment across both programs and continuity of care for members.

In particular we support the following elements of MassHealth's proposal. We also offer additional thoughts for MassHealth consideration around Medicaid payment to integrated plans for certain members who have lost Medicaid coverage:

1. **Covering Expanded and Additional Services for Members Enrolled in One Care and SCO Plans.** As a provider currently serving One Care members, we support the proposal to ensure One Care members continue to have access to the full set of community support services available to them today. These services are an integral part of whole person care for dually eligible individuals with disabilities. Home-delivered meals are one example, of many, of a service that has been particularly impactful for the members we serve. When we first engage with new members, one of the needs they share most frequently is food insecurity. Frequently, members

do not have enough food for even the next few days. Home-delivered meals not only address food insecurity from a health-related social needs perspective, this service can also support members with managing chronic conditions (e.g., through medically tailored meals).

We also serve members enrolled in the SCO program, a number of whom have disabilities. These SCO members' clinical and social needs and priorities may closely resemble One Care members' circumstances. In some cases, our SCO members may have been enrolled in a One Care plan and transitioned to SCO after turning age 65. These individuals should not have to choose between enrolling in a SCO plan that best meets their needs as they age, and maintaining services currently available only through the One Care program.

2. Applying Enrollment Flexibilities to Integrated Care Programs.

Aligned enrollment for integrated programs. We support the proposal to maintain aligned Medicare and Medicaid enrollment and disenrollment dates for both One Care and SCO, and for MassHealth to make full-month capitation payments for members in the month they lose Medicaid eligibility. This alignment is critical to reducing member confusion about their coverage, and confusion among plans and providers around accountability for payment during that month.

Retroactive Medicaid capitation. MassHealth is also requesting authority to make retroactive capitation payments for any month during which a member has restored their Medicaid eligibility and had at least one Medicaid-eligible day. We understand this proposal to mean that MassHealth capitation payment to plans would occur for the month that Medicaid eligibility is lost for the month eligibility is regained, and during any months in between - as long as eligibility is regained during a two-month window, as in One Care today. **If our understanding is correct, we encourage MassHealth to consider requesting CMS authority to continue to make Medicaid capitation payments to One Care and SCO plans for any month of D-SNP enrollment during which the member is enrolled with the plan for Medicaid benefits,** regardless of the member's Medicaid eligibility status during that month. Or at minimum, to request the authority to make retroactive payments for the full 60-day period for members who ultimately regain Medicaid eligibility within a longer period of time (e.g., within 12 months), regardless of whether they had Medicaid eligibility (including retroactive eligibility) in those two months of D-SNP enrollment.

Given that this policy would apply only for members reasonably expected to regain MassHealth eligibility, continuity of Medicaid services can best be preserved by aligning not only plans' financial accountability, but also their opportunity, with positive member outcomes. Fully compensating plans for MassHealth benefits will continue to promote up front investment in traditionally Medicaid services to maintain members' health and wellness, avoiding downstream acute care utilization. This may be particularly important for members at a time when they are experiencing life changes leading to loss and then restoration of MassHealth eligibility. This policy would also better support the plans and providers delivering these Medicaid services, especially given the participation of smaller, local plans in One Care and SCO programs.

Allowing CommonHealth members to enroll in SCO. We support the proposal to newly allow CommonHealth members to enroll in SCO, to align with current policy permitting them to enroll in One Care. Aligning CommonHealth eligibility across the two programs will promote not only the core goals of the CommonHealth program, but also continuity of coverage and care over time for individuals with disabilities. Like dually eligible individuals with MassHealth Standard, individuals with CommonHealth who are enrolled in One Care will be able to select the integrated program best suited to their needs upon turning age 65.

Please do not hesitate to reach out if we can be of any assistance. It would be our pleasure to discuss these comments, and we appreciate the opportunity to share them.

Sincerely,

Toyin Ajayi

CEO, Cityblock Health, Inc.

toyin@cityblock.com

From: bilal@evolve-emod.com
To: [1115 Waiver Comments \(EHS\)](#)
Subject: 1115 Waiver - Statewide Home Modification Provider
Date: Tuesday, November 12, 2024 6:03:15 PM

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Hi Mass 1115 Waiver Team,

My name is Bilal Yaar and I'm the Vice President at [Evolve](#). We are a Medicaid approved Home Modification provider that helps enable health, safety and independence for those aging-in-place or living with chronic conditions in their homes.

I recently came across the Massachusetts 1115 waiver program and wanted to offer our support for the program and members of the statewide program. Navigating the world of home modifications can become very complex and challenging to manage. Our team specializes in streamlining home modifications services for Medicaid members and we have a deep understanding of specific requirements like in-home clinical assessments, offering multiple bids to meet benefit limits, gaining landlord consent and claims submissions.

We currently work with a number of Medicaid plans (Anthem, Molina, UnitedHealthcare) across 9 different states (CA, FL, MI, VA, etc.) and would be happy to share additional information with your team on how we could help support Washington and its Medicaid members.

Would you and your team be open to a quick introductory call in the coming weeks?

All the best,

Bilal Yaar

VP, Business Development at Evolve
(925) 588-1969



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November 12, 2024

Mike Levine, Assistant Secretary for MassHealth
Executive Office of Health and Human Services
One Ashburton Place, 11th Floor Boston, MA 02108

Submitted by email to 1115WaiverComments@mass.gov

Re: MassHealth Section 1115 Demonstration Waiver Amendment Request

Dear Assistant Secretary Levine,

On behalf of Health Care For All, thank you for the opportunity to submit comments on MassHealth's proposed Section 1115 Demonstration waiver amendment released on October 24, 2024. We support this waiver amendment, which we believe will enable innovative approaches to improve care, accessibility, and equity for those enrolled in the One Care and Senior Care Options (SCO) programs in Massachusetts.

HCFA particularly appreciates the state's support for Health-Related Social Needs (HRSN) programming and the codification of these programs in SCO and One Care. We are excited to see several of the proposals to ensure access to environmental and home accessibility adaptations and respite as HRSN services under the existing expenditure authority and Special Terms and Conditions (STC) 15, which includes all of the applicable HRSN services in the current demonstration. These services are essential for fully supporting enrollees in the One Care and SCO programs, to reduce physical barriers to their independent living in ways that will be necessary for supporting not only their health but their dignity.

In addition, given the proposed recommendations regarding HRSN supports for One Care and SCO members, HCFA believes it would be helpful to clarify how the HRSN programs will work with regard to the Accountable Care Organization (ACO) program and the authority reflected more broadly in the waiver. Specifically, we believe it would be helpful for recent changes to the HRSN programs that have been announced by MassHealth to be clarified under the STCs. The recently announced changes, among other things, indicate that the programs will be non-risk based at this time, though they may be transitioned to a risk-based approach in the future. Reflecting these changes in the STCs would be helpful for solidifying the expectations for the HRSN programs as they move forward.

Thank you for your consideration, and for all your work you do to improve the health care and lives of those enrolled in MassHealth broadly and the One Care and SCO programs specifically.

Sincerely,

Alex Sheff

A handwritten signature in black ink, appearing to read "Alex Sheff", written in a cursive style.

Senior Director, Policy & Government Relations
Health Care For All