

MA Health Care Training Forum - December 2024
Health Related Social Needs Services Transcription

[Health Related Social Needs (HRSN) Services Update for the Massachusetts Health Care Training Forum (MTF)]

(Sue Kane) Good afternoon, everyone. It's 12:00 and we're going to get started. Welcome to the MassHealth Health Related Social Need Services presentation. Thank you for joining us today. I'm Sue Kane from the Massachusetts Health Care Training Forum team, and I'll be facilitating today's meeting. Our presenter today is Stephanie Buckler, Deputy Director of Social Services Integration at MassHealth. Now, I'd like to turn it over to Stephanie as we bring up the presentation.

(Stephanie Buckler) Hi, everyone. Stephanie Buckler, she/ her pronouns. I'm the Deputy Director of the Social Service Integration team in the MassHealth office. I'm so excited to talk to you today about Health Related Social Needs, some of the really exciting work that we've been doing at MassHealth over the past number of years. And, and most importantly, what's to come in that transition from where we are today to our future state. So, feel free to advance on slide, please.

[HRSN MTF Agenda]

Just a quick outline of today. So, we'll talk, like I said, Current and Future State, what these Health-Related Social Needs (HRSN) Supplemental Services are and they're in the areas of Housing and Nutrition and then some Key Takeaways. All right. Next slide please and we'll jump right into it.

[HRSN Services: Current State]

So, in current state today we have a number of different initiatives working on health related social needs. But I'm going to talk about two particular services that we're focused on right now of what's happening today and how they're transitioning, from 1/01/2025.

So currently today we have what's called the Flexible Services Program and this is a program that's available to enrollees in the MassHealth Accountable Care or ACO

Organization and to receive support and health related social needs, particularly in the areas of housing and nutrition, beds, and services. So, things like medical tailored needles, to support on transitioning into housing to goods to support yourself once you've moved into housing, you could potentially get this service. And it acted as a pilot grant program, and it launched back in January 2020 to provide these services to a subset of eligible ACO members based on certain number of criteria.

Flexible Services, it's not a covered service. No one is entitled to this service, but, upwards of 40,000+ members have gotten to receive these services over the past number of years. And we are very excited to soon release some of the evaluation metrics on these services. So that's existing right now, we'll talk about how that's sunsetting and what it's converting into.

On the right-hand side, we have a program called the Specialized Community Support Program or Specialized CSP. And this program has actually been in existence quite a long time. But in particular, starting in April 2023, MassHealth implemented three particular Specialized CSP Programs, one for homeless individuals, one for individuals with unstable housing, and one for individuals with justice involvement, respectfully. It's called CSP- HI, CSP Tenancy Preservation Program and CSP-JI for short. And these are provided to eligible managed care enrollees as well as MassHealth fee-for-service members with behavioral health needs. And these services are covered services and largely the message for these services are things aren't changing, they still will be covered services. They'll be a little bit of some backend work on our end so it's all in HRSN zone, but if members are receiving these services today, they'll look and feel like services tomorrow. And we're really going to focus on much of what's happening on the left-hand side for the latter part of the presentation. But just so you get a full slate of what's going on. So, if you can move to the next slide, we can talk a little bit about why there is a transition and what that transition will start to look like.

[HRSN Services: Future State]

So back in September 2022, the Center for Medicare & Medicaid Services approved MassHealth 1115 demonstration waiver renewal. Very fancy way to say we made an agreement with CMS for what we're going to be doing in the future, and we do this

every five years for a number of different initiatives and services that we provide. This included reauthorization, as well as some changes to that Flexible Services and Specialized CSP programs, and particularly, again, for Flexible Services just for our ACO enrollees and for a Specialized CSP. Again, still remaining the same for Overarching Managed Care as well as Fee-for-Service and then some additional highlights for our ACO enrollees.

So, what does that mean on the ground? On the ground, just to start off at a very high level, and then we'll get really into the granularity that the Flexible Services program is ending as of 12/31/2024. And then as of 1/01/2025, we will have these HRSN services for ACO enrollees, and they'll be considered two types. They'll be considered Required HRSN Services and Supplemental Services and our HRSN Required Service, now again, talking about the ACO populations, this is a subset of categories that all ACOs, both the Accountable Care Partnership Plan and the Primary Care ACO, must provide to their enrollees. And that pretty much equals your Specialized CSP program.

