

MassHealth Updates

Massachusetts Health Care Training Forum
January 2020



Agenda

- Flex Services Program (FSP)
- Medicare Savings Program Expansion (MSP)
- CAC Recertification
- MassHealth Health Plans



Flex Services Program (FSP)



Overview of the Flexible Services Program

Flexible Services (FS) is a focused program piloting whether MassHealth Accountable Care Organizations (ACOs) can reduce Total Cost of Care (TCOC) and improve members' health outcomes by implementing targeted evidence-based programs that address certain eligible members' Health Related Social Needs (HRSN)

Key program elements

- FS is a **focused program**, used by MassHealth ACOs to address the HRSN of a **subset of their eligible members** based on a **clear set of criteria**
- **FS is not an entitlement program nor a covered service.** Not all eligible members will receive FS
- FS is not intended to replace, substitute, or duplicate existing benefits or State/Federal social service programs, but to **supplement where appropriate**
- FS offer ACOs the opportunity to test different approaches to **reduce TCOC and improve members' health outcomes** where it aligns with the member's care plan and specific HRSN resources are identified
- ACOs have created **evidence-based plans** that target **specific populations** to reduce costs and improve health outcomes and will monitor the results through **performance metrics**



How do Flexible Services fit into an ACO's overall approach to providing health care for a member?

FS is one component of how ACOs identify and address HRSN to achieve improvements in health outcomes and reductions in TCOC

Conduct screening to assess member's needs

Ensure member receives existing benefits + programs

If appropriate, add Flexible Services

Approach

- ACOs are required to **conduct HRSN** screenings for members yearly
- Assess a member's HRSN as part of the treatment plan

- Once social needs are identified, ACOs must connect members to all relevant benefits and state and federal program

- For **some eligible** members who meet **specific criteria**, ACO may supplement supports with FS with the **goal of achieving better health outcomes and reducing TCOC**



Example: Housing insecurity

- Member is
 - A high Emergency Department (ED) utilizer with high blood pressure
 - Costs the ACO \$50K in health care spending per year
- HRSN Screening shows
 - Chronically Homeless

- Member enrolled in Community Support Program (CSP) and receiving services for chronically homeless individuals
- Treatment plan goals are to secure and retain housing, prevent unnecessary ED utilization, and better control blood pressure

