

Introduction

Good afternoon. My name is Lena Brown, and I am the Program Manager of Housing Initiatives at MassHealth within the Executive Office of Health and Human Services (EOHHS). I am here to present testimony on the proposed new regulation 101 CMR 321.00: *Rates for Homeless Medical Respite Services*. The proposed new regulation is proposed to be effective for dates of service on or after January 3, 2025.

Background

Regulation 101 CMR 321.00 establishes rates of payment to be used by all governmental units making fee-for-service (FFS) payments to eligible providers of homeless medical respite services provided to publicly aided individuals. Homeless medical respite settings, also referred to as short-term pre-procedure or post hospitalization housing, provide a safe and stable place for eligible individuals experiencing homelessness who are transitioning out of institutions, and who are at risk of utilizing other services, such as inpatient hospitalizations or emergency department visits, to receive treatment on a short-term basis. Homeless medical respite program sites offer transitional supports to help enrollees secure stable housing and avoid future readmissions.

Medical respite services include two types, post-hospitalization and pre-procedure services, each with its own clinical criteria for eligibility, which are described in greater detail in the corresponding program regulation. EOHHS is simultaneously promulgating MassHealth program regulation, 130 CMR 458.000: *Homeless Medical Respite Services*, to establish specific eligibility criteria for members and providers, and other program requirements.

Post-hospitalization medical respite services include, but are not limited to, screening, intake, and admission services; assessment and case management services; health and referral navigation; meal provision; and discharge planning services. In addition, these programs will have robust housing navigation services available to assist members with the goal of identifying permanent housing options once they have recuperated.

Pre-procedure medical respite services include, but are not limited to, ensuring the member has the prescribed preparation items available, providing access to a bathroom and appropriate fluids, supporting timely fluid intake amounts, and coordinating transportation to and from the procedure. Pre-procedure stays may be up to 48 hours of admission.

The combination of pre-procedure and post-hospitalization housing may not exceed six months (i.e., 183 days), within a single 12-month period.

Proposed rate regulation 101 CMR 321.00 is intended to become effective at the same time as the proposed programmatic regulation, 130 CMR 458.000, which details the programmatic requirements for the services and which is the subject of a separate public hearing. This testimony is specific to the proposed rate regulation, 101 CMR 321.00.

Proposed Rates

Regulation 101 CMR 321.00 establishes per diem rates of \$255.44 for homeless medical respite services. The per diem rate of \$255.44 was developed based on a model budget that included costs for direct care staff wages and fringe benefits, administrative staff wages and fringe benefits, and non-staff program costs such as member meals, staff training, supplies, and member transportation.

The proposed rate is in accordance with M.G.L. Chapter 118E, Section 13C, which requires that rates established by EOHHS for health care services be “adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards and which are within the financial capacity of the commonwealth.”

Testimony on Proposed New Regulation 101 CMR 321.00
Rates for Homeless Medical Respite Services
Effective January 3, 2025
October 9, 2024

Fiscal Impact

Assuming an increase in utilization over the initial two-year period, the aggregate annual fiscal impact of the medical respite services on MassHealth FFS expenditures is expected to be \$443,000 in calendar year 2025, and \$676,000 annually thereafter beginning in calendar year 2026.

This concludes my testimony.

Thank you.