So, just to take a step back again, nothing happening to our Fee-for-Service and our Managed Care folks on Specialized CSP and just re-categorizing and naming so, we're all on the same bucket for HRSN as Specialized CSP.

And then particularly for the housing items, a Specialized CSP, CSP-HI and CSP-TPP we have the authority to expand the population eligible here to folks not just that have behavioral health needs, but a number of different needs including chronic condition, folks who are pregnant or high-risk pregnancy, folks that have activities of daily living needs, both IEDL needs and folks with IEDU. So really exciting expansion here of our Specialized CSP program for our ACO population.

Secondarily, we have HRSN Supplemental Services and that's really where those Flexible Services we just talked about that are sunsetting are really going into.

And as you recall I mentioned that the Flexible Service was a pilot program, it was a grant, and now we're slowly moving this into more of a covered service. It has a little bit of a different flavor than the normal covered services we're looking at and we'll kind of give you all the nitty gritty so to understand it.

So, within the subcategory of HRSN Supplemental Services, that both ACOs need to provide both the ACPPs and the PCACOs, they may choose to provide to enrollees one of each type of service; a housing service and a nutrition service. And they can do that out of a slate of 13 options of services. So, a, a normal maybe covered service, you might just see everyone in your ACO that's qualified is going to get this service. And there's a long list of 13. In this particular case we have a list of 13, and they're comprised of housing and nutrition and ACO's will need to decide (inaudible) if we're going to cover this housing service and this nutrition and maybe we're going to cover all the housing and all the nutrition. And that's what our service are going to be. And once they choose that service it acts like a covered service does. The member becomes entitled to it if they are indeed eligible for it. And because I know it will be asked, we have at the end of the slide the link, to each, a link to a list that gives the ACOs and what services they have chosen to provide. And many have provided multiple services.

Overarchingly, this has been a large endeavor to move forward, and we are bringing forward new providers called HRSN providers that have been working primarily in the Flexible Service place with us, as well as a Specialized CSP space. They are housing and nutrition organizations, and they are becoming Managed Care only providers. And we have been working with them and the ACOs over the past number of years to prep for, for this launch. You can go on the next slide, please.

[Required vs. ACO Supplemental HRSN Services]

Recognizing that that is so much to take in. So, folks, a little bit more visual o see it a different way to just put it at one more time if that was a lot. All right. So again, we have the population overarchingly that you're looking at and that we're talking about here today, which is our MassHealth ACO members.

There are two types of services within HRSN Services Required. Those are all your Specialized CSP Services, with a call out to Specialized CSP-TPP and Specialized CSP-J, excuse me not to JI, HI that had that expanded population for their services. And then we have these HRSN Supplemental Services and double click underneath that shows both housing and nutrition services. And an ACO needs to pick at least one from housing and one of nutrition to offer to their members. All right. Next slide please.

[Flexible Services Program Sunsetting and Transition to HRSN Services]

Then rolling out just a bit again. So, you see kind of where our transition is going and what this kind of really means on the ground is that on the Flexible Services side, what we have been doing and where we are moving to is the sunsetting of the program on 12/31/2024.

That means that all activities, including the screening and referral and service provision to members, needs to cease on 12/31/24. And this is something that we have been moving with our community organizations that have been working on this. We call them social service organizations and our ACOs to prep as much as possible for. And one way we have been doing that is by making sure that our members are aware of this. And so, any member that had been receiving a service that is still receiving a service at this point must be notified that this is occurring and that the service is ending and they can contact the ACO or a list of other resources on how to get additional services.

We require that ACOs gave at least 30 day's notice to members, but really encouraged 60 day's notice. We also very much encourage both our ACOs and our social service organizations to provide services up to the very last day. So, the member came in on December 15th and they could get a food voucher for two weeks. We encourage them to do that. Again, not entitled, was a grant, so there's a lot of discretion there. But as much as folks still had funding in their essential grant pot, we wanted folks to get those services as long as possible. In the meantime, what we're hoping for is as smooth transition as possible. And so, folks in the ACO and now the HRSN provider role have been allowed to and have been screening folks to be eligible for the new program on 1/1/25. So, they've been doing that for the past several months with the hope that let's say you're getting those food vouchers starting 12/15, you screened for the program for Flexible Services on 12/15, they could have also screened you for the HRSN program on 12/15 and on 1/1, assuming the ACO is offering food vouchers, they could continue those services.