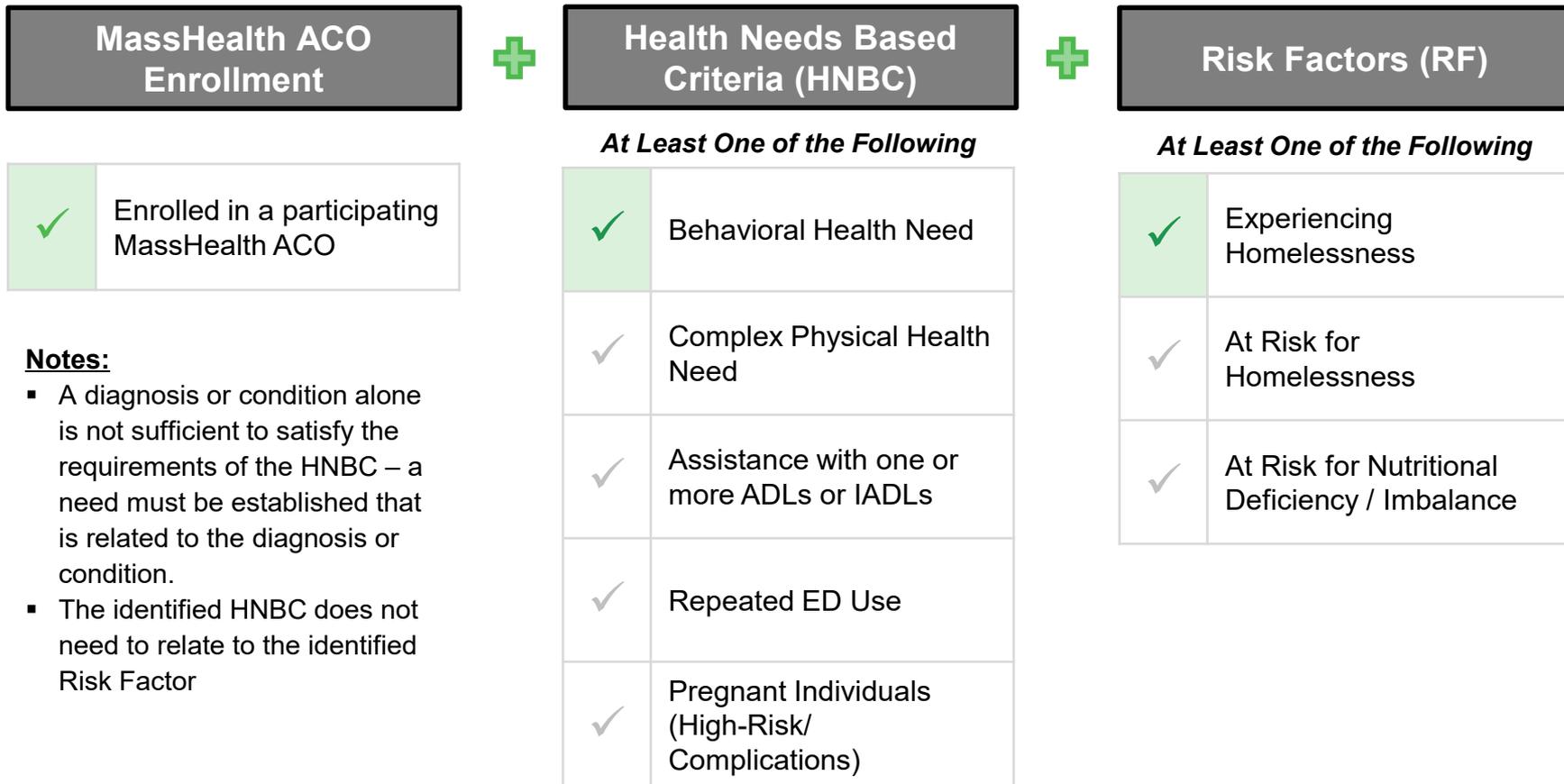
- ACO identifies member as top 5% of costs with concurrent conditions. ACO provides FS – first month rent paid, deposit, and ID fees
- With stable housing, member has fewer ED visits, better ability to control blood pressure, and lower costs



Criteria for Enrollment in Flexible Services

To qualify for Flexible Services, a MassHealth ACO-enrolled member must meet **at least one** of the defined Health Needs Based Criteria **and at least one** of the defined Risk Factors:

Example:



Flexible Services is a demonstration program and not an entitlement benefit. Not all qualified members may ultimately receive Flexible Services.



Services & Eligibility

Flexible Services Allowable Uses

ACOs can use Flexible Service (FS) funding to provide certain supports for eligible ACO enrollees in two **Domains**:

Tenancy Preservation Supports (TPS)

Categories:

- I. Pre-Tenancy Supports – Individual Supports
 - II. Pre-Tenancy Supports – Transitional Assistance
 - III. Tenancy Sustaining Supports
 - IV. Home Modifications
- FS funds cannot be used for supports other than those specifically identified above and approved by EOHHS
 - See appendix for a more detailed list of allowable and disallowable uses

Nutrition Sustaining Supports (NSS)

- Nutrition supports consist of assistance in obtaining or providing educational services as well as goods, services (e.g., home delivered meals, medically tailored meals, FoodRX, farmer's market programs)



Appendix



Eligibility Criteria: Health Needs-Based Criteria

Target Criteria: ACO-enrolled MassHealth members ages 0-64.

