

## **Testimony on Amendments to 130 CMR 405.000, 130 CMR 410.000, and 130 CMR 433.000, effective 7/5/23**

**TITLE:** MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support for Kids Program (the CARES program)

**DATE OF THE HEARING:** January 27, 2023

### **Introduction**

Good morning. My name is Kate Ginnis and I am the Senior Director of Parent, Child, and Family Policy and Programs at MassHealth within the Executive Office of Health and Human Services (EOHHS). I am here to present staff testimony on the proposed adoption of regulation amendments implementing the MassHealth Coordinating Aligned, Relationship-centered, Enhanced Support for Kids Program (the CARES program). The proposed amendments to 130 CMR 405.000: *Community Health Center Services*, 130 CMR 410.000: *Outpatient Hospital Services*, and 130 CMR 433.000: *Physician Services* detail the provision of a new Targeted Case Management (TCM) benefit for children and youth with complex medical needs, anticipated to be effective July 5, 2023.

### **Background**

MassHealth is committed to improving the health outcomes of its members and their families by providing access to integrated health care services that sustainably and equitably promote health, well-being, independence, and quality of life. Accordingly, these proposed amendments will create a Targeted Case Management service, delivered through a health care team which will be primarily responsible for facilitating and improving the care planning and coordination of services for eligible medically complex MassHealth members younger than 21 years of age.

### **Proposed Amendments**

The proposed amendments will ensure that medically necessary services are accessed, coordinated, and delivered in a strength-based, individualized, member-driven, culturally competent, linguistically appropriate, and accessible manner for eligible members.

The proposed amendments define the *clinical eligibility criteria* for receipt of CARES services. CARES services clinical eligibility criteria include the following:

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- To receive CARES services, a member must be younger than 21 years of age and must not reside in a nursing facility or other inpatient facility for longer than six consecutive months at the time that CARES services are sought.
- In addition, to receive CARES services, the member must be a medically complex child or youth who requires ongoing medical management by at least two pediatric subspecialists. At least one of the pediatric specialists must treat a medical condition that meets both of the following criteria:
  - First, the medical condition results in functional impairment; and
  - Second, at least one condition must be progressive, a chronic medical condition, or malignant.
- In addition, to receive CARES services, at the time the member begins to receive CARES services, the member must meet *either* of the following criteria:
  - The member is either at high risk for adverse health outcomes due to the demonstrated inability to coordinate multiple medical, social, and other services and has demonstrated health-related social needs that impact the member's medical condition.
  - Or the member must require more than two continuous hours of skilled nursing services to remain safely at home.

The proposed amendments also define the ***CARES provider eligibility***, including referral practices and relationships, staffing qualifications and composition, and training requirements.

CARES provider eligibility criteria include the following:

- An application for certification as a CARES provider must be submitted for each community health center, group practice, or acute outpatient hospital that seeks to render CARES services. All required application documentation specified by the MassHealth agency must be submitted and approved prior to participating as a CARES provider.
- The CARES team must include a program director, senior care manager, care coordinator, and family support staff which may include a community health worker or peer. In addition,

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managers and supervisors serving on the CARES team must complete trainings as outlined in the proposed Appendix M of the Physician Manual.

- The CARES team must establish referral relationships with members' pediatric primary care provider, specialty providers, behavioral health providers, MassHealth managed care entities, and any other entity as needed for the treatment of a member to ensure that needed medical, social, educational, and other services are accessed, coordinated, and delivered.
- The CARES provider must establish a CARES team to meet the care coordination needs of members, including on call after-hours availability to assist as needed and to triage medical crises and emergencies.
- The CARES team staff and supervisors will be required to complete an initial and annual series of trainings.

The proposed amendments will also define the required *CARES service components*. The required CARES service components include:

- A comprehensive assessment of the member, completed at least once a year;
- The development of an individual care plan (ICP) that is driven by the member and their parent/guardian, authorized health care decision maker, and other relevant providers. This care plan must be shared – and include transition of care communication – with relevant providers, state agencies, and members of the care management team;
- CARES services also include care coordination and family support activities;
- Transition support into adulthood;
- And monitoring and follow-up activities, including quality management, CARES service utilization, and reporting requirements.

Finally, the proposed amendments will also define the *conditions of payment* for providing CARES services. Conditions of payment for CARES services include the following:

- Payment for CARES services will only be made to community health centers, acute outpatient hospitals, and group practices participating in MassHealth on the date of service

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that are also certified by the MassHealth agency for the provision of CARES services at that location on the date of service.

- MassHealth will make a single monthly payment for all CARES services rendered by a CARES provider to a member during that calendar month. To qualify for payment of the monthly fee, the CARES provider must provide *at least* two of the CARES services described in the proposed amendments to that member during that calendar month. Only one CARES provider shall be paid per member per month.

**Fiscal Impact**

The anticipated fiscal impact of the proposed amendments for year one is approximately \$5M, and approximately \$15.3M annually for subsequent years. Actual fiscal impact will depend on the final per-member-per-month rate for the service anticipated to be finalized through the regular rate-setting process for 101 CMR 317.00: *Rates for Medicine Services*.

This concludes my testimony. Thank you.