The eligibility changes and different criteria do, do make an impact and we're going to jump into that in the next couple of slides. So, let's go forward two slides and get into

the meat of what our services look like on the HRSN Supplemental Housing Services, which is where we're going to really focus.

[HRSN Supplemental Services (Housing and Nutrition)]

[Selecting HRSN Supplemental Housing Services]

All right. So, on the housing side and remember ACOs have to pick one of them and most picked more than one.

We have three types of members for which services are available. And you have a member that may be experiencing homelessness, a member that may be experiencing housing instability or a member living in housing that is unhealthy. And in some cases, you might have members go throughout different stages and cycles of this and receive multiple services in this area.

So first we have Housing Search. And to be eligible for housing search you have to be a member that's experiencing You have to have what's called which is a really fancy word for a really broad set of conditions that would help you get access to this service. So, it could be everything from a BH need again, to pregnancy, as we mentioned before, to a physical condition that's chronic, to high ED use, and you need to be 55, age 55 or older.

And housing search includes a number of different things. It could include all of these things depending upon the members' needs from help looking for housing, to moving into housing. So, once you're in housing, stabilizing housing. And this service can be paired with Transitional Goods and transitional goods are exactly what you might think they are. There in moving costs, so, things like first month's rent, move, a moving van, there things to furnishing your housing. So, everything from sheets to a couch, you name it, what you might need. And there is a full list of what those, those goods look like, up to \$5,500 a member can utilize this service.

Then if we go to our second bucket, we have members experiencing Housing Instability and that can be shown through a written lease violation. And bears repeating, these are also members in an ACO and, they also need to be having repeated EDU's to get into

this service. And once they're eligible for this service, it includes a number of different items that work along housing navigation support depending upon where the members' needs lie. So, it might be about filling out and working with the member on applications for income stability so that they could stabilize their, their housing. It might be to help connect them to other resources, whether it's in continuing their MassHealth enrollment, whether it's reaching out to the Department of Mental Health a bit of more, targeted care coordination, if you will, there.

And then finally, also working with the member to retain their current housing. So, it might be some mediation and negotiation with the landlord so that they are able to stay in their current housing.

And then finally, we have for Members Living in Housing that is unhealthy for them. So, something along the lines of the, the housing has mold in it or pests in it, or that the house is physically unsafe due to a member's disability or their medical condition. And in particular, we are looking at pulmonary conditions or cardiac conditions for unhealthy housing or a physical behavioral need that is a hoarding disorder. So going from that, what you could see in healthy homes is a number of goods and services, like being able to help clean up a home with, with an individual that has a hoarding condition, to purchasing of air conditioners and air purifiers for folks with asthma to sharps containers, garbage cans with lids, pest eradication products for in the home, and then all the way to remediation of mold, carpet removal, those types of things. And that is our slate of housing services. And we can move on to the next slide and talk a little bit about nutrition.

[Selecting HRSN Supplemental Nutrition Services]

Great. So, nutrition has a bunch of different things going on. So, we'll try to break it down for you a little bit. All right.

So, what you see here is Category 1: Nutrition Services on the left side and Category 2: Nutrition Services on the right side.

In Category 1: Nutrition Services is really comprised of the actual food that you're going to get. So, a food box, a meal, a voucher to get food and Category 2, we kind of think

about enhancing our Category 1 services. So, it's the education, whether it's a class or counseling or the kitchen supplies, a microwave to heat up the meal. Air fryers are big for our, our kid population. Blenders are really a big one out there. And then there's some rules around the services, that come from policy development as well as going from a larger pilot to making sure we have the funding within the grant. And that's the policy and reasoning behind these things.

So, one thing is that you cannot receive or an ACO cannot offer a Category 2 service without offering, or a member receiving a Category 1 service. And this is just strong policy. We want a member to get a blender and get the fruits and vegetables and milk to blend it all up together. We don't want one without the other. So really, they have to come together. And we saw our ACOs doing that throughout. So those, those will be available fairly widespread.