Health Needs-Based Criteria: Members who meet the target criteria must also meet **at least one of** the health needs-based criteria below to be eligible for Flexible Services:

- 1 The individual is assessed to have a behavioral health need (mental health or substance use disorder) requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
- 2 The individual is assessed to have a complex physical health need, which is defined as persistent, disabling, or progressively life-threatening physical health condition(s), requiring improvement, stabilization, or prevention of deterioration of functioning (including the ability to live independently without support);
- 3 The individual is assessed to have a need for assistance with one or more Activities of Daily Living (ADLs) or Independent Activities of Daily Living (IADLs);
- 4 Repeated incidents of emergency department use (defined as 2 or more visits within six months, or 4 or more visits within a year); OR
- 5 Pregnant Women, including 60 days postpartum, and their children up to one year of age, who are experiencing high risk pregnancy or complications associated with pregnancy.

Please see the Flexible Services Program Guidance document for more detail.



Eligibility Criteria: Risk Factors

In addition to meeting the target criteria and at least one of the health needs-based criteria, members must also meet **at least one** of the risk factors below to be eligible for Flexible Services:

- 1 Risk Factor 1:** The member is experiencing homelessness
- 2 Risk Factor 2:** The member is at risk of homelessness
- 3 Risk Factor 3:** The member is at risk for nutritional deficiency or nutritional imbalance due to food insecurity, defined as having limited or uncertain availability of nutritionally adequate, medically appropriate, and/or safe foods, or limited or uncertain ability to acquire or prepare acceptable foods in socially acceptable ways



List of Approved Flexible Services: Tenancy Preservation Supports

Pre-Tenancy Supports

- Assessing and documenting the member's preferences related to the tenancy the member seeks, including the type of rental sought, the member's preferred location, the member's roommate preference (and, if applicable, the identification of one or more roommates), and the accommodations needed by the member
- Assisting the member with budgeting for tenancy/living expenses, and assisting the member with obtaining discretionary or entitlement benefits and credit (e.g., completing, filing, and monitoring applications to obtain discretionary or entitlement benefits and credit as well as obtaining or correcting the documentation needed to complete such applications)
 - ACOs or their designees may use this service to determine which federal, state, or public programs a member may be eligible for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative
- Assisting the member with obtaining, completing, and filing applications for community-based tenancy
- Assisting the member with understanding their rights and obligations as tenants
- Assisting the member with obtaining services needed to establish a safe and healthy living environment
- Assisting or providing the member with transportation to any of the approved pre-tenancy supports when needed

List of Approved Flexible Services: Tenancy Preservation Supports



Pre-Tenancy Supports – Transitional Assistance

- Assisting the member with obtaining and/or providing the member with one-time household set-up costs and move-in expenses including, but not limited to:
 - First and last month's rent
 - Security deposit
 - Back utilities
 - Utility deposits (e.g., electricity, gas, heating fuel, water, sewer)
 - Costs for filing applications
 - Obtaining and correcting needed documentation
- Purchase of household furnishings needed to establish community-based tenancy



List of Approved Flexible Services: Tenancy Preservation Supports

Tenancy Sustaining Supports

- Assisting the member with communicating with the landlord and/or property manager regarding the member's disability, and detailing the accommodations needed by the member
- Assisting the member with the review, update, and modification of the member's tenancy support needs, as documented in the member's FS Plan, on a regular basis to reflect current needs and address existing or recurring barriers to retaining community tenancy
- Assisting the member with obtaining and maintaining discretionary or entitlement benefits and establishing credit, including, but not limited to obtaining, completing, filing, and monitoring applications
 - ACOs or their designees may use this service to determine which federal, state, or public programs a member may be eligible for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative
- Assisting the member with obtaining appropriate sources of tenancy training, including trainings regarding lease compliance and household management
- Assisting the member in all aspects of the tenancy, including, when needed, legal advocacy (in the form of coaching, supporting, and educating the member) during negotiations with a landlord, and directing a member to appropriate sources of legal services
- Assisting the member with obtaining or improving the adaptive skills needed to function and live independently and safely in the community and/or family home, including advising the member of the availability of community resources
- Assisting or providing the member with transportation to any of the tenancy sustaining supports when needed

List of Approved Flexible Services: Tenancy Preservation Supports



Home Modifications

- Consist of limited physical adaptations to the member's community-based dwelling, when necessary to ensure the member's health, welfare, and safety, or to enable the member to function independently in a community-based setting, e.g.,
 - Installation of grab bars and hand showers
 - Doorway modifications
 - In-home environmental risk assessments
 - Refrigerators for medicine such as insulin
 - HEPA filters
 - Vacuum cleaners
 - Pest management supplies and services
 - Air conditioner units
 - Hypoallergenic mattress and pillow covers
 - Traction or non-skid strips
 - Night lights, and
 - Training to use such supplies and modifications correctly



Tenancy Disallowable Uses

Tenancy Disallowable Uses include, but are not limited to, the following:

- Ongoing payment of rent or other room and board costs including, but not limited to, temporary housing, motel stays, and mortgage payments, as well as housing capital and operational expenses
- Housing adaptations to the dwelling that are of general utility, and are not of direct medical or remedial benefit to the member
- Housing adaptations that add to the total square footage of the dwelling except when necessary to complete an adaptation that is of direct medical or remedial benefit to the member (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair)
- Housing adaptations that would normally be considered the responsibility of the landlord
- Cable/television/phone/internet setup or reoccurring payments
- Ongoing utility payments
- Building or purchasing new housing
- One-time rent payments to avoid eviction
- Legal representation (note, legal education, coaching, and support are allowable, but direct legal representation is not)



List of Approved Flexible Services: Nutrition Sustaining Supports

Nutrition Sustaining Supports

- Assisting the member with obtaining discretionary or entitlement benefits and credit, including but not limited to completing, filing, and monitoring applications as well as obtaining and correcting the documentation needed to complete such applications
 - ACOs or their designees may use this service to determine which federal, state, or public programs a member may be eligible for, noting that for some programs funding for screening and eligibility is already provided and in such cases this service would be duplicative
- Assisting the member with obtaining and/or providing household supplies needed to meet nutritional and dietary need
- Assisting or providing the member with access to foods that meet nutritional and dietary need that cannot otherwise be obtained through existing discretionary or entitlement programs
- Assisting or providing the member with nutrition education and skills development
- Providing healthy, well-balanced, home-delivered meals for the member
- Assisting the member in maintaining access to nutrition benefits including, when needed, legal advocacy (in the form of coaching, supporting, and educating the member) during appeals of benefit actions (e.g., denial, reduction, or termination) and directing member to appropriate sources of legal services
- Assisting or providing the member with obtaining transportation to any of the NSS services, or transportation supporting the member's ability to meet nutritional and dietary needs (e.g., providing a member with transportation to the grocery store)



Nutrition Disallowable Uses

Nutrition Disallowable Uses include, but are not limited to, the following:

- Nutrition services or goods for family members who themselves are not eligible for FS
- Meals for an eligible member that exceed more than 2 meals a day, 5 days per week
- Goods exceeding the necessary amount for the specific individual or what is commonly needed (e.g., food vouchers that enable a member to access more food than they need).



General DSRIP Disallowable Uses

The FSP is part of EOHHS' DSRIP Program, which has general disallowable uses for ACO funding, including:

- To directly mitigate against downside risk for the ACO, the ACO Partner of an Accountable Care Partnership Plan, the ACO's participating primary care physicians (PCPs), or for an ACO's Safety Net Hospital(s)
- To offset revenue from reduced hospital utilization
- To pay for any costs incurred in the process of responding to the EOHHS ACO procurement, or during contract negotiations with EOHHS to become MassHealth ACOs
- To pay for initiatives, goods, or services that are duplicative with initiatives, goods, and services that the ACO, including any participating entities of the ACO, currently funds with other federal, state, and/or local funding
- To pay for any MassHealth service (whether covered by the ACO or covered as a wrap service), including the purchase of pharmaceuticals. DSRIP funds may not be used to support personnel FTE allocation in a duplicative manner with payments provided for Covered Services
- To provide goods or services not allocable to approved Participation Plans and Budgets
- To pay for construction or renovations other than allowable Home Modifications
- To pay for malpractice insurance

This list of "Disallowable Uses" should not be construed as exhaustive. It does not guarantee that items not mentioned here are allowable.

*While Flexible Services cannot duplicate other services or programs, it may be used to supplement those other services or programs. For example, a member may be receiving SNAP benefits while continuing to experience nutritional deficiency. An ACO could use Flexible Services to supplement SNAP, thus providing the member with the additional food needed to eliminate or further reduce nutritional deficiencies.



General DSRIP Disallowable Uses

Additional general disallowable uses for the FSP specifically include:

- Alternative medicine services (e.g., reiki)
- Medical marijuana
- Copayments
- Premiums
- Gift cards or other cash equivalents with the exception of nutrition related vouchers or nutrition prescriptions
- Student loan payments
- Credit card payments
- Licenses (drivers, professional, or vocational)
- Educational supports (e.g., support to earn a GED)
 - This does not include education allowable within TSS and NSS (e.g. nutrition education, educating a member regarding budgeting)
- Vocational training
- Child care
- Social activities
- Memberships not associated with one of the allowable domains
- Hobbies (materials or courses)
- Goods and services intended for leisure or recreation
- Clothing
- Transportation-Related Disallowable Uses
 - Auto repairs
 - Gasoline or mileage
 - Purchase or repair of bicycles or other individually-owned vehicles
 - Transportation to anything other than TPS and NSS
 - Transportation for members who are not approved for FS
- Goods and services for individuals who are not approved for FS
- Training ACOs or their designees on the direct delivery of FS

This list of “Disallowable Uses” should not be construed as exhaustive. It does not guarantee that items not mentioned here are allowable.



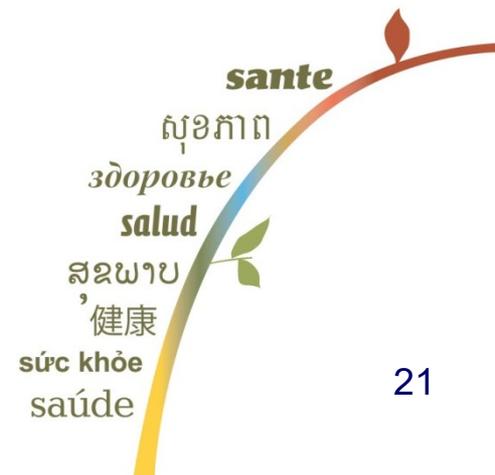
FS Duplication Disallowable Uses

FS funding cannot substitute, duplicate, or replace services or goods that are available through other state or federal programs, including:

- MassHealth Covered Services including, State Plan services, 1115 demonstration services, or services available through a Home and Community Based Services waiver in which the member is enrolled
- Services that a member is eligible for, and able to receive from a federal agency, another state agency (e.g., HomeBASE, Residential Assistance for Families in Transition (RAFT)), or a publicly funded program. In certain cases, a member may not be “able to” access certain programs and thus FS may be utilized. Such cases may include, but are not limited to, a program that has:
 - Run out of funds
 - Lacks capacity (e.g., organization does not have the resources to assist with additional enrollment)
- Delayed access to services or goods (e.g., wait list, waiting for a determination on eligibility and availability). In such cases, the ACO may provide services under FS until the member is able to receive the public services.
- Services that are duplicative of services a member is already receiving
- Services where other funding sources are available
- Supports that a member is eligible to receive under the CP Program

This list of “Disallowable Uses” should not be construed as exhaustive. It does not guarantee that items not mentioned here are allowable.

MSP/Buy-In Programs Eligibility Expansion



MSP/Buy-In Programs Eligibility Expansion

- The State Fiscal Year 2020 budget includes language expanding eligibility for the MSP/Buy-In programs.
- Increases the income and asset/resource limits for these programs.
- An estimated 25,000 Massachusetts residents with Medicare are newly eligible for these programs under the expansion.
- Approximately 15,000 Buy-In members may be eligible for Senior Buy-In under the expansion.

MSP/Buy-In Programs Expansion Details

Senior Buy-In Qualified Medicare Beneficiary (QMB) Expansion Details

MSP expands the income limits from 100% FPL to 130% FPL, doubles the asset amounts for new Senior Buy-In applicants.

Previous Eligibility

- **Income less than or equal to 100% FPL**
 - \$1,061/month for an individual
 - \$1,430/month for married couples who live together

- **Asset/resource limits**
 - \$7,730 individual
 - \$11,600 married couples who live together



Expansion Eligibility

- **Income less than or equal to 130% FPL**
 - \$1,374/month for an individual
 - \$1,852/month for married couples who live together

- **Asset/resource limits**
 - \$15,720 individual
 - \$23,600 married couples who live together

Please Note: The income amounts will change on March 1, 2020, based on annual Federal Poverty level updates.

MSP/Buy-In Programs Expansion Details (cont.)

Buy-In Specified Low-Income Medicare Beneficiary (SLMB) and Qualify Individual (QI) Expansion Details

MSP expands the income limits from 135% FPL to 165% FPL, doubles the asset amounts for new Senior Buy-In applicants.

Previous Eligibility

- **Income less than or equal to 135% FPL**

- \$1,426/month for an individual
- \$1,923/month for married couples who live together

- **Asset/resource limits**

- \$7,730 individual
- \$11,600 married couples who live together



Expansion Eligibility

- **Income less than or equal to 165% FPL**

- \$1,738/month for an individual
- \$2,346/month for married couples who live together

- **Asset/resource limits**

- \$15,720 individual
- \$23,600 married couples who live together



Please Note: The income amounts will change on March 1, 2020, based on annual Federal Poverty level updates.

MSP/Buy-In Programs Application Process

Individuals seeking Senior Buy-In only (QMB) or Buy-In only (SLMB/QI) (and not in addition to full MassHealth) can use the stand-alone MSP/Buy-In Programs Application

- Senior Buy-In (QMB) start date using the new income and asset thresholds will be the beginning of the month following the eligibility determination.
- Buy-In (SLMB and QI) start date using the new income and asset thresholds will give three months retro but will retro no earlier than January 1, 2020, for those who would not be eligible under the pre-expansion thresholds.
- In March, MH will re-determine all members currently on Buy-In (SLMB/QI) only, using the new income and asset limits as part of the annual FPL update.

MSP/Buy-In Programs Application Process (cont.)

MassHealth is expanding the Buy-In Programs in two phases.

■ Phase 1

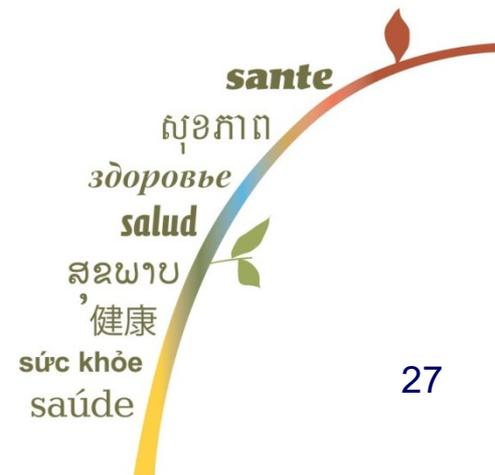
Effective January 1, 2020, The new income and asset limits apply for the following types of applications.

- Individuals who apply for Senior Buy-In (QMB) or Buy-In (SLMB/QI) **only** via the new MH Buy-In application.
- Individuals who apply via Health Coverage for Seniors and People Needing Long-Term-Care Services (SACA-2), **and** are determined eligible for Senior Buy-In (QMB) or Buy-In (SLMB/QI) only (i.e. Not eligible for full MassHealth coverage).
- Individuals who have completed an application for Medicare Part D – Low Income Subsidy (LIS) through SSA and SSA has sent a referral “LIS” application to MH (and are not already receiving full MassHealth).

■ Phase 2

- This phase will expand income and asset limits for the Buy-In/Senior Buy-In portion of their benefits for individuals who have or are seeking Buy-In/Senior Buy-In, **plus** full MassHealth. Target implementation date TBD.

CAC Recertification



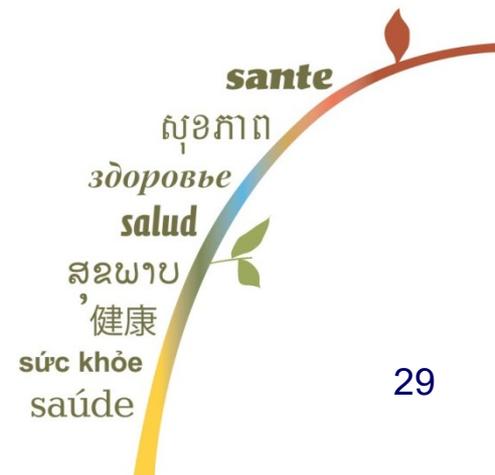
Recertification for Certified Application Counselors (CACs)

All CACs who were certified prior to May 1, 2019, should have completed the Certification Extension Assessment no later than May 31, 2019. This five-question assessment extended CAC certification through April 30, 2020.

Important Dates

- CAC Certification expired on December 31, 2019, for those who did not complete the extension requirements.
- Annual recertification will begin on March 15, 2020. Recertification requirements will be announced in the coming weeks.

MassHealth Health Plans



MassHealth Health Plan Notices

- In late October 2019, MassHealth members whose primary care provider (PCP) joined an Accountable Care Organization (ACO,) or whose PCP changed from one ACO to another ACO (effective January 1, 2020,) received an *“Important News About Your MassHealth Health Plan”* notice. Notices informed the member that their PCP would be joining an ACO, or changing ACOs, on January 1, 2020 and they would be moving with their PCP into this ACO unless they take action.
- For a list of Primary Care Providers that joined a new MassHealth ACO on January 1, 2020 please visit: <https://www.mass.gov/info-details/primary-care-providers-joining-new-masshealth-acos-starting-january-1-2020>

MassHealth Health Plan Notices (cont.)

- These members have now been moved into their new MassHealth health plan, and are now in their Plan Selection Period. Members who were enrolled in an Accountable Care Partnership Plan, Primary Care ACO, as a part of this mailing will be in their Plan Selection Period from January 1, 2020 through March 31, 2020. On April 1, 2020 these members will enter their Fixed Enrollment Period until 12/31/2020.
 - *Please note, Plan Selection Periods and Fixed Enrollment Periods are member specific and the dates above are only applicable to members that joined their new health plan on January 1, 2020.*
- For information about Plan Selection Period, Fixed Enrollment Periods, and Fixed Enrollment Period exceptions please visit:
 - <https://www.mass.gov/service-details/plan-selection-period>
 - <https://www.mass.gov/service-details/fixed-enrollment-period>

Revised MassHealth Enrollment Guide

- Reminder that effective October 2019, updates were made to the MassHealth Enrollment Guide. When informing members on their MassHealth health plan choices please use revised versions of the MassHealth Enrollment Guide, or visit [MassHealthChoices.com](https://www.mass.gov/healthchoices).
- Revised enrollment guides can be found in *Member Materials*: [_https://www.mass.gov/lists/masshealth-member-guides-and-handbooks#masshealth-enrollment-guide-2020-](https://www.mass.gov/lists/masshealth-member-guides-and-handbooks#masshealth-enrollment-guide-2020-)

Service Area Additions

- MassHealth offered an opportunity for Accountable Care Partnership Plans to add new service areas, and managed care organizations to add new regions. The following service area additions were approved for January 1, 2020:
 - Barnstable service area to BMC HealthNet Plan Community Alliance
 - Oak Bluffs service area to Tufts Health Together with Boston Children's ACO
 - Salem service area to Tufts Health Together with CHA

Questions?