The other item is a more budgetary one in our Category 1 services, you'll see we have three boxes of home delivered meals, food boxes and food prescriptions. And each are broken out into their medically tailored or they're nutritionally appropriate. So, we have a medically tailored meal. So maybe you have someone with diabetes or renal disease, they need a specific meal. Whereas nutritionally appropriate, they may not have a particular condition that requires a particular food. Maybe they have a behavioral health need that stops them from going out to the grocery store to buy their food, and they're also not able to cook their food. So, there you would need a meal, but it doesn't need to be medically tailored. So, when an ACO chooses which service they want to provide, they can provide either a medically tailored or nutritionally appropriate and they need to choose one per box. So, for example, an ACO could say I'm going to do a medically tailored home delivered meals. That means they couldn't do nutritionally appropriate at home delivering meals. However, when they get to the next box, they could choose again. So, they could have a situation where they're providing medically tailored home delivered meals, nutritionally appropriate food boxes, medically tailored prescription and vouchers. So, we, we see that throughout. And largely on these services in the Category 1 services to be eligible again, a member needs to be in an ACO. A member needs to have very low food security, which is done through a standardized USDA screening.

Depending upon the situation, a member needs a certain medical condition or can be one of those broad conditions, those health need-based criteria. And depending upon the service, a member needs to either be unable to prepare their meal or able to, for example, in medically tailored home delivered meals. Since we're giving you a meal that's prepared, then one of the criteria is you're unable to prepare your meals because if you're able to prepare your meals, perhaps you're better suited for a food box.

All right, that's a lot there, I recognize. We'll just take a moment on the next slide to kind of summarize a bit about the criteria that I've been talking about to be eligible for services. If you could go to the next slide.

[Determining Criteria for Receiving HRSN Supplemental Services]

So just as a note and there's links at the next few slides we have a full-service manual that talks through each service and every single service what it provides as well as what needs to be checked off for a member to be eligible.

This one is giving you a general eligibility idea of what someone needs. But there is a little bit of different pieces for each service. So, remember this is just kind of getting the general idea. So, once again, it's ACO program, so, you need to be an ACO enrollee to access these services. And you need to meet certain things in each one of these columns. So, we've got four columns here. So again, say it all the time ACO Enrollment, and you have to check that box. And everybody has to check that box.

The next one is these Health Needs Based Criteria or HNBC that I've been referring to. And here you see the full list of HNBC. And you need to check one of these to be eligible for a service. Now depending upon the service, we may say you just need an HNBC or you may have noticed that, for example, for certain, certain services, I said you need to have repeated ED usage. Or you need to have a, a pulmonary disease. So, you would have to be in that complex physical health needs. So, depending on the service, you're gonna have to check one of these boxes.

Then you need a Risk Factor. A risk factor is essentially you have very low food security for your nutrition items.

For your housing items depending upon the service, you might be living in housing that's unhealthy, experiencing homelessness, experiencing risk of homelessness. So, they correspond to this service. So, you're checking one and each of these depending upon the service.

And then finally we just put here there's some other programmatic criteria that are applicable for some but not all services. So here we checked an example of unable to prepare, prepare meals, which as we talked about just a moment ago, refers to a medically tailored meal. So, for there you will want to be able to check unable to prepare meals. Again, very broad, but that's the general basis. You're looking to check every one of these things in every box for all of the services. The boxes that you need to check will change per service. But it is fully outlined for you on our website and the service manual. Let's go down to the last slide.

[Key Takeaways]

[Key Takeaways]

So, we'll just click through on our Key Takeaways. So Key Takeaways, key things to know. Flexible Service program is ending December 31, 2024. As I mentioned, ACOs were directed to notify their members receiving flexible services in writing and give them some options about other items available, including the HRSN services that will start on 1/01. MassHealth and ACOs have finalized what they're providing, what ACOs will be providing in this HRSN Supplemental services to enrollees in January 2025, and we will be launching these services on January 1, 2025. And that list of services can be found on our website, as well as contact information to the general ACO Customer Service Center. For the latest updates and more information members can view the MassHealth Enrollment Guide. They can go to our HRSN website. And we are continually updating and in the final stages of launching our member facing portion of that website so, members can, can also see what's available. But they can always call their ACO, who will also be ready, or the MassHealth Customer Service Center, who is also ready to direct to the appropriate ACO.

[Questions]

(Sue Kane) Thank you everybody in the audience for joining us today. Bye-